

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

Date of Notification (1) 01/16/2026		Name of Building Owner/Operator (2) Tavistock Country Club		Check No. 3992 RECEIVED JAN 28 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 <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 100 Tavistock Lane				
		City, State, Zip Code Haddonfield, New Jersey 08033				
		Name of Contact		Telephone Number & LICENSING ASBESTOS		
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) Tavistock Country Club			Type of Facility (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 100 Tavistock Lane						
City (5) Haddonfield, New Jersey 08033			Square Feet 20000	# of Floors 2	Bldg. Age 50+	
County (6) Camden		County Code (7) <i>(STATE USE ONLY)</i>	Current Use (Prior if being demolished)			
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design Inc.		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation			
Street Address 5434 King Avenue, Suite 101			Street Address 246 Union Boulevard			
City, State, Zip Code Pennsauken, New Jersey 08109			City, State, Zip Code Totowa, New Jersey 07512			
Project Manager for Monitoring Firm Tim Gromen		Telephone No 856-616-9516	Telephone No. 973-225-8400	License No. 01104		
Start Date (10) 01/17/2026	Scheduled Completion Date (11) 01/20/2026		Name of OSHA Monitor LIS CONSULTING SERVICES, LLC			
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____			Street Address 3 B Cottage Court City, State, Zip Code Whiting, New Jersey			
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥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"/> Glove Bag Procedure / Limited Containment & Tent <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
Main Lobby	X		VAT 9x9 & Mastic	800 SF	X	
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 3	Name of Registered Landfill Grand Central Landfill	
City, State Elizabeth, New Jersey			Disposal Date January/2026		City, State Pen Argyl, PA	
Completed by Adriana Olejarova		Title President		Signature <i>Adriana Olejarova</i>		Date 01/16/2026

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

3991
 State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

PAID

Date of Notification (1) 01/16/2026		Name of Building Owner/Operator (2) Montclair Board of Education		Check # 3991 RECEIVED					
Agencies Notified	Type Notification	Street Address 22 Valley Road		JAN 28 2026					
		City, State, Zip Code Montclair, NJ 07042		Name of Contact _____ Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Northeast 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 bldgs., homes, etc.)					
Street Address 603 Grove Street									
City (5) Montclair				Square Feet 20,000	# of Floors 2	Bldg. Age +55			
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Educational					
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc		ASCM No. 0012		Name of Abatement Contractor (9) Lilich Corporation					
Street Address 560 Sylvan Ave, Suite 3065				Street Address 246 Union Boulevard					
City, State, Zip Code Englewood Cliffs, NJ 07632				City, State, Zip Code Totowa, New Jersey 07512					
Project Manager for Monitoring Firm Stephen Jaraczewski		Telephone No 201-569-6708		Telephone No. 973-225-8400	License No. 01104				
Start Date (10) 01/17/2026		Scheduled Completion Date (11) 01/20/2026		Name of OSHA Monitor Iris Environmental Laboratories, 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 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 ft <input type="checkbox"/> ≥160 sf or ≥260 ft				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <div style="margin-left: 20px;"> <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove bag Procedure / Limited Containment & Tent <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div>					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	Abatement Type		
							Yes	No	N/A
Room # 8		X		Pipe Insulation		9 LF	X		
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 1		Name of Registered Landfill Grand Central Landfill			
City, State Elizabeth, New Jersey				Disposal Date January/2026		City, State Pen Argyl, PA			
Completed by Adriana Olejarova		Title President			Signature <i>Adriana Olejarova</i>		Date 01/16/2026		

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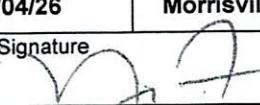
838
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 State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) 1/20/2026		Name of Building Owner/Operator (2) 45 Memory Lane					
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 45 Memory Lane	JAN 26 2026				
		City, State, Zip Code Denville NJ 07834	Name of Contact Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Residence Street Address 45 Memory Lane		Type of Facility (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) Denville		Square Feet	# of Floors				
County (6) Morris		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) 02/01/2026	Scheduled Completion Date (11) 02/01/2026		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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
Interior			Floor Tile	630 SF	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No. 35103		Cubic Yards of Waste 4	Name of Registered Landfill IESI		
City, State Lakewood, NJ			Disposal Date 02/01/2026		City, State BETHLEHEM, PA		
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature	Date		1/20/2026

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

Date of Notification (1) <u>01</u> / <u>21</u> / <u>26</u>			Name of Building Owner/Operator (2) Lynx Waste & Recycling, Inc.									
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____			Street Address P O Box 188							
		City, State, Zip Code Spring Lake, NJ 07762			JAN 28 2026							
		Name of Contact NSB CONTROL & LICENSING			Telephone Number							
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) Residence					Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 10 1st Avenue					Square Feet 1200	# of Floors 1	Bldg. Age 50					
City (5) Sea Girt			County (6) Monmouth		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.		Name of Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address					Street Address 1889 Route 9, Unit 61							
City, State, Zip Code					City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm			Telephone No.		Telephone No. 732-349-9932		License No. 00624					
Start Date (10) <u>02</u> / <u>02</u> / <u>26</u>		Scheduled Completion Date (11) <u>02</u> / <u>04</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)		Abatement Type					
			Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
exterior			<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		asbestos siding		1200 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 02/04/26		City, State Morrisville, Pennsylvania					
Completed By (Print or Type) Nicholas Fernalda		Title Project Manager			Signature 			Date 1/21/26				



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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) 01/22/2026		Name of Building Owner/Operator (2) George Wall Ford					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input 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 700 Shrewsbury Ave	JAN 28 2026				
		City, State, Zip Code Red Bank, NJ 07701	PERMITS CONTROL & LICENSE				
		Name of Contact	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) 36 Gilbert St Commercial Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 36 Gilbert Street South							
City (5) Tinton Falls		Square Feet 14,799	# of Floors 1				
County (6) Monmouth		Bldg. Age 47					
Name of Monitoring Firm Hired by Building Owner (8) FINOG Environmental		ASCM No.	Name of Abatement Contractor (9) ELCON Environmental				
Street Address 617 Stokes Road, Suite 4-318		Current Use (Prior if being demolished) Offices/Industrial					
City, State, Zip Code Medford, NJ 08055		Street Address 150 Glenwood Drive					
Project Manager for Monitoring Firm Mark Rubnitz		Telephone No. 1-888-715-2211	Telephone No. 215-313-7427				
Start Date (10) 01/19/2026		License No. 02081					
Scheduled Completion Date (11) 01/23/2026		Name of OSHA Monitor Same					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address City, State, Zip Code					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
Office Area		X	Black mastic	950 SF	X		
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. SW2117		Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprise		
City, State New Castle, DE			Disposal Date TBD		City, State Waynesburg, OH		
Completed by Andre Gosek		Title Project Manager		Signature		Date 01/22/2026	

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

RECEIVED

Date of Notification (1) <u>01</u> / <u>16</u> / <u>2026</u>		Name of Building Owner/Operator (2) East Orange VA Medical Center / Federal - Government <i>JAN 29 2020</i>									
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 385 Tremont Ave									
		City, State, Zip Code East Orange, NJ 07018									
		Name of Contact									
		Telephone Number									
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) East Orange VA Medical Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)									
Street Address 385 Tremont Ave		Square Feet # of Floors Bldg. Age 3,500 1 -Wing 4C 77									
City (5) East Orange, NJ											
County (6) Essex		County Code (7) (STATE USE ONLY)									
Name of Monitoring Firm Hired by Building Owner (8) Marino Corporation USA LLC		Name of Abatement Contractor (9) GKM INDUSTRIES INC									
Street Address 16192 Coastal Highway		Street Address 8722 124Th St									
City, State, Zip Code Lewes, DE 19958		City, State, Zip Code Richmond Hill NY 11418									
Project Manager for Monitoring Firm Frank Marino		Telephone No. 610-479-7943	Telephone No. 908-344-7029								
Start Date (10) <u>02</u> / <u>20</u> / <u>2026</u>		Scheduled Completion Date (11) <u>12</u> / <u>20</u> / <u>2026</u>									
Occupancy Status During Abatement (Check only one)		Name of OSHA Monitor									
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00 AM-11:59PM/11:59PM- 7:00 AM</u>		Street Address									
		City, State, Zip Code									
Scope of Work (Check all that apply)											
<input type="checkbox"/> >3 sf or \geq 3 lf <input checked="" type="checkbox"/> \geq 160 sf or \geq 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input 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) <table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td><td>N/A</td></tr></table>	Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
			Yes	No	N/A						
Removal	Repair	Encapsulate	Enclosure								
4 Floor - Wing 4C		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic		3,500 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"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 40 yards	Name of Registered Landfill Grand Central Landfill					
City, State Elizabeth NJ 07201			Disposal Date		City, State Pen Argyl PA 18073						
Completed By (Print or Type) George Moncayo		Title Representative/Owner			Signature		Date 01/16/2026				

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

JAN 28 2026

Date of Notification (1) 01/07/2026		Name of Building Owner/Operator (2)					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 124-126 Wesley Ave, ASBESTOS CONTROL & LICENSING					
		City, State, Zip Code Cherry Hill NJ 08002	Name of Contact _____	Telephone Number _____			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (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 124-126 Wesley Ave,		Square Feet N/A	# of Floors N/A				
City (5) Cherry Hill NJ 08002		Bldg. Age N/A					
County (6) Camden County		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) 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. _____	Telephone No. 973-345-8685				
Start Date (10) 01/08/2026		Scheduled Completion Date (11) 01/10/2026					
Name of OSHA Monitor D&S Abatement Company LLC		Name of OSHA Monitor D&S Abatement Company 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 checked="" type="checkbox"/> Other – Describe: 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 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		VAT	950 SF	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 Project Manager		Signature <i>Dejan Antic Dopsaj</i>	Date 01/07/2026		

RECEIVED

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

Date of Notification (1) 12/07/2025		Name of Building Owner/Operator (2) Street Address 21 Thoreau Dr, City, State, Zip Code Manalapan NJ, 07726		JAN 28 2025			
Agencies Notified	Type Notification			ASBESTOS CONTROL & LICENSING			
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
		Name of Contact		Telephone Number			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4)					
Street Address 21 Thoreau Dr,		<input 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) Manalapan NJ, 07726		Square Feet N/A	# of Floors N/A	Bldg. Age N/A			
County (6) Monmouth County		County Code (7) (STATE USE ONLY) _____		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) 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.	Telephone No. 973-345-8685	License No. 02097			
Start Date (10) 12/08/2025	Scheduled Completion Date (11) 12/10/2025		Name of OSHA Monitor D&S Abatement Company LLC				
Occupancy Status During Abatement (Check Only One)		Street Address 329 Parish Dr					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: non-occupied		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 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
first floor	X		floor tiles	300	X		
	X						
Name of Registered Waste Hauler D&S Abatement Company LLC		NJDEP Waste Hauler ID No. 0036309		Cubic Yards of Waste TBD	Name of Registered Landfill TRRF		
City, State Wayne NJ				Disposal Date TBD	City, State Tullytown, PA		
Completed by Dejan Antic Dopsaj	Title President		Signature <i>Dejan Antic Dopsaj</i>		Date 12/07/2025		

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

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

RECEIVED

Date of Notification (1) 01/11/2026		Name of Building Owner/Operator (2) JAN 28 2026					
Agencies Notified	Type Notification	Street Address 1 Kimberly Rd					
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code East Brunswick NJ 08816					
		ASBESTOS CONTROL & LICENSING					
		Name of Contact _____					
		Telephone Number _____					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) residential		Type of Facility (4)					
Street Address 5159 Province Line 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) Princeton NJ, 08540		Square Feet N/A	# of Floors N/A				
County (6) Mercer		Bldg. Age N/A					
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		Current Use (Prior if being demolished) house					
City, State, Zip Code		Street Address 329 Parish Dr					
Project Manager for Monitoring Firm		Telephone No.	License No. 973-345-8685				
Start Date (10) 01/12/2026	Scheduled Completion Date (11) 01/14/2026	Name of OSHA Monitor D&S Abatement Company LLC					
Occupancy Status During Abatement (Check Only One)		Street Address 329 Parish Dr					
<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: occupied		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 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
first floor	X		duct	20 SF	X		
second floor	X		duct	20 SF	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 Project Manager		Signature		Date 01/11/2026	

* 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>15</u> <u>26</u>		Name of Building Owner/Operator (2) <u>Guenther Mill Urban Renewal, LLC</u> check #4155 <i>RECEIVED</i>									
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 10 Wilsey Square STE 300								
			City, State, Zip Code Ridgewood, NJ 07450 <i>JAN 23 2026</i>								
Name of Contact <i>J. Burns</i>			Telephone Number <i>201-368-1100</i>								
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)								
Street Address 69 King Street			Square Feet 5,550	# of Floors 1							
City (5) Dover			Bldg. Age 100								
County (6) Morris		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Group		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.								
Street Address PO BOX 316			Street Address 70 Stacy Haines Road Suite 4								
City, State, Zip Code Thorofare NJ 08086			City, State, Zip Code Lumberton NJ 08048								
Project Manager for Monitoring Firm David Flanigan		Telephone No. 856-848-0800	Telephone No. 609-702-0400	License No. 00862							
Start Date (10) <u>01</u> / <u>26</u> / <u>26</u>	Scheduled Completion Date (11) <u>01</u> / <u>30</u> / <u>26</u>		Name of OSHA Monitor EMSL Analytical, Inc.								
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM			Street Address 200 U.S. Route 130 North								
			City, State, Zip Code Cinnaminson, NJ 08077								
Scope of Work (Check all that apply)											
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input 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) <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	Enclosure								
In open area and 5 office/rooms		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Floor tile and mastic		5,550 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 Asbestos and Mold Services Corp		NJDEP Waste Hauler ID No. 0035680		Cubic Yards of Waste 80	Name of Registered Landfill Fairless Hills						
City, State Lumberton, NJ			Disposal Date 10/10/25	City, State Morrisville, PA							
Completed By (Print or Type) Jennifer Burns		Title Office Assistant		Signature <i>J. Burns</i>			Date 11/15/26				

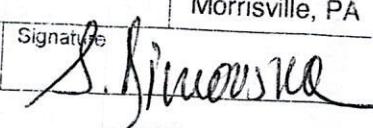
1451
PAID
 State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) 01/21/2026		Name of Building Owner/Operator (2)				
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 115 Montclair Ave,	JAN 28 2026			
		City, State, Zip Code Montclair, NJ 07042	ASBESTOS CONTROL & LICENSING Name of Contact _____ Telephone Number _____			
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (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 115 Montclair Ave		Square Feet N/A	# of Floors N/A			
City (5) Montclair		Bldg. Age N/A				
County (6) Essex		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) 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) 01/21/2026	Scheduled Completion Date (11) 01/23/2026		Name of OSHA Monitor D&S Abatement Company 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 checked="" 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 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
Basement		X	Pipe Insulation		20	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 12/18/2025

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

RECEIVED

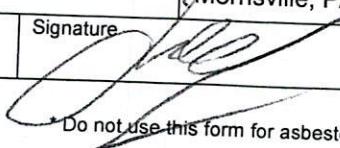
Date of Notification (1) 1/15/2026		Name of Building Owner/Operator (2) Saint Peter's Healthcare Systems								
Agencies Notified	Type Notification									
	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation									
<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		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)								
Current Use (Prior if being demolished)										
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	License No. 02008						
Start Date (10) 1/19/2026		Scheduled Completion Date (11) 3/29/2026		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 <table style="margin-left: 20px; border: none;"> <tr> <td><input type="checkbox"/> Renovation</td> <td><input checked="" type="checkbox"/> Demolition</td> <td><input type="checkbox"/> Full Containment with Negative Pressure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Mini-Enclosure</td> <td><input type="checkbox"/> Glovebag Procedure</td> <td><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure</td> </tr> </table>					<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure	<input checked="" type="checkbox"/> Mini-Enclosure	<input type="checkbox"/> Glovebag Procedure	<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure								
<input checked="" type="checkbox"/> Mini-Enclosure	<input type="checkbox"/> Glovebag Procedure	<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <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			
GYM			TRANSITE PANELS	200SF	x					
GYM			PIPE INSULATION	60LF	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 		Date 1/15/2026				

033374

#6432

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

RECEIVED
Check#033379

Date of Notification (1) 1-12-26		Name of Building Owner/Operator (2) Mill Creek Residential					
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 4855 Technology Way Suite					
		City, State, Zip Code Boca Raton, FL 33431					
		Name of Contact _____	Telephone Number _____				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) MILL CREEK 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 1 Washington Ave Bldg 12		Square Feet 204,850	# of Floors 2				
City (5) Morristown, NJ 07960		Bldg. Age ~77					
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Apartment Building					
Name of Monitoring Firm Hired by Building Owner (8) TRC		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.				
Street Address 1430 Broadway, 10th Floor		Street Address 200 Broad Street					
City, State, Zip Code New York, NY 10018		City, State, Zip Code Carlstadt, NJ 07072					
Project Manager for Monitoring Firm ED Gerts		Telephone No. (917)549-6197	Telephone No. 201-939-6565				
Start Date (10) 01-26-26		Scheduled Completion Date (11) 06-30-26	License No. 00756				
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 Even-Air Inc.					
		Street Address 10-59 Jackson Avenue	City, State, Zip Code Long Island City, NY 11101				
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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 building: 12		X	PIPING	100 LF	X		
Name of Registered Waste Hauler Century Waste Services, LLC		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill			
City, State Elizabeth, NJ 07201		Disposal Date TBD	City, State Morrisville, PA 19067				
Completed by Kevin Moriarty	Title Project Manager		Signature 	Date 1-12-26			

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

RECEIVED
Check#033380

#6432

Date of Notification (1) 1-12-26		Name of Building Owner/Operator (2) Mill Creek Residential				
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 4855 Technology Way Suite				
		City, State, Zip Code Boca Raton, FL 33431				
		Name of Contact A S S E S T O S C O N T R O L & L I C E N S I N G				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) MILL CREEK 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 1 Washington Ave Bldg 13						
City (5) Morristown, NJ 07960		Square Feet 204,850	# of Floors 2			
County (6) Morris		Bldg. Age ~77				
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Apartment Building				
Name of Monitoring Firm Hired by Building Owner (8) TRC		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.			
Street Address 1430 Broadway, 10th Floor		Street Address 200 Broad Street				
City, State, Zip Code New York, NY 10018		City, State, Zip Code Carlstadt, NJ 07072				
Project Manager for Monitoring Firm ED Gerts		Telephone No. (917)549-6197	Telephone No. 201-939-6565			
Start Date (10) 01-26-26		License No. 00756				
Scheduled Completion Date (11) 6-30-26		Name of OSHA Monitor Even-Air Inc.				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 10-59 Jackson Avenue				
		City, State, Zip Code Long Island City, NY 11101				
Scope of Work (Check All That Apply)						
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
Crawl space building: 13		X	PIPING	100 LF	X	
Name of Registered Waste Hauler Century Waste Services, LLC		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill	
City, State Elizabeth, NJ 07201			Disposal Date TBD		City, State Morrisville, PA 19067	
Completed by Kevin Moriarty		Title Project Manager		Signature		Date 1-12-26

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

RECEIVED

Check#033381

#6432

Date of Notification (1) 1-12-26		Name of Building Owner/Operator (2) Mill Creek Residential							
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 4855 Technology Way Suite							
		City, State, Zip Code Boca Raton, FL 33431							
		Name of Contact Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) MILL CREEK 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 1 Washington Ave Bldg 14		Square Feet 204,850	# of Floors 2						
City (5) Morristown, NJ 07960		Bldg. Age ~77							
County (6) Morris		Current Use (Prior if being demolished) Apartment Building							
Name of Monitoring Firm Hired by Building Owner (8) TRC		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address 1430 Broadway, 10th Floor		Street Address 200 Broad Street							
City, State, Zip Code New York, NY 10018		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm ED Gerts		Telephone No. (917)549-6197	Telephone No. 201-939-6565						
Start Date (10) 01-26-26		License No. 00756							
Scheduled Completion Date (11) 06-30-26		Name of OSHA Monitor Even-Air Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 10-59 Jackson Avenue							
		City, State, Zip Code Long Island City, NY 11101							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)						
	Yes	No	N/A	Amount (Specify SF or LF)	Abatement Type				
Crawl space building: 14		X	PIPING		100 LF	Removal	Repair	Encapsulate	Enclosure
Name of Registered Waste Hauler Century Waste Services, LLC			NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill				
City, State Elizabeth, NJ 07201			Disposal Date TBD		City, State Morrisville, PA 19067				
Completed by Kevin Moriarty		Title Project Manager			Signature		Date 1-12-26		

PAID

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

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Check#033382

#6432

Date of Notification (1) 1-12-26		Name of Building Owner/Operator (2) Mill Creek Residential						
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 4855 Technology Way Suite						
		City, State, Zip Code Boca Raton, FL 33431						
		Name of Contact		Telephone Number				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) MILL CREEK 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 1 Washington Ave Bldg 15								
City (5) Morristown, NJ 07960			Square Feet 204,850	# of Floors 2				
County (6) Morris			Bldg. Age ~77					
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Apartment Building						
Name of Monitoring Firm Hired by Building Owner (8) TRC		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.					
Street Address 1430 Broadway, 10th Floor			Street Address 200 Broad Street					
City, State, Zip Code New York, NY 10018			City, State, Zip Code Carlstadt, NJ 07072					
Project Manager for Monitoring Firm ED Gerts		Telephone No. (917)549-6197	Telephone No. 201-939-6565	License No. 00756				
Start Date (10) 01-26-26	Scheduled Completion Date (11) 06-30-26		Name of OSHA Monitor Even-Air Inc.					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____			Street Address 10-59 Jackson Avenue					
			City, State, Zip Code Long Island City, NY 11101					
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Crawl space building: 15			X	PIPING	100 LF	x		
Name of Registered Waste Hauler Century Waste Services, LLC			NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill			
City, State Elizabeth, NJ 07201			Disposal Date TBD	City, State Morrisville, PA 19067				
Completed by Kevin Moriarty		Title Project Manager		Signature		Date 1-12-26		

PAID

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

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Check#033383

#6432

Date of Notification (1) 1-12-26		Name of Building Owner/Operator (2) Mill Creek Residential		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	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4855 Technology Way Suite				
		City, State, Zip Code Boca Raton, FL 33431				
		Name of Contact		Telephone Number		
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) MILL CREEK 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 1 Washington Ave Bldg 16			Square Feet 204,850	# of Floors 2	Bldg. Age ~77	
City (5) Morristown, NJ 07960		Current Use (Prior if being demolished) Apartment Building				
County (6) Morris		(STATE USE ONLY)				
Name of Monitoring Firm Hired by Building Owner (8) TRC		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.			
Street Address 1430 Broadway, 10th Floor		Street Address 200 Broad Street				
City, State, Zip Code New York, NY 10018		City, State, Zip Code Carlstadt, NJ 07072				
Project Manager for Monitoring Firm ED Gerts		Telephone No. (917)549-6197	Telephone No. 201-939-6565	License No. 00756		
Start Date (10) 01-26-26	Scheduled Completion Date (11) 06-30-26		Name of OSHA Monitor Even-Air Inc.			
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____			Street Address 10-59 Jackson Avenue			
			City, State, Zip Code Long Island City, NY 11101			
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Crawl space building: 16		x	PIPING	100 LF	x	
Name of Registered Waste Hauler Century Waste Services, LLC		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill	
City, State Elizabeth, NJ 07201			Disposal Date TBD		City, State Morrisville, PA 19067	
Completed by Kevin Moriarty		Title Project Manager		Signature		Date 1-12-26

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

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#6432

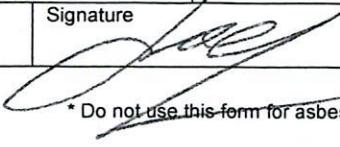
Date of Notification (1) 1-12-26		Name of Building Owner/Operator (2) Mill Creek Residential	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 4855 Technology Way Suite	
		City, State, Zip Code Boca Raton, FL 33431	
		Name of Contact _____	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MILL CREEK 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 1 Washington Ave Bldg 17		Square Feet 204,850	
City (5) Morristown, NJ 07960		# of Floors 2	Bldg. Age ~77
County (6) Morris		Current Use (Prior if being demolished) Apartment Building	
Name of Monitoring Firm Hired by Building Owner (8) TRC		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.
Street Address 1430 Broadway, 10th Floor		Street Address 200 Broad Street	
City, State, Zip Code New York, NY 10018		City, State, Zip Code Carlstadt, NJ 07072	
Project Manager for Monitoring Firm ED Gerts		Telephone No. (917)549-6197	Telephone No. 201-939-6565
Start Date (10) 01-26-26		Scheduled Completion Date (11) 06-30-26	
		Name of OSHA Monitor Even-Air Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 10-59 Jackson Avenue	
		City, State, Zip Code Long Island City, NY 11101	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
Crawl space building: 17		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
Name of Registered Waste Hauler Century Waste Services, LLC		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD
City, State Elizabeth, NJ 07201		Disposal Date TBD	City, State Morrisville, PA 19067
Completed by Kevin Moriarty		Title Project Manager	
		Signature	
		Date 1-12-26	

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

#6432

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Check#033385

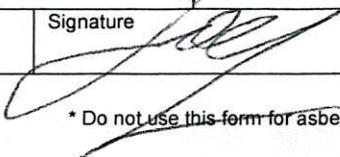
Date of Notification (1) 1-12-26		Name of Building Owner/Operator (2) Mill Creek Residential						
Agencies Notified	Type Notification	Street Address 4855 Technology Way Suite						
		City, State, Zip Code Boca Raton, FL 33431						
		Name of Contact _____						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) MILL CREEK 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 1 Washington Ave Bldg 18		Square Feet 204,850						
City (5) Morristown, NJ 07960		# of Floors 2	Bldg. Age ~77					
County (6) Morris		Current Use (Prior if being demolished) Apartment Building						
Name of Monitoring Firm Hired by Building Owner (8) TRC		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.					
Street Address 1430 Broadway, 10th Floor		Street Address 200 Broad Street						
City, State, Zip Code New York, NY 10018		City, State, Zip Code Carlstadt, NJ 07072						
Project Manager for Monitoring Firm ED Gerts		Telephone No. (917)549-6197	Telephone No. 201-939-6565					
Start Date (10) 01-26-26		Scheduled Completion Date (11) 06-30-26						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Even-Air Inc.						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 10-59 Jackson Avenue City, State, Zip Code Long Island City, NY 11101						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Abatement Type				
				Yes	No	N/A	Amount (Specify SF or LF)	Removal
Crawl space building: 18			X	PIPING	100 LF	X		
Name of Registered Waste Hauler Century Waste Services, LLC			NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill			
City, State Elizabeth, NJ 07201			Disposal Date TBD	City, State Morrisville, PA 19067				
Completed by Kevin Moriarty		Title Project Manager		Signature 		Date 1-12-26		

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

RECEIVED

Check#033386

#6432

Date of Notification (1) 1-12-26		Name of Building Owner/Operator (2) Mill Creek Residential	
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 4855 Technology Way Suite	
		City, State, Zip Code Boca Raton, FL 33431	
		Name of Contact _____ Telephone Number _____	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MILL CREEK 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 1 Washington Ave Bldg 19		Square Feet 204,850	# of Floors 2
City (5) Morristown, NJ 07960		Bldg. Age ~77	
County (6) Morris		County Code (7) (STATE USE ONLY) _____	
		Current Use (Prior if being demolished) Apartment Building	
Name of Monitoring Firm Hired by Building Owner (8) TRC		ASCM No. _____	Name of Abatement Contractor (9) Pinnacle Environmental Corp.
Street Address 1430 Broadway, 10th Floor		Street Address 200 Broad Street	
City, State, Zip Code New York, NY 10018		City, State, Zip Code Carlstadt, NJ 07072	
Project Manager for Monitoring Firm ED Gerts		Telephone No. (917)549-6197	Telephone No. 201-939-6565
Start Date (10) 01-26-26		Scheduled Completion Date (11) 6-30-26	
		Name of OSHA Monitor Even-Air Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 10-59 Jackson Avenue	
		City, State, Zip Code Long Island City, NY 11101	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
Crawl space building: 19		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
		Amount (Specify SF or LF)	
		Removal	Repair
		Encapsulate	Enclosure
Name of Registered Waste Hauler Century Waste Services, LLC		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD
		Name of Registered Landfill Fairless Landfill	
City, State Elizabeth, NJ 07201		Disposal Date TBD	City, State Morrisville, PA 19067
Completed by Kevin Moriarty		Title Project Manager	Signature 
		Date 1-12-26	

NOT
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PAID
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

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JAN 22 2020

Date of Notification (1) <u>01</u> / <u>19</u> / <u>26</u>		Name of Building Owner/Operator (2) Team Academy Charter School					
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 60 Park Place, Suite #802	ASBESTOS CONTROL & LICENSING				
		City, State, Zip Code Newark, NJ 07102					
		Name of Contact Kelsey Waite	Telephone Number (732) 673-7258				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) KIPP Upper Roseville Academy			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 300 N 13th Street			Square Feet 155,000	# of Floors 3			
City (5) Newark			Bldg. Age 98				
County (6) Essex		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Educational			
Name of Monitoring Firm Hired by Building Owner (8) Tectonic Engineering		ASCM No. 00152	Name of Abatement Contractor (9) Spes Contracting LLC				
Street Address 33 Bleeker Street, Suite 206			Street Address 59 Beaverbrook Rd. Ste #302 E				
City, State, Zip Code Milburn, NJ 07041			City, State, Zip Code Lincoln Park, NJ 07035				
Project Manager for Monitoring Firm Joseph Kinsella		Telephone No. (862) 233-5776	Telephone No. (973) 807-6330	License No. 01383			
Start Date (10) <u>02</u> / <u>13</u> / <u>26</u>	Scheduled Completion Date (11) <u>02</u> / <u>23</u> / <u>26</u>	Name of OSHA Monitor Spes Contracting LLC					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM			Street Address 59 Beaverbrook Rd. Ste #302 E				
			City, State, Zip Code Lincoln Park, NJ 07035				
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	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
1st Floor Serving Area		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Plaster		500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1st Floor Serving Area		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Joint Compound		400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Spes Contracting LLC			NJDEP Waste Hauler ID No. 0038075	Cubic Yards of Waste 30	Name of Registered Landfill Tri State Transfer & Associates		
City, State Lincoln Park, NJ			Disposal Date TBD	City, State Bronx, NY			
Completed By (Print or Type) Branislav Pavlov		Title General Manager		Signature 		Date 01/19/2026	

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

RECEIVED

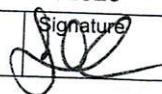
Date of Notification (1) 1/20/26		Name of Building Owner/Operator (2) JAN 22 2026					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <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 176 North Virginia Ave					
		City, State, Zip Code Carneys Point ASBESTOS CONTROL & LICENSING					
		Name of Contact		Telephone Number			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Private Home			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address 176 North Virginia Ave			Square Feet 1800	# of Floors 1			
City (5) Carneys Point			Bldg. Age 50+				
County (6) Salem		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residential			
Name of Monitoring Firm Hired by Building Owner (8) Coastal Environmental Compliance		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.				
Street Address PO Box 167			Street Address PO Box 329				
City, State, Zip Code Hammonton, NJ, 08037			City, State, Zip Code West Berlin NJ 08091				
Project Manager for Monitoring Firm Cathy Ledden		Telephone No. (609)-685-9984	Telephone No. 856-753-9800	License No. 00727			
Start Date (10) 2/2/26	Scheduled Completion Date (11) 2/6/26		Name of OSHA Monitor Same				
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: Home Owner Occupied			Street Address City, State, Zip Code				
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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
Kitchen		N/A	2 layers Floor Tile	188 SF	x		
Name of Registered Waste Hauler Pernaco Inc		NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste 1	Name of Registered Landfill Salem County Landfill			
City, State West Berlin NJ			Disposal Date 2/9/26	City, State Alloway, NJ			
Completed by Anthony T Perna		Title President		Signature		Date 1/20/26	

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

18856

Date of Notification (1) 01/09/2026		Name of Building Owner/Operator (2) Newark Board of Education		JAN 22 2026				
Agencies Notified	Type Notification	Street Address 190 Muhammad Ali Avenue		ASBESTOS CONTROL & LICENSING				
		City, State, Zip Code Newark, NJ 07108						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Benjamin Olagadeyo		Telephone Number 973-733-7220 x 8149				
		FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) Hawkins Street School				Type of Facility (4)				
Street Address 8 Hawkins Street				<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 3	Bldg. Age 50		
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School				
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC				
Street Address 1253 N. Church Street				Street Address 623 Cutler Avenue				
City, State, Zip Code Moorestown, NJ 08057				City, State, Zip Code Maple Shade, NJ 08052				
Project Manager for Monitoring Firm Jim Guilardi		Telephone No. 856-840-8800		Telephone No. 856-755-0099	License No. 00842			
Start Date (10) 01/10/2026	Scheduled Completion Date (11) 01/12/2026			Name of OSHA Monitor EMSL Analytical, Inc.				
Occupancy Status During Abatement (Check Only One)				Street Address 200 Route 130 North				
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____				City, State, Zip Code Cinnaminson, NJ 08077				
Scope of Work (Check All That Apply)				<input checked="" type="checkbox"/> 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
Custodial Stock by Door 8		X		Pipe Insulation	9 LF	X		
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill			
City, State Freehold, NJ				Disposal Date 01/12/2026	City, State Morrisville, PA			
Completed by Samantha Brown		Title Operations Coordinator		Signature 		Date 01/09/2026		

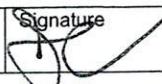
10453
 State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) 01/09/2026		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	JAN 22 2026				
		City, State, Zip Code Newark, NJ 07108	ASBESTOS CONTROL & LICENSING				
Name of Facility Where Abatement is Taking Place (3) Hawthorne Avenue School		Name of Contact Benjamin Olagadeyo	Telephone Number 973-733-7220 x 8149				
FACILITY INFORMATION							
Street Address 428 Hawthorne Avenue		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 4				
County (6) Essex		Bldg. Age 100					
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC				
Street Address 1253 N. Church Street		Street Address 623 Cutler Avenue					
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Maple Shade, NJ 08052					
Project Manager for Monitoring Firm Jim Guilardi		Telephone No. 856-840-8800	Telephone No. 856-755-0099				
Start Date (10) 01/10/2026	Scheduled Completion Date (11) 01/12/2026	License No. 00842					
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: _____		<input type="checkbox"/> Street Address 200 Route 130 North <input type="checkbox"/> City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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
Dance Room	X		Pipe Insulation	4 LF	X		
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill		
City, State Freehold, NJ		Disposal Date 01/12/2026		City, State Morrisville, PA			
Completed by Samantha Brown		Title Operations Coordinator		Signature 		Date 01/09/2026	

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

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Date of Notification (1) 01/15/2026		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			
		City, State, Zip Code Newark, NJ 07108			
		Name of Contact Benjamin Olagadeyo		Telephone Number 973-733-7220 x 8149	
		FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Lincoln 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 87 Richelieu Terrace		Square Feet 100,000	# of Floors 4	Bldg. Age 100	
City (5) Newark					
County (6) Essex		Current Use (Prior if being demolished) School			
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC		
Street Address 1253 N. Church Street		Street Address 623 Cutler Avenue			
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Maple Shade, NJ 08052			
Project Manager for Monitoring Firm Jim Guilardi		Telephone No. 856-840-8800	Telephone No. 856-755-0099	License No. 00842	
Start Date (10) 01/16/2026	Scheduled Completion Date (11) 01/19/2026		Name of OSHA Monitor EMSL Analytical, Inc.		
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____			Street Address 200 Route 130 North		
			City, State, Zip Code Cinnaminson, NJ 08077		
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Abatement Type	
Fire Escape above Auditorium		X	Pipe Insulation	8 LF	X
Name of Registered Waste Hauler Freehold Cartage			NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill
City, State Freehold, NJ			Disposal Date 01/19/2026	City, State Morrisville, PA	
Completed by Samantha Brown		Title Operations Coordinator		Signature 	
				Date 01/15/2026	

354
CIC# 6354

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

RECEIVED
JAN 22 2020

Date of Notification (1) <u>1-13-26</u>		Name of Building Owner/Operator (2) <u>CARDEN STATE DREDGING</u>				
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
	Street Address <u>8 CLERMONT DR.</u>					
	City, State, Zip Code <u>CLERMONT N.J. 08210</u>					
	Name of Contact _____					
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)				
Street Address <u>131 E 11TH AVE</u>		Square Feet <u>1500</u>	# of Floors <u>2</u>			
City (5) <u>N. WILDWOOD</u>		Bldg. Age <u>50+</u>				
County (6) <u>CAPE MAY</u>		County Code (7) (STATE USE ONLY) <u>WIA</u>	Current Use (Prior if being demolished) <u>RESIDENTIAL</u>			
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No. <u>KLEMCO INC</u>	Name of Abatement Contractor (9) <u>KLEMCO INC</u>			
Street Address		Street Address <u>369 S. SPRUCE AVE</u>				
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>				
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0422</u>	License No. <u>01371</u>			
Start Date (10) <u>1-25-26</u>	Scheduled Completion Date (11) <u>2-4-26</u>	Name of OSHA Monitor <u>WIA</u>				
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address				
		City, State, Zip Code				
Scope of Work (Check all that apply)						
<input type="checkbox"/> ≥3 sf or ≥3 ft <input checked="" type="checkbox"/> ≥160 sf or ≥260 ft		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition				
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) <u>SIDING & ROOFING</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) <u>TRANSITE</u>	Amount (Specify SF or LF) <u>1500 SF</u>	Abatement Type	
	Yes	No			N/A	Removal
		X				
Name of Registered Waste Hauler <u>KLEMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>3 YDS</u>	Name of Registered Landfill <u>C.M.C.M.V.A</u>		
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date	City, State <u>WOODBRIDGE N.J.</u>			
Completed By <u>MICHAEL KLEMC</u>	Title <u>SUPERVISOR</u>	Signature <u>MICHAEL KLEMC</u>	Date <u>1-13-26</u>			

* 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)

JAN 22 2026

Date of Notification (1) 1-13-26	Name of Building Owner/Operator (2) JOHNATHAN HAWK EXCAVATING			
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 P.O. BOX 198	Asbestos Control & Licensing	
		City State, Zip Code CAPE MAY COURT HOUSE		
		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 65 W. 16th ST		Square Feet 1500	# of Floors 2	
City (5) OCEAN CITY		Bldg. Age 50+		
County (6) CAPE MAY	County Code (7) STATE USE ONLY	Current Use (Prior if being demolished) VACANT		
Name of Monitoring Firm Hired by Building Owner (8) N.A.	ASCM No _____	Name of Abatement Contractor (9) KLEMCO INC		
Street Address _____ _____	Street Address 369 S. SPRUCE AVE			
City, State, Zip Code _____ _____	City, State, Zip Code MAPLE SHADE, N.J. 08052			
Project Manager for Monitoring Firm _____ _____	Telephone No. 856-779-0472	Telephone No. 856-779-0472	License No. # 01371	
Start Date (10) 1-23-26	Scheduled Completion Date (11) 2-2-26	Name of OSHA Monitor _____ _____		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____ _____		
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 ft <input checked="" type="checkbox"/> ≥150 sf or 2,260 ft _____ _____		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) _____ _____		
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) SINKING		Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) NO	Amount: (Specify SF or LF) 2000 SF	
		YES NO N/A	Abatement: Type Removal	
			Repair Encapsulate Enclosure	
Name of Registered Waste Hauler KLEMCO INC		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 3	Name of Registered Landfill CUMMURA
City, State MAPLE SHADE NJ		Disposal Date _____ _____	City, State WOODBINE	
Completed By MICHAEL KLEMCO	Title SUP.	Signature Michael Klemco		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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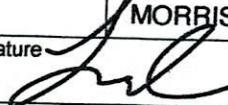
Date of Notification (1) 12/22/2025		Name of Building Owner/Operator (2) Audubon Mutual Housing Corporation - Kenneth Whalen					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 Road C					
		City, State, Zip Code Audubon, NJ 08106					
		Name of Contact Karen Ricco		Telephone Number 856.906.2283			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) SFD			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address 4 Skylark Lane			Square Feet	# of Floors			
City (5) Audubon			Bldg. Age				
County (6) Camden		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ricco Construction Corp				
Street Address		Street Address 282 Creek Road					
City, State, Zip Code		City, State, Zip Code Bellmawr, NJ 08031					
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 856.931.3366	License No. 01339			
Start Date (10) 1/1/2026	Scheduled Completion Date (11) 1/30/2026		Name of OSHA Monitor Andrew Ricco				
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 282 Creek Road				
			City, State, Zip Code Bellmawr, NJ 08031				
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		
					Yes	No	N/A
Interior HVAC Closet		X	Duct Insulation (white)	< 20 SF	X		
Interior HVAC Closet		X	Flue Pipe Paper	< 3 LF	X		
Name of Registered Waste Hauler Ricco Construction Corp			NJDEP Waste Hauler ID No. 28909	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill		
City, State Bellmawr, NJ			Disposal Date TBD	City, State Morrisville, PA			
Completed by Andrew Ricco		Title Owner		Signature Andrew Ricco		Date 12/22/2025	

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

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1364

Date of Notification (1) 01/16/2026		Name of Building Owner/Operator (2) KS GROUP						
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						
Street Address 60 PARK PLACE		City, State, Zip Code NEWARK, NJ 07102						
Name of Contact MATHEW DREIFUS		Telephone Number 9739319295						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) NOVA TOWERS COMMERCIAL WAREHOUSE		Type of Facility (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 16-24 WILLIAM ST		Square Feet 20,000						
City (5) NEWARK		# of Floors 2						
County (6) ESSEX		Bldg. Age +50						
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) VACANT COMMERCIAL PROPERTY						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. MALCO ENVIRONMENTAL LLC						
Street Address		Street Address 24 LINCOLN AVE W						
City, State, Zip Code		City, State, Zip Code CRANFORD, NJ 07016						
Project Manager for Monitoring Firm		Telephone No. 732-513-3487						
Start Date (10) 01/19/2026		Scheduled Completion Date (11) 02/15/2026						
Name of OSHA Monitor		License No. 02113						
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	Removal
EXTERIOR ROOF	X		FLASHING		600LF		X	
EXTERIOR ROOF	X		ROOF MATERIAL		12000SF		X	
Name of Registered Waste Hauler CENTURY WASTE		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste		Name of Registered Landfill UNITED STATES		
City, State 623 DOWD AVE ELIZABETH, NJ 07201				Disposal Date		City, State MORRISVILLE, PA		
Completed by JENNIFER GOMES		Title PRESIDENT		Signature 		Date 1/16/2026		

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

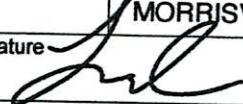
13-204
JAN 22 2026

Date of Notification (1) 01/16/2026		Name of Building Owner/Operator (2) KS GROUP ASBESTOS COMMERCIAL EXCLVING					
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	Street Address 60 PARK PLACE					
		City, State, Zip Code NEWARK, NJ 07102					
Name of Contact MATHEW DREIFUS			Telephone Number 9739319295				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) NOVA TOWERS COMMERCIAL WAREHOUSE			Type of Facility (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 26-30 WILLIAM ST			Square Feet 8,000	# of Floors 2			
City (5) NEWARK			Bldg. Age +50				
County (6) ESSEX		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) VACANT COMMERCIAL PROPERTY				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) MALCO ENVIRONMENTAL LLC				
Street Address			Street Address 24 LINCOLN AVE W				
City, State, Zip Code			City, State, Zip Code CRANFORD, NJ 07016				
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-513-3487	License No. 02113			
Start Date (10) 01/19/2026	Scheduled Completion Date (11) 02/15/2026		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	Removal	Repair
EXTERIOR ROOF	X		FLASHING	200LF	X		
Name of Registered Waste Hauler CENTURY WASTE		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste	Name of Registered Landfill UNITED STATES			
City, State 623 DOWD AVE ELIZABETH, NJ 07201			Disposal Date	City, State MORRISVILLE, PA			
Completed by JENNIFER GOMES		Title PRESIDENT		Signature		Date 1/16/2026	

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

1364
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) KS GROUP					
Agencies Notified		Street Address 60 PARK PLACE					
<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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
City, State, Zip Code NEWARK, NJ 07102		ASBESTOS CONTROL & LICENSING					
Name of Contact MATHEW DREIFUS		Telephone Number 9739319295					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) NOVA TOWERS COMMERCIAL WAREHOUSE		Type of Facility (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 32-34 WILLIAM ST		Square Feet 10,000	# of Floors 2				
City (5) NEWARK		Bldg. Age +50					
County (6) ESSEX		Current Use (Prior if being demolished) VACANT COMMERCIAL PROPERTY					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) MALCO ENVIRONMENTAL LLC				
Street Address		Street Address 24 LINCOLN AVE W					
City, State, Zip Code		City, State, Zip Code CRANFORD, NJ 07016					
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-513-3487				
Start Date (10) 01/19/2026		License No. 02113					
Scheduled Completion Date (11) 02/15/2026		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One)		Street Address					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		City, State, Zip Code					
Scope of Work (Check All That Apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input 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 ROOF		X	FLASHING	300LF	X		
EXTERIOR ROOF		X	ROOF MATERIAL	2000SF	X		
Name of Registered Waste Hauler CENTURY WASTE		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste	Name of Registered Landfill UNITED STATES			
City, State 623 DOWD AVE ELIZABETH, NJ 07201			Disposal Date	City, State MORRISVILLE, PA			
Completed by JENNIFER GOMES		Title PRESIDENT		Signature 		Date 1/16/2026	

5027755997
 State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1) 1/14/2026		Name of Building Owner/Operator (2) JAN 22 2026						
Agencies Notified	Type Notification	Street Address 45 E Webster Ave						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Roselle Park, New Jersey 07204						
		Name of Contact	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) 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 45 E Webster Ave		Square Feet 1,576 SF	# of Floors 2					
City (5) Roselle Park		Bldg. Age 1922						
County (6) Union County		Current Use (Prior if being demolished) Residence						
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) 1/24/2026		Scheduled Completion Date (11) 1/27/2026						
Name of OSHA Monitor True Star Contracting		License No. 02047						
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 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 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	Thermal Systems Insulation	71 LF	X			
Name of Registered Waste Hauler True Star Contracting		NJDEP Waste Hauler ID No. 0041405		Cubic Yards of Waste 2	Name of Registered Landfill Chrin Brother Landfill			
City, State North Arlington, New Jersey			Disposal Date TBD		City, State Easton, PA			
Completed by Nestor M Alvez		Title Project Manager		Signature <i>Nestor</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)

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JAN 23 2006

Date of Notification (1) <u>1-19-26</u>		Name of Building Owner/Operator (2) <u>CLARKE EDWARD DEVELOPMENT</u>			
Agencies Notified	Type Notification	Street Address <u>111 E 9TH ST 3RD FLOOR</u>			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <u>OCEAN CITY N.J. 08226</u>			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)			
Street Address <u>214 BARTRAM LN</u>		Square Feet <u>1500</u>	# of Floors <u>2</u>		
City (5) <u>OCEAN CITY</u>		Bldg Age <u>50+</u>			
County (6) <u>CAPE MAY</u>		County Code (7) (STATE USE ONLY) <u>N/A</u>	Current Use (Prior if being demolished) <u>VACANT</u>		
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEMCO INC</u>			
Street Address		Street Address <u>369 S. SPRUCE AVE</u>			
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>			
Project Manager for Monitoring Firm		Telephone No <u>856-779-0472</u>	License No. <u>13271</u>		
Start Date (10) <u>1-29-26</u>	Scheduled Completion Date (11) <u>2-8-26</u>	Name of OSHA Monitor <u>N/A</u>			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address			
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) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <u>Yes</u>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>	Amount (Specify SF or LF) <u>1200 SF</u>	Abatement Type	
				Removal	Encapsulate
Name of Registered Waste Hauler <u>KLEMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>CMLMUA</u>	
City, State <u>MAPLE SHADE N.J. 08052</u>		Disposal Date	City, State <u>WOODBINE N.J.</u>		
Completed By <u>MICHAEL KLEMCO</u>	Title <u>PRES.</u>	Signature <u>Michael Klemco</u>	Date <u>1-19-26</u>		

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

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JAN 23 2006

Date of Notification (1) 01/16/2026		Name of Building Owner/Operator (2) New Jersey Division of Property Management & Construction						
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 20 West State Street, 3rd Floor						
		City, State, Zip Code Trenton, NJ 08625-0038						
Name of Contact Georgette Bunch		Telephone Number 609-633-2127						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Former Taxation 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 50 Barrack Street		Square Feet 10,000	# of Floors 10	Bldg. Age 100				
City (5) Trenton		Current Use (Prior if being demolished) Taxation Building						
County (6) Mercer		County Code (7) (STATE USE ONLY) _____						
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	License No. 00842				
Start Date (10) 01/19/2026	Scheduled Completion Date (11) 01/20/2026		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 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
Loading Dock		X	Pipe Fitting Insulation		6 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 01/20/2026	City, State Morrisville, PA				
Completed by Samantha Brown		Title Operations Coordinator		Signature <i>Samantha Brown</i>		Date 01/16/2026		

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

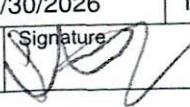
RECEIVED

Date of Notification (1) 01/16/2026		Name of Building Owner/Operator (2) JAN 23 2026					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 207 N. 1st Street	ASPER, JAMES J. & ASSOCIATES City, State, Zip Code Surf City, NJ 08008				
		Name of Contact		Telephone Number			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 207 N. 1st Street		Square Feet 2,408	# of Floors 2				
City (5) Surf City		Bldg. Age 61					
County (6) Ocean		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) Management & Environmental Consulting Serv		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC				
Street Address PO Box 341		Street Address 623 Cutler Avenue					
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052					
Project Manager for Monitoring Firm Nora Pearse		Telephone No. 609-298-4070	Telephone No. 856-755-0099				
Start Date (10) 01/27/2026		Name of OSHA Monitor EMSL Analytical, Inc.					
Scheduled Completion Date (11) 01/30/2026		Telephone No. 856-755-0099					
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: _____		License No. 00842					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
1st Floor		X	Floor Tile	1,079 SF	X		
Name of Registered Waste Hauler Freehold Cartage			NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 8	Name of Registered Landfill Fairless Landfill		
City, State Freehold, NJ			Disposal Date 01/30/2026		City, State Morrisville, PA		
Completed by Samantha Brown		Title Operations Coordinator		Signature <i>Samantha Brown</i>		Date 01/16/2026	

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

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Date of Notification (1) 01/16/2026		Name of Building Owner/Operator (2) JAN 23 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 5448 Burwood Avenue					
		City, State, Zip Code Pennsauken, NJ 08109					
		Name of Contact	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 5448 Burwood Avenue		City (5) Pennsauken					
City, State, Zip Code Pennsauken		Square Feet 1,419	# of Floors 2				
County (6) Camden		Bldg. Age 67					
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) Management & Environmental Consulting Serv		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC				
Street Address PO Box 341		Street Address 623 Cutler Avenue					
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052					
Project Manager for Monitoring Firm Nora Pearse		Telephone No. 609-298-4070	Telephone No. 856-755-0099				
License No. 00842							
Start Date (10) 01/26/2026	Scheduled Completion Date (11) 01/30/2026		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 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
Basement & Powder Room		X	Floor Tile	192 SF	X		
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill			
City, State Freehold, NJ		Disposal Date 01/30/2026	City, State Morrisville, PA				
Completed by Samantha Brown		Title Operations Coordinator	<input checked="" type="checkbox"/> Signature 		Date 01/16/2026		

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9354
CK # 6358

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

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Date of Notification (1) <u>1-18-26</u>		Name of Building Owner/Operator (2) <u>M W OF WILDWOOD</u>			
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>2604 PACIFIC AVE</u>			
		City, State, Zip Code <u>WILDWOOD N.J. 08260</u>			
Name of Contact _____		Telephone Number _____			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)			
Street Address <u>2100 NEW YORK AVE</u>		Square Feet <u>1500</u>	# of Floors <u>2</u>		
City (5) <u>N. WILDWOOD</u>		Bldg. Age <u>50+</u>			
County (6) <u>CAPE MAY</u>		Current Use (Prior if being demolished) <u>VACANT</u>			
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEMCO INC</u>			
Street Address		Street Address <u>369 S. SPRUCE AVE</u>			
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE NJ 08052</u>			
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u>1371</u>		
Start Date (10) <u>1-28-26</u>	Scheduled Completion Date (11) <u>2-7-26</u>	Name of OSHA Monitor <u>N/A</u>			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address			
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) <u>SIDING</u>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			
		Yes	No	N/A	Abatement Type
		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
		<u>TRANSITE</u>		<u>1500 SF</u>	<input checked="" type="checkbox"/>
Name of Registered Waste Hauler <u>KLEMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>C M C M U A</u>	
City, State <u>MAPLE SHADE NJ 08052</u>		Disposal Date	City, State <u>WOODBINE NJ</u>	Date <u>1-18-26</u>	
Completed By <u>MICHAEL KLEMCO</u>		Title <u>PRES.</u>	Signature <u>MICHAEL KLEMCO</u>		

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

3756
CK # 6358

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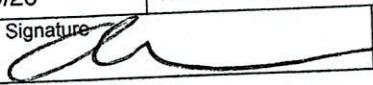
JAN 23 2026

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

Date of Notification (1)	Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION</u>		
Agencies Notified	Type Notification	Street Address	Telephone Number
<input type="checkbox"/> DEPA <input type="checkbox"/> DCF <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	300 77TH ST. SEA ISLE CITY N.J. 08243	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)		
<u>RESIDENCE</u>	<input 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	Square Feet	# of Floors	Bldg Age
51 DELAWARE AVE	1500	1	50+
City (5)	Current Use (Prior to being demolished)		
SOMERS POINT	<u>VACANT</u>		
County (6)	County Code (7) (STATE USE ONLY)	Name of Abatement Contractor (9)	
ATLANTIC	ASCM No.	<u>KLEMCO INC</u>	
Name of Monitoring Firm Hired by Building Owner (8)	Street Address	Street Address	
N/A	369 S. SPRUCE AVE	369 S. SPRUCE AVE	
Street Address	City, State, Zip Code	City, State, Zip Code	
City, State, Zip Code	Telephone No	Telephone No	
Project Manager for Monitoring Firm	7-8-26	856-779-0472	01371
Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor	License No
1-29-26	7-8-26	N/A	01371
Occupancy Status During Abatement (Check only one)		Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		Street Address	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		Street Address	
<input type="checkbox"/> Other - Describe: _____		Street Address	
Scope of Work (Check all that apply)		Street Address	
<input type="checkbox"/> >3 sf or >3 ft <input checked="" type="checkbox"/> >160 sf or >260 ft		Street Address	
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		Street Address	
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Non-Containment <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Abatement Type	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			
Yes No N/A			
X		TRANSITE	
SIDING		2500SC X	
Name of Registered Waste Hauler <u>KLEMCO INC.</u>		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT or other miscellaneous)	
NJDEP Waste Hauler ID No <u>17904</u>		Amount (Specify SF or LF)	
Cubic Yards of Waste			
Disposal Date		Name of Registered Landfill	
		<u>C.N.C. M.U.A.</u>	
City, State <u>MAPLE SHADE N.J. 08052</u>		City, State <u>WOODBINE N.J.</u>	
Completed By <u>MICHAEL KLEMCO</u>		Signature <u>Michael Klemco</u>	
Title <u>SUP.</u>		Date <u>1-18-26</u>	

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

RECEIVED

Date of Notification (1) 1/21/26		Name of Building Owner/Operator (2) 735 Mantua LLC				
		JAN 23 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					
				<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 290 Chester Ave. City, State, Zip Code Moorestown, NJ 08057				
		Name of Contact Koasta Basantis				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) Old Strip Store Demolition		Type of Facility (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 735 Mantua Pike		Square Feet 8000	# of Floors 1			
City (5) West Deptford		Bldg. Age 50+				
County (6) Gloucester		Current Use (Prior if being demolished) Store				
Name of Monitoring Firm Hired by Building Owner (8) Coastal Environmental Compliance		ASCM No. Pernaco Inc.				
Street Address PO Box 167		Street Address PO Box 329				
City, State, Zip Code Hammonton, NJ, 08037		City, State, Zip Code West Berlin NJ 08091				
Project Manager for Monitoring Firm Cathy Ledden		Telephone No. (609)-685-9984	Telephone No. 856-753-9800			
Start Date (10) 2/4/26	Scheduled Completion Date (11) 2/20/26					
Name of Abatement Contractor (9) Pernaco Inc.		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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <table border="1" style="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
				Yes	No	N/A
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)						
Roof		Amount (Specify SF or LF) 8000 SF				
		X				
Interior of Building		Removal Repair Encapsulate Enclosure				
		X				
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459				
		Cubic Yards of Waste 80				
City, State Elm, NJ		Name of Registered Landfill Fairless Hills				
		Disposal Date 2/20/26				
Completed by Anthony T Perna		Title President				
		Signature 				
		Date 1/21/26				

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

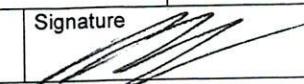
PAID
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) 01/20/2026		Name of Building Owner/Operator (2) JAN 23 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 13 Ridgewood Road	ASBESTOS ABATEMENT					
		City, State, Zip Code Gibbsboro, NJ 08026						
		Name of Contact	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 13 Ridgewood Road								
City (5) Gibbsboro		Square Feet 2,370	# of Floors 2					
County (6) Camden		Bldg. Age 66						
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		Current Use (Prior if being demolished) Residence						
City, State, Zip Code Chesterfield, NJ 08515		Street Address 623 Cutler Avenue						
Project Manager for Monitoring Firm Nora Pearse		Telephone No. 609-298-4070	Telephone No. 856-755-0099					
Start Date (10) 01/29/2026		Scheduled Completion Date (11) 02/02/2026	License No. 00842					
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor EMSL Analytical, Inc.						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
					Yes	No	N/A	Removal
Kitchen		X		Floor Tile	140 SF	X		
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill			
City, State Freehold, NJ				Disposal Date 02/02/2026	City, State Morrisville, PA			
Completed by Samantha Brown		Title Operations Coordinator		Signature <i>Samantha Brown</i>	Date 01/20/2026			

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

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

Date of Notification (1) <u>1</u> / <u>20</u> / <u>26</u>		Name of Building Owner/Operator (2) City of Atlantic City							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
		Street Address 1301 Bacharach Blvd							
		City, State, Zip Code Atlantic City NJ 08401							
		Name of Contact Facilities							
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						
City (5) Atlantic City		Bldg. Age 50							
County (6) Atlantic		County Code (7)(STATE USE ONLY) recreational							
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						
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"/> ≥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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>			N/A <input type="checkbox"/>	Removal <input type="checkbox"/>	Repair <input type="checkbox"/>	Encapsulate <input type="checkbox"/>
main room		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	floor tile and mastic	400SF	<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 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		Signature 		Date 1/20/2026			