

made

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

RECEIVED

MAY - 6 2026

Date of Notification (1) 4 / 28 / 26		Name of Building Owner/Operator (2) PSE&G / Job #2604-6573 Check #17926	
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 4000 Hadley Road	
		City, State, Zip Code South Plainfield, NJ	
		Name of Contact Kelsey DuBois	Telephone Number 908-328-4248

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) PSEG Fairview Substation		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 22 Bergenwood Road		Square Feet	# of Floors
City (5) Fairview		Bldg. Age	
County (6) Bergen	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Substation	
Name of Monitoring Firm Hired by Building Owner (8) Matrix New World	ASCM No. 00121	Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address 26 Columbia Turnpike		Street Address 30 Maple Ave. PO Box 25	
City, State, Zip Code Florham Park, NJ 07932		City, State, Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm Matt Sheldon	Telephone No. 973-240-1800	Telephone No. 609-265-2107	License No. 00529
Start Date (10) 5 / 11 / 26	Scheduled Completion Date (11) 6 / 5 / 26	Name of OSHA Monitor IATL	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 9000 Commerce Pkwy. Suite B	
		City, State, Zip Code Mount Laurel, NJ 08054	

Scope of Work (Check all that apply)

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

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

Name of Registered Waste Hauler Veolia ES	NJDEP Waste Hauler ID No. 000151	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill
City, State Flanders, NJ	Disposal Date 6/5/26	City, State Morrisville, PA	
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 	Date 4-28-26



**ABATE**TECH  
Real Solutions for a Clean Environment

Please authorize this work to be completed by signing in the space provided and faxing this proposal back to our office @ (609) 265-2109.

\_\_\_\_\_  
Authorized Signature

**PSEG Fairview Substation  
22 Bergenwood Road, Fairview, NJ**

**AbateTech proposes to provide the removal & packaging of asbestos related materials identified in the table 2 summary provided by Matrix New World. PSEG to supply waste containers and disposal.**

**Asbestos:**

- 28 LF Brown Frame Window, 1<sup>st</sup> floor Women's & Men's Bathrooms.
- 20 LF Window Caulk, 1<sup>st</sup> Floor Warehouse.
- 24 SF Window Glazing Brown, 2<sup>nd</sup> Floor Bathrooms #1 & #2.
- 67 LF Spam Tar, East Elevation.
- 1,145 SF Flashing Tar, Roof.
- 229 SF Seam Tar to Coping Stone, Roof.

**Materials Assumed ACM:**

- 6 LF Large braided Wiring, 1<sup>st</sup> Floor Elevator Room.
- 18 LF Black Braided Wiring, 2<sup>nd</sup> Floor Warehouse.

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

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Date of Notification (1) 5/08/2026		Name of Building Owner/Operator (2) Stevens Institute of Technology	
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 1 Castle Point on Hudson	
		City, State, Zip Code Hoboken, NJ 07030	
		Name of Contact David Fernandez	Telephone Number 201-216-8705

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Williams Library		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1036 Park Ave		Square Feet N/A	# of Floors N/A
City (5) Hoboken		Bldg. Age N/A	
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Howe Center offices	
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates		ASCM No. 0004	Name of Abatement Contractor (9) D&S Abatement Company LLC
Street Address 3 Crosswicks Street Bordentown, New Jersey 08505		Street Address 329 Parish Drive	
City, State, Zip Code 3 Crosswicks Street Bordentown, New Jersey 08505		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm Michael Hoodak		Telephone No. 609-228-5520	License No. 02097
Start Date (10) 05/20/2026	Scheduled Completion Date (11) 06/05/2026	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: <u>unoccupied</u>		Street Address 329 Parish Drive	
		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"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

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

Name of Registered Waste Hauler D&S Abatement Company, LLC		NJDEP Waste Hauler ID No. 0036309	Cubic Yards of Waste TBD	Name of Registered Landfill TRRF	
City, State Wayne, NJ		Disposal Date TBD		City, State Tullytown, PA	
Completed by Dejan Antic Dopsaj		Title President	Signature 		Date 05/08/2026

**Stevens Institute of Technology – Williams Library**

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

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

- I. The following is a detailed scope of work:

Location	Materials	Quantity	Abatement Method
1 <sup>st</sup> Floor Storage 121	Textured Ceiling	110 sf	Full Containment Procedures
2 <sup>nd</sup> Floor Family Collection	Textured Ceiling	400 sf	Full Containment Procedures
L2 Mezzanine Men's Room	Sprayed On Insulation	40 sf	Full Containment Procedures
	Pipe Insulation	20 lf	Full Containment Procedures
	Pipe Fittings	5	Full Containment Procedures
L2 Mezzanine Women's Room	Sprayed On Insulation	40 sf	Full Containment Procedures
	Pipe Insulation	20 lf	Full Containment Procedures
	Pipe Fittings	5	Full Containment Procedures
3 <sup>rd</sup> Floor Bathrooms and Hallway	Textured Ceiling	450 sf	Full Containment Procedures
3 <sup>rd</sup> Floor Bathrooms and Hallway	Floor Tile/Mastic	450 sf	Full Containment Procedures

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

- a. The asbestos containing materials shall be abated utilizing full containment procedures as outlined in N.J.A.C. 5:23-8 and project specifications. This shall include, but not be limited to performing the following procedures:
1. All HVAC and Electrical systems within the work area shall be shut down and locked out prior to the commencement of abatement activities.
  2. A fully operational decontamination unit consisting of a clean room, shower room and equipment room shall be constructed at the entrance to the work area. Each room shall be 4'x4' in size. Hot and cold water operable at the source shall be supplied to the shower unit. A sign-in log shall be present at the decontamination unit to document the ingress/egress of all personnel. All authorized personnel permitted to enter the area shall wear protective clothing and proper respiratory equipment.

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

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Ch. #1074

Date of Notification (1) <b>06 / 07 / 26</b>		Name of Building Owner/Operator (2) <b>Cherry Hill Public Schools</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>45 Ranoldo Terrace</b>	
		City, State, Zip Code <b>Cherry Hill, NJ 08002</b>	
		Name of Contact <b>Steve Nicolella</b>	Telephone Number <b>856-616-0275</b>

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MAY 11 2026

ASBESTOS CONTROL & LICENSING

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Carusi Middle School</b>		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 <b>315 Roosevelt Drive</b>		Square Feet <b>129,522</b>	# of Floors <b>1</b>
City (5) <b>Cherry Hill</b>		Bldg. Age <b>54</b>	
County (6) <b>Camden</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Middle School</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental, Inc</b>	ASCM No. <b>00003</b>	Name of Abatement Contractor (9) <b>East Coast Haz Mat Removal, Inc.</b>	
Street Address <b>1253 North Church Street</b>		Street Address <b>494 East 41st Street</b>	
City, State, Zip Code <b>Moorestown, NJ 08057</b>		City, State, Zip Code <b>Paterson, NJ 07504</b>	
Project Manager for Monitoring Firm <b>Eric Cole</b>	Telephone No. <b>856-840-8800</b>	Telephone No. <b>973-345-0022</b>	License No. <b>02117</b>
Start Date (10) <b>06 / 23 / 26</b>	Scheduled Completion Date (11) <b>08 / 25 / 26</b>	Name of OSHA Monitor <b>Same as above</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-3:30PM/</b> PM-____AM		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 checked="" type="checkbox"/> Mini-Enclosure	<input checked="" type="checkbox"/> Glovebag Procedure	<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
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Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>D &amp; Partial C Wing</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Entire Ceiling System/Plaster/Glue</b>	<b>12,783 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D &amp; Partial C Wing</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Pipe Ins./Fittings/above Ceiling</b>	<b>350 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D &amp; Partial C Wing</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor Tiles/Mastic</b>	<b>9,241</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D &amp; Partial C Wing</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Stucco Ceiling-Entire Ceiling Syst.</b>	<b>3,883</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Century Waste Services, LLC.</b>	NJDEP Waste Hauler ID No. <b>32797</b>	Cubic Yards of Waste <b>380</b>	Name of Registered Landfill <b>Waste Mgmt. - Fairless Hills</b>
City, State <b>Elizabeth, NJ 07201</b>		Disposal Date <b>08-25-2026</b>	City, State <b>Morrisville, PA</b>
Completed By (Print or Type) <b>Leslie Olszewski</b>	Title <b>Project Manager</b>	Signature	Date

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
D & Partial C Wing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Panels (Door Frame)	315 SF (12)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D & Partial C Wing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chalkboards/Tackboards	28 Each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D & Partial C Wing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Interior Picture Windows Glazing	400LF/12 Each	<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"/>
Name of Registered Waste Hauler <b>Century Waste Services, LLC.</b>		NJDEP Waste Hauler ID No. <b>32797</b>		Cubic Yards of Waste <b>380</b>	Name of Registered Landfill <b>Waste Mgmt. - Fairless Hills</b>				
City, State <b>Elizabeth, NJ 07201</b>				Disposal Date <b>08-25-2026</b>	City, State <b>Morrisville, PA</b>				
Completed By (Print or Type) <b>Leslie Olszewski</b>		Title <b>Project Manager</b>		Signature			Date		

ASB-41  
MAY 11

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

4113

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

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MAY 11 2026

Date of Notification (1) 05/08/2026		Name of Building Owner/Operator (2) City of Ocean City	
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 861 Asbury Avenue	
		City, State, Zip Code Ocean City, NJ 08226	
		Name of Contact Zach Johnson	Telephone Number 215-766-1675

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 835 Central Avenue		Square Feet	# of Floors
City (5) Ocean City		Bldg. Age	
County (6) Cape May	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.	Name of Abatement Contractor (9) All Pro Management, LLC
Street Address PO Box 354		Street Address 27 Outwater Lane	
City, State, Zip Code South Orange, NJ 07079		City, State, Zip Code Garfield, NJ 07026	
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-394-2666	License No. 1188
Start Date (10) 05/18/2026	Scheduled Completion Date (11) 06/30/2026	Name of OSHA Monitor A. Seine Lighthouse Solutions	
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 PO Box 354	
		City, State, Zip Code South Orange, NJ 07079	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Interior- 2nd Floor			X	12"x12" VAT	202 SF	X			
Interior- 1st Floor			X	Black glue dots assoc. with wall	313 SF	X			
Interior- 2nd Floor			X	Black glue dots assoc. with wall	240 SF	X			
Interior- 2nd Floor			X	Black adhesive assoc. with wall	8 SF	X			

Name of Registered Waste Hauler Giordano's Waste & Recycling Management		NJDEP Waste Hauler ID No. 05353	Cubic Yards of Waste	Name of Registered Landfill Capy May County Landfill	
City, State Vineland, NJ		Disposal Date		City, State Woodbine, NJ	
Completed by Jacqueline Anello		Title Office Administrator	Signature <i>Jacqueline Anello</i>		Date 05/08/2026



17906

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

RECEIVED

Date of Notification (1) 4 / 24 / 26		Name of Building Owner/Operator (2) Hartley Dodge Memorial Building Job #2508-6484 - Check #17906	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #8 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 50 Kings Road	
		City, State, Zip Code Madison, NJ	
		Name of Contact Tyler Merson	Telephone Number 973-593-3042

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Hartley Dodge Memorial Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 50 Kings Road		Square Feet	# of Floors
City (5) Madison		Bldg. Age	
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address 120 North Warren St.		Street Address 30 Maple Ave. PO Box 25	
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm Jordan Reed	Telephone No. 609-392-4200	Telephone No. 609-265-2107	License No. 00529
Start Date (10) 4 / 30 / 26	Scheduled Completion Date (11) 5 / 29 / 26	Name of OSHA Monitor IATL	

Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___ AM - ___ PM / ___ PM - ___ AM	Street Address 9000 Commerce Parkway
	City, State, Zip Code Mount Laurel, NJ 08054

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Fiable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SEE ATTACHED	SEE ATTACHED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground Floor - 2 <sup>nd</sup> Fl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plaster	8 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mastic	55 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe	8 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill
City, State Lumberton, NJ	Disposal Date 5/29/26	City, State Morrisville, PA	
Completed By (Print or Type) Gwen Trumbetti	Title Operations Coord.	Signature 	Date 4-24-25

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

## Scope of Work

<u>Location of ACM</u>	<u>Used for Maint.</u>	<u>Description of ACM</u>	<u>Amount</u>	<u>Abatement Type</u>
East Wing	NO	Fire Doors	96	Removal (NF)
East Wing	NO	Black Waterproofing	250 SF	Removal (NF)
East Wing	NO	Mastic	98 SF	Removal (NF)
East Wing	NO	Plaster Stabilization	4,252 SF	Stabilization
East Wing	NO	Pipe Insulation	205 LF	Removal (W&C)
East Wing	NO	Pipe Insulation	70 LF	Wrap & Repair
Elevator Shaft	NA	Skew Block	22 SF	Removal (NF)

17922

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

RECEIVED

APR 29 17922

Date of Notification (1) 4 / 24 / 26		Name of Building Owner/Operator (2) Cranford Twp. School District Job #2604-6563 Check # 17922	
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 132 Thomas Street	
		City, State, Zip Code Cranford, NJ 07016	
		Name of Contact Business Administration	Telephone Number 908-272-9100

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Bloomingdale Ave School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 200 Bloomingdale Avenue		Square Feet	# of Floors
City (5) Cranford		Bldg. Age	
County (6) Union	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants, Inc.		ASCM No. 00079	Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address 20-21 Wagaraw Rd. Bldg. 35E		Street Address 30 Maple Ave. PO Box 25		
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Lumberton, NJ 08048		
Project Manager for Monitoring Firm Frederick Lawson		Telephone No. 973-636-9145	Telephone No. 609-265-2107	License No. 00529
Start Date (10) 5 / 12 / 26	Scheduled Completion Date (11) 5 / 29 / 26	Name of OSHA Monitor IATL		

Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM/3PM - _____ AM	Street Address 9000 Commerce Parkway
	City, State, Zip Code Mount Laurel, NJ 08054

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure <i>wrap &amp; cut</i>
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kindergarten Wing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	55 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kindergarten Wing/All Purpose Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window/Door caulk & glazing	303 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kindergarten Wind/Media Center	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	2,650 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"/>

Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill	
City, State Lumberton, NJ		Disposal Date 5/29/26	City, State Morrisville, PA		
Completed By (Print or Type) Gwen Trumbetti	Title Operations Coord.	Signature 		Date 4-24-26	

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

## **"WRAP AND CUT" REMOVAL PROCEDURES FOR PIPE INSULATION**

### **DESCRIPTION OF THE WORK**

This Section describes the procedures to remove asbestos containing insulating materials utilizing "wrap and cut" methods.

### **PRODUCTS**

- Amended Water
- Glove Bags
- Wettable/Adhesive Lagging Cloth
- Encapsulant (if specified in Section "Scope of Work")
- Disposal Bags
- Six mil polyethylene sheeting
- HEPA vacuum
- Duct Tape
- "Saw-zall"

### **DESCRIPTION OF THE WORK**

All work shall be conducted in strict accordance with applicable federal, state and local regulations and shall be coordinated through the Owner's representative.

AbateTech, Inc. shall set up a remote 3-stage decontamination chamber at an agreed upon location. The work areas will be segregated utilizing barrier tape and drop polyethylene sheeting. Abatement workers will don appropriate PPE prior to removal procedures.

AbateTech, Inc. shall adequately wet all ACM with amended water and wrap all exposed thermal system insulation with two individual layers of 6-mil polyethylene sheeting. Each layer shall be sealed with high grade duct tape around the pipe fittings to the best seal possible.

Upon the wetting, wrapping, and sealing of thermal system insulation AbateTech, Inc. shall cut out the pipe fittings utilizing a Sawzall approximately 3-6" away from the TSI through non-asbestos pipe insulation as to not disturb the TSI. All ACM waste will be immediately double bagged and removed from the building to an appropriate secured dumpster or company vehicle.

AbateTech, Inc. shall remove all asbestos containing materials from the work site in double 6-mil polyethylene waste bags or impermeable packages. All asbestos materials shall be adequately wet. AbateTech, Inc. shall assure that all asbestos waste materials are sufficiently saturated prevent fiber emission and/or visible emissions.

All asbestos waste bags, pipe sections and other waste packages shall be labeled with the prescribed Federal OSHA warning signs and shall include site specific waste generator information.

AbateTech, Inc. shall provide a fully enclosed, watertight waste container or company vehicle complete with a locking device for storage of all contaminated waste removed from the site. The waste container or company vehicle shall have asbestos warning signs affixed to all sides and doors

All elevated asbestos abatement of pipe insulation will be performed utilizing ladders or rolling tower scaffolding approved fall protection, as applicable.

Upon completion of abatement, the Owner's consultant shall perform visual inspection and final air clearance sampling at the work areas, as applicable. After satisfactory results are achieved, all equipment/materials will be removed from the site.

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

**PAID**

17928

Date of Notification (1) <u>4</u> / <u>29</u> / <u>26</u>		Name of Building Owner/Operator (2) <b>PSE&amp;G / Job #2604-6562</b>		Check #17928
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>4000 Hadley Road</b>		
		City, State, Zip Code <b>South Plainfield, NJ</b>		
		Name of Contact <b>Michael Bastidas</b>		Telephone Number <b>908-206-6947</b>

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MAY - 6 2026

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>PSEG Orange Gas HQ Main 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 and commercial buildings, homes, etc.)		
Street Address <b>284 North Park Street</b>		Square Feet		
City (5) <b>East Orange</b>		# of Floors	Bldg. Age	
County (6) <b>Essex</b>		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Headquarters</b>	

Name of Monitoring Firm Hired by Building Owner (8) <b>Matrix New World</b>		ASCM No. <b>00121</b>	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>	
Street Address <b>26 Columbia Turnpike</b>		Street Address <b>30 Maple Ave. PO Box 25</b>		
City, State, Zip Code <b>Florham Park, NJ 07932</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>		
Project Manager for Monitoring Firm <b>Matt Sheldon</b>		Telephone No. <b>973-240-1800</b>	Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>

Start Date (10) <u>4</u> / <u>20</u> / <u>26</u>	Scheduled Completion Date (11) <u>5</u> / <u>29</u> / <u>26</u>	Name of OSHA Monitor <b>IATL</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___AM-___PM/___PM-___AM		Street Address <b>9000 Commerce Pkwy. Suite B</b>		
		City, State, Zip Code <b>Mount Laurel, NJ 08054</b>		

Scope of Work (Check all that apply)

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

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

Name of Registered Waste Hauler <b>Veolia ES</b>		NJDEP Waste Hauler ID No. <b>000151</b>	Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>Fairless Landfill</b>	
City, State <b>Flanders, NJ</b>		Disposal Date <b>5/29/26</b>		City, State <b>Morrisville, PA</b>	

Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>	Title <b>Operations Coordinator</b>	Signature <i>Gwendolyn Trumbetti</i>	Date <b>4-29-26</b>
--	--	---	------------------------



Please authorize this work to be completed by signing in the space provided and faxing this proposal back to our office @ (609) 265-2109.

\_\_\_\_\_  
Authorized Signature

## SCOPE OF WORK

### T&M Budget Pricing

AbateTech proposes to provide the removal & packaging of the following materials utilizing full containment removal procedures inclusive of negative air filtration and a 3 Stage Decontamination Chamber.

#### Main Building Basement:

- 435 LF Pipe Insulation in the Men's Locker Room.
- 140 LF Pipe Insulation adjacent multi donation space.
- 50 LF Pipe Insulation spot removal for valves in the caged areas.
- 4 LF Pipe Insulation at hallway near new tile.

#### 1<sup>ST</sup> Floor:

- 3,000 SF Floor Tile & Mastic in office areas.
- 70 LF Pipe Insulation, Men's & Women's Restrooms.

#### 2<sup>ND</sup> Floor:

- 90 SF Vinyl Tile & Mastic, main area floor opening.

#### Weld Shop:

- 50 LF Asbestos Window Caulk

17924

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

Date of Notification (1) <u>4</u> / <u>24</u> / <u>26</u>		Name of Building Owner/Operator (2) <b>Cranford Twp. School District Job #2604-6563 Check # 17924</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>132 Thomas Street</b>	
	City, State, Zip Code <b>Cranford, NJ 07016</b>		Telephone Number <b>908-709-6212</b>
	Name of Contact <b>Mario Cuhna</b>		

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APR 29 2026

**FACILITY INFORMATION**

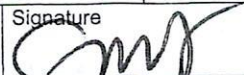
Name of Facility Where Abatement is Taking Place (3) <b>Walnut Avenue ES</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>370 Walnut Avenue</b>		Square Feet <b>48,500</b>	# of Floors <b>1+</b>
City (5) <b>Cranford</b>		Bldg. Age <b>65+</b>	
County (6) <b>Union</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Public School</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>EnviroVision Consultants, Inc.</b>		ASCM No. <b>00079</b>	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>
Street Address <b>20-21 Wagaraw Rd. Bldg. 35E</b>		Street Address <b>30 Maple Ave. PO Box 25</b>	
City, State, Zip Code <b>Fair Lawn, NJ 07410</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>	
Project Manager for Monitoring Firm <b>Frederick Lawson</b>		Telephone No. <b>973-636-9145</b>	License No. <b>00529</b>

Start Date (10) <u>5</u> / <u>4</u> / <u>26</u>	Scheduled Completion Date (11) <u>7</u> / <u>15</u> / <u>26</u>	Name of OSHA Monitor <b>IATL</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___ AM- ___ PM/ <u>3</u> PM- ___ AM		Street Address <b>9000 Commerce Parkway</b>	
		City, State, Zip Code <b>Mount Laurel, NJ 08054</b>	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Corridors, Storage Areas, Restrooms, Classroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	452 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gym	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wall Plaster	38 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom, storage areas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & mastic	180 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Central Corridor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Duct Insulation	810 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>Fairless Landfill</b>	
City, State <b>Lumberton, NJ</b>		Disposal Date <b>7/15/26</b>	City, State <b>Morrisville, PA</b>		
Completed By (Print or Type) <b>Gwen Trumbetti</b>	Title <b>Operations Coord.</b>	Signature 		Date <b>4-24-26</b>	

17923

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

RECEIVED

Date of Notification (1) 4 / 24 / 26		Name of Building Owner/Operator (2) Cranford Twp. School District Job #2604-6563 Check # 17923							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 132 Thomas Street		ASBESTOS CONTROL & LICENSING				
			City, State, Zip Code Cranford, NJ 07016						
			Name of Contact Business Administration	Telephone Number 908-272-9100					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Brookside Place School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 700 Brookside Place			Square Feet	# of Floors	Bldg. Age				
City (5) Cranford		County (6) Union		County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants, Inc.		ASCM No. 00079	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 20-21 Wagaraw Rd. Bldg. 35E			Street Address 30 Maple Ave. PO Box 25						
City, State, Zip Code Fair Lawn, NJ 07410			City, State, Zip Code Lumberton, NJ 08048						
Project Manager for Monitoring Firm Frederick Lawson		Telephone No. 973-636-9145	Telephone No. 609-265-2107	License No. 00529					
Start Date (10) 5 / 11 / 26		Scheduled Completion Date (11) 5 / 29 / 26		Name of OSHA Monitor IATL					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___ AM- ___ PM/ 3 PM- ___ AM			Street Address 9000 Commerce Parkway						
			City, State, Zip Code Mount Laurel, NJ 08054						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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) IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Corridors, Storage Areas, Restrooms, Classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	331 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill				
City, State Lumberton, NJ		Disposal Date 5/29/26		City, State Morrisville, PA					
Completed By (Print or Type) Gwen Trumbetti		Title Operations Coord.		Signature 		Date 4-24-26			

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

17921

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

RECEIVED

Date of Notification (1) 4 / 24 / 26		Name of Building Owner/Operator (2) Cranford Twp. School District Job #2604-6563 Check # 17921	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 132 Thomas Street	
		City, State, Zip Code Cranford, NJ 07016	
		Name of Contact Business Administration	Telephone Number 908-272-9100

APR 29 2006

ASBESTOS CONTROL & LICENSING

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Hillside Avenue School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 125 Hillside Avenue		Square Feet	# of Floors
City (5) Cranford		Bldg. Age	
County (6) Union	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants, Inc.	ASCM No. 00079	Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address 20-21 Wagaraw Rd. Bldg. 35E		Street Address 30 Maple Ave. PO Box 25	
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm Frederick Lawson	Telephone No. 973-636-9145	Telephone No. 609-265-2107	License No. 00529

Start Date (10) 5 / 18 / 26	Scheduled Completion Date (11) 5 / 29 / 26	Name of OSHA Monitor IATL	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/3PM-_____AM		Street Address 9000 Commerce Parkway	
		City, State, Zip Code Mount Laurel, NJ 08054	

Scope of Work (Check all that apply)

<input type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> >160 sf or >260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure - <i>wrap &amp; cut</i>
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Foods Lab/Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	44 total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foods Lab	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	1,200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foods Lab	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Black Sink Coating	15 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"/>

Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill
City, State Lumberton, NJ	Disposal Date 5/29/26	City, State Morrisville, PA	
Completed By (Print or Type) Gwen Trumbetti	Title Operations Coord.	Signature 	Date 4-24-26

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

17920

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

**RECEIVED**

Date of Notification (1) <u>4</u> / <u>24</u> / <u>26</u>		Name of Building Owner/Operator (2) <b>Cranford Twp. School District Job #2604-6563</b> Check # <b>17920</b>	
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 <b>132 Thomas Street</b>	
		City, State, Zip Code <b>Cranford, NJ 07016</b>	
		Name of Contact <b>Mario Cuhna</b>	Telephone Number <b>908-709-6212</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Walnut Avenue ES</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>370 Walnut Avenue</b>		Square Feet <b>48,500</b>	# of Floors <b>1+</b>
City (5) <b>Cranford</b>		Bldg. Age <b>65+</b>	
County (6) <b>Union</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Public School</b>	

Name of Monitoring Firm Hired by Building Owner (8) <b>EnviroVision Consultants, Inc.</b>		ASCM No. <b>00079</b>	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>	
Street Address <b>20-21 Wagaraw Rd. Bldg. 35E</b>		Street Address <b>30 Maple Ave. PO Box 25</b>		
City, State, Zip Code <b>Fair Lawn, NJ 07410</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>		
Project Manager for Monitoring Firm <b>Frederick Lawson</b>		Telephone No. <b>973-636-9145</b>	Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>


Start Date (10) <u>5</u> / <u>26</u> / <u>26</u>	Scheduled Completion Date (11) <u>6</u> / <u>1</u> / <u>26</u>	Name of OSHA Monitor <b>IATL</b>
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Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / <u>3</u> PM - _____ AM		Street Address <b>9000 Commerce Parkway</b>
		City, State, Zip Code <b>Mount Laurel, NJ 08054</b>

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kindergarten Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	1,550 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kindergarten Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Door caulk	42 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>Fairless Landfill</b>	
City, State <b>Lumberton, NJ</b>		Disposal Date <b>6/1/26</b>		City, State <b>Morrisville, PA</b>	
Completed By (Print or Type) <b>Gwen Trumbetti</b>	Title <b>Operations Coord.</b>	Signature 		Date <b>4-24-26</b>	

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

17919

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

RECEIVED

MAY - 6 2026

Date of Notification (1) <u>4</u> / <u>29</u> / <u>26</u>		Name of Building Owner/Operator (2) <b>JCP&amp;L/FirstEnergy Company / Job # 2604-6574 Check #17929</b>	
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 <b>10 Legion Place- Building A</b>	
		City, State, Zip Code <b>Morristown, NJ 07960</b>	
		Name of Contact <b>Michael R. Kupres</b>	Telephone Number <b>610-755-7186</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>JCPL Long Branch Substation</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 and commercial buildings, homes, etc.)	
Street Address <b>120 Central Avenue</b>		Square Feet	# of Floors
City (5) <b>Long Branch</b>		Bldg. Age	

County (6) <b>Monmouth</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Substation</b>
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Name of Monitoring Firm Hired by Building Owner (8) <b>Colden Corporation</b>	ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>	
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Street Address <b>630 Sentry Parkway, Suite 110</b>		Street Address <b>30 Maple Ave. PO Box 25</b>	
--	--	--	--

City, State, Zip Code <b>Bluebell, PA</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>	
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Project Manager for Monitoring Firm <b>Jason Straut</b>	Telephone No. <b>484-804-5956</b>	Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>
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Start Date (10) <u>5</u> / <u>18</u> / <u>26</u>	Scheduled Completion Date (11) <u>5</u> / <u>20</u> / <u>26</u>	Name of OSHA Monitor <b>IATL</b>
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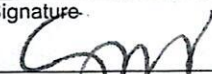
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	Street Address <b>9000 Commerce Parkway Suite B</b>		
	City, State, Zip Code <b>Mount Laurel, NJ 08054</b>		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Electrical Panel/Cabinet</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Asbestos Wire</b>	<b>150 LF</b>	<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 <b>AbateTech, Inc.</b>	NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>Fairless Landfill</b>
City, State <b>Lumberton, NJ</b>		Disposal Date <b>5/20/26</b>	City, State <b>Morrisville, PA</b>

Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>	Title <b>Operations Coordinator</b>	Signature 	Date <b>4-29-26</b>
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09/2/2026  
03/04/2026

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

RECEIVED

Date of Notification (1) 03/04/2026 check #0922		Name of Building Owner/Operator (2) 17 Bloomfield llc		MAR - 9 2026	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 43 Broadway City, State, Zip Code Denville, NJ 07869 Name of Contact Rajesh sakaria Telephone Number 9732194578	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) commercial			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 11 Bloomfield ave			Square Feet 50x100	# of Floors 2fl	Bldg. Age 50+
City (5) Denville, NJ 07869		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) unoccupied	
County (6) Morris		Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) all solutions contracting	
Street Address			Street Address 24 church st		
City, State, Zip Code			City, State, Zip Code Elmwood park NJ 07407		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 2018739418	License No. 01301	
Start Date (10) 03/18/2026	Scheduled Completion Date (11) 03/27/2026		Name of OSHA Monitor all solutions contracting		
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 am to 4:30 pm			Street Address 24 church st City, State, Zip Code Elmwood park NJ 07407		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure	<input checked="" type="checkbox"/> Mini-Enclosure
				<input checked="" type="checkbox"/> Glovebag Procedure	<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
		Yes No N/A			
1st floor				pipe insulation	260 lf
1 st floor				remove boiler panels	4 sf
Name of Registered Waste Hauler Atlantic carting		NJDEP Waste Hauler ID No.	Cubic Yards of Waste tdb	Name of Registered Landfill grand central	
City, State Wayne NJ		Disposal Date tdb	City, State pen argyl pa 18072		
Completed by Luis arcila		Title president	Signature 	Date 03/04/2026	

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

12770

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

RECEIVED

Date of Notification (1) March 27, 2026		Name of Building Owner/Operator (2) Lawrenceville Shopping Associates LLC		MAY 11 2026							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #4 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 112 West 34th Street, Suite 2106		ASBESTOS CONTROL & LICENSING						
			City, State, Zip Code New York, NY 10120								
			Name of Contact Jack J. Jemal	Telephone Number 212-629-4502							
<b>FACILITY INFORMATION</b>											
Name of Facility Where Abatement is Taking Place (3) Burlington Store			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 2495 Route 1			Square Feet 50,000	# of Floors 20	Bldg. Age 50+						
City (5) Lawrenceville			Current Use (Prior if being demolished) Retail								
County (6) Mercer		County Code (7) (STATE USE ONLY) _____									
Name of Monitoring Firm Hired by Building Owner (8) Atlas Technical Consultants		ASCM No. _____	Name of Abatement Contractor (9) ecoservices, LLC								
Street Address 3 Terri Lane		Street Address 303 B National Road									
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Exton, PA 19341									
Project Manager for Monitoring Firm John Lutz		Telephone No. 609-386-8800	Telephone No. 484-872-8884	License No. 01161							
Start Date (10) 2/17/26	Scheduled Completion Date (11) 6/30/26		Name of OSHA Monitor EMSL								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>in segregated area</u>			Street Address 200 Route 130 North								
			City, State, Zip Code Cinnaminson, NJ								
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure											
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
								Removal	Repair	Encapsulate	Enclosure
Western portion - Phase I		X		Mastic		9,580 SF		X			
Western portion - Phase II		X		Mastic		10,000 SF		X			
Under Mezzanine		X		Mastic		6,000 SF		X			
Northeastern quadrant		X		Mastic		25,000 SF		X			
Name of Registered Waste Hauler Waste Management of Trenton		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste 100	Name of Registered Landfill Fairless Landfill							
City, State Trenton, NJ			Disposal Date TBD	City, State Morrisville, PA							
Completed by Jack Bally		Title Sr. Project Manager		Signature <i>Jack Bally</i>		Date March 27, 2026					

17919



PAID

State of New Jersey

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

RECEIVED

APR 29 2026

Date of Notification (1) <u>4</u> / <u>24</u> / <u>26</u>		Name of Building Owner/Operator (2) <b>Cranford Twp. School District Job #2604-6563 Check # 17919</b>							
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 <b>132 Thomas Street</b>							
		City, State, Zip Code <b>Cranford, NJ 07016</b>							
			Name of Contact <b>Business Administration</b>		Telephone Number <b>908-272-9100</b>				
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Brookside Place School</b>				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <b>700 Brookside Place</b>				Square Feet	# of Floors				
City (5) <b>Cranford</b>				Bldg. Age					
County (6) <b>Union</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) <b>EnviroVision Consultants, Inc.</b>		ASCM No. <b>00079</b>	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>						
Street Address <b>20-21 Wagaraw Rd. Bldg. 35E</b>			Street Address <b>30 Maple Ave. PO Box 25</b>						
City, State, Zip Code <b>Fair Lawn, NJ 07410</b>			City, State, Zip Code <b>Lumberton, NJ 08048</b>						
Project Manager for Monitoring Firm <b>Frederick Lawson</b>		Telephone No. <b>973-636-9145</b>	Telephone No. <b>609-265-2107</b>		License No. <b>00529</b>				
Start Date (10) <u>6</u> / <u>1</u> / <u>26</u>		Scheduled Completion Date (11) <u>6</u> / <u>5</u> / <u>26</u>		Name of OSHA Monitor <b>IATL</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/ <u>3</u> PM-_____AM				Street Address <b>9000 Commerce Parkway</b>					
				City, State, Zip Code <b>Mount Laurel, NJ 08054</b>					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>All Purpose Room/Hall</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Plaster spot removal</b>	<b>22.5 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Kindergarten Room</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Door caulk</b>	<b>42 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>Fairless Landfill</b>					
City, State <b>Lumberton, NJ</b>			Disposal Date <b>6/5/26</b>	City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title <b>Operations Coord.</b>		Signature 					
				Date <b>4-24-26</b>					

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

064733



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RECEIVED Print Form

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

MAY 11 2026

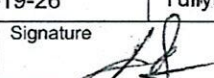
Date of Notification (1) 05-04-26		Name of Building Owner/Operator (2) RRP Realty LLC								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 215 Fort Lee Rd.							
	City, State, Zip Code Leonia, NJ 07605		Telephone Number (201) 978-7192							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) 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 271 Fort Lee Rd.		Square Feet	# of Floors 2							
City (5) Leonia		Bldg. Age								
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.							
Street Address		Street Address 1119 East Grand St.								
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07201								
Project Manager for Monitoring Firm		Telephone No. 908 576-7646	License No. 01206							
Start Date (10) 05-13-26	Scheduled Completion Date (11) 05-18-26	Name of OSHA Monitor Delfa Contracting LLC								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 AM- 5:00 PM		Street Address 1119 East Grand St.								
		City, State, Zip Code Elizabeth, NJ 07201								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Basement		X		Pipe Insulation	180 LF	X				
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 4	Name of Registered Landfill Tullytown Resource Recovery Facility						
City, State Elizabeth, NJ		Disposal Date 05-19-26		City, State Tullytown, PA						
Completed by Jaime Delgado		Title Proj. Manager.	Signature 				Date 05-05-26			

004734

Print Form

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

RECEIVED

Date of Notification (1) 05-04-26		Name of Building Owner/Operator (2) RRP Realty LLC								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 215 Fort Lee Rd.							
	City, State, Zip Code Leonia, NJ 07605		Name of Contact Julian Pecht							
		Telephone Number (201) 978-7192								
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) 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 324 Broad Ave.		Square Feet	# of Floors 2							
City (5) Leonia		Bldg. Age								
County (6) Bergen		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.							
Street Address		Street Address 1119 East Grand St.								
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07201								
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 908 576-7646							
		License No. 01206								
Start Date (10) 05-13-26		Scheduled Completion Date (11) 05-18-26								
Name of OSHA Monitor Delfa Contracting LLC										
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 AM- 5:00 PM		Street Address 1119 East Grand St.								
		City, State, Zip Code Elizabeth, NJ 07201								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Basement		X		Pipe Insulation	120 LF	X				
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 4	Name of Registered Landfill Tullytown Resource Recovery Facility						
City, State Elizabeth, NJ			Disposal Date 05-19-26	City, State Tullytown, PA						
Completed by Jaime Delgado		Title Proj. Manager.		Signature 			Date 05-05-26			

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

Check # 3818

GAC Project # 060-26

Date of Notification (1) <b>May 08, 2026</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address <b>DOUGLASS CAMPUS</b>		Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS</b>	
City (5) <b>NEW BRUNSWICK</b>		City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
County (6) <b>MIDDLESEX</b>		Name of Contact <b>MICHAEL F. SMITH, ENV. HEALTH &amp; SAFETY</b>	
County Code (7) (State Use Only)		Telephone Number <b>848-445-2550</b>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>HELDRICH SCIENCE, BLDG# 8302</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 <b>DOUGLASS CAMPUS</b>		Sq. Feet: <b>N/A</b> # of Floors: <b>3</b> Bldg. Age: <b>100+ years</b>	
City (5) <b>NEW BRUNSWICK</b>		Current Use (prior if being demolished): <b>ACADEMIC</b>	
County (6) <b>MIDDLESEX</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
County Code (7) (State Use Only)		Street Address <b>511 MAIN STREET</b>	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATLAS</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>	
ASCM No. <b>00098</b>		Telephone Number <b>973-492-0477</b>	
Street Address <b>3 TERRI LANE</b>		License Number <b>00840</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		Name of OSHA Monitor <b>ENVIROVISION, INC.</b>	
Project Manager for Monitoring Firm <b>JOHN LUTZ</b>		Telephone Number <b>609-386-8800</b>	
Scheduled Start Date (10) <b>05/10/2026</b>		Scheduled Completion Date (11) <b>05/26/2026</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Facility Occupied During Abatement <input checked="" type="checkbox"/> Other- Describe: <b>Shift Schedule: 4PM FRI- 5AM DAILY (24 HRS. &amp; WEEKENDS AS NEEDED)</b>		Street Address <b>20-21 WARGARAW ROAD, BLDG# 35E</b>	
Scope of Work (Check all that apply) <input type="checkbox"/> > 3 sf or >3 lf <input checked="" type="checkbox"/> > 160 sf or > 260 lf		City, State, Zip Code <b>FAIRLAWN, NJ 07410</b>	
<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"/> Glove bag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>101/102 Suite, 202, 306 MER</b>		Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) <b>VAT</b>		Amount (Specify SF or LF) <b>1000 SF</b>	
Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove			
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	
Cubic Yards of Waste: <b>5 CY</b>		Name of Registered Landfill Fairless Landfill / Grand Central Landfill	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Disposal Date <b>5/26/2026</b>	
Hauler #2) Century Waste Services LLC, Elizabeth, NJ 07201 NJ DEP # NJ-860		City, State <b>FL - 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700 GCL- 1963 Pen Argyl Rd. Pan Argyl, Pa 18072</b>	
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>		Signature <i>Raymond C. Pedalino</i>	
Title <b>SENIOR PROJECT MANAGER</b>		Date <b>May 08, 2026</b>	

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

1075

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

ch # 1075

Date of Notification (1) <u>05</u> / <u>07</u> / <u>25</u>		Name of Building Owner/Operator (2) <b>Cherry Hill Public Schools</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>45 Ranoldo Terrace</b>	
		City, State, Zip Code <b>Cherry Hill, NJ 08002</b>	
		Name of Contact <b>Steve Nicolella</b>	Telephone Number <b>856-616-0275</b>

MAY 11 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Rosa International Middle School</b>		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 <b>485 Browning Lane</b>		Square Feet <b>129,522</b>	# of Floors <b>2</b>
City (5) <b>Cherry Hill</b>		Bldg. Age <b>50+</b>	
County (6) <b>Camden</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Middle School</b>	

Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental, Inc</b>	ASCM No. <b>00003</b>	Name of Abatement Contractor (9) <b>East Coast Haz Mat Removal, Inc.</b>	
Street Address <b>1253 North Church Street</b>		Street Address <b>494 East 41st Street</b>	
City, State, Zip Code <b>Moorestown, NJ 08057</b>		City, State, Zip Code <b>Paterson, NJ 07504</b>	
Project Manager for Monitoring Firm <b>Erick Cole</b>	Telephone No. <b>856-840-8800</b>	Telephone No. <b>973-345-0022</b>	License No. <b>02117</b>

Start Date (10) <u>06</u> / <u>23</u> / <u>26</u>	Scheduled Completion Date (11) <u>08</u> / <u>25</u> / <u>26</u>	Name of OSHA Monitor <b>Same as above</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-3:30PM/</b> PM-____AM		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"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> >160 sf or >260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>A Wing - First Floor</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Wall Plaster</b>	<b>2000 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>A Wing - First Floor</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Pipe Fittings/Joints</b>	<b>120 Each</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>A Wing-First Fl - Next To Cafeteria</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Pipe Fittings/Joints</b>	<b>100 Each</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>A Wing/Cafeteria - Windows</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Caulking</b>	<b>860 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Century Waste Services, LLC.</b>	NJDEP Waste Hauler ID No. <b>32797</b>	Cubic Yards of Waste <b>200</b>	Name of Registered Landfill <b>Waste Mgmt. - Fairless Hills</b>
City, State <b>Elizabeth, NJ 07201</b>	Disposal Date <b>08-25-2026</b>	City, State <b>Morrisville, PA</b>	
Completed By (Print or Type) <b>Leslie Olszewski</b>	Title <b>Project Manager</b>	Signature 	Date <b>05-01-26</b>

003660

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

CR# 003660

Date of Notification (1) 05/07/26		Name of Building Owner/Operator (2) Glenwood Development Co., LP							
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 223 Prospect Street MAY 11 2026						
			City, State, Zip Code Rutherford, NJ 07070						
			Name of Contact Alex Kalos	Telephone Number 201-343-1050					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Glenwood Apartments			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 144-150 Union Avenue			Square Feet 10,000 +	# of Floors 2	Bldg. Age 50 +				
City (5) Rutherford		County (6) Bergen		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc.						
Street Address			Street Address 1141 Route 23						
City, State, Zip Code			City, State, Zip Code Wayne, NJ 07470						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. (973) 628-9500	License No. 00408					
Start Date (10) 05/19/26		Scheduled Completion Date (11) 05/31/26		Name of OSHA Monitor J.R. Contracting & Environmental Consulting, 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 1141 Route 23						
			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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room			X	Pipe Insulation	75 LF	X			
Boiler Room			X	Boiler Lagging	150 SF	X			
Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc		NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste 40	Name of Registered Landfill Grand Central Landfill					
City, State Wayne, New Jersey			Disposal Date TBD	City, State Pen/Argyl, Pennsylvania					
Completed by Jerry Bijelonic		Title Project Manager	Signature		Date 05/07/26				

4584 0710 5270 2038 0703 37

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

✓ # 2092

Date of Notification (1) <b>05 / 07 / 26</b>		Name of Building Owner/Operator (2) <b>Nathan Rumore</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>142 South Main Street</b>							
		City, State, Zip Code <b>Hackensack, NJ 07601</b>							
		Name of Contact <b>Nathan Rumore</b>	Telephone Number <b>973-885-2195</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Mix Use</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 and commercial buildings, homes, etc.)							
Street Address <b>142 South Main Street</b>		Square Feet <b>5000</b>	# of Floors <b>2</b>						
City (5) <b>Hackensack, NJ 07601</b>		Bldg. Age <b>50+</b>							
County (6) <b>Bergen</b>	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) <b>A. Mac Contracting Inc.</b>						
Street Address		Street Address <b>176 Saddle River Avenue</b>							
City, State, Zip Code		City, State, Zip Code <b>South Hackensack, NJ 07606</b>							
Project Manager for Monitoring Firm		Telephone No. <b>201-262-5841</b>	License No. <b>00156</b>						
Start Date (10) <b>05 / 18 / 26</b>	Scheduled Completion Date (11) <b>05 / 19 / 26</b>	Name of OSHA Monitor <b>Asbestos Analytical Labs</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>8:00 AM-4:30 PM- AM</b>		Street Address <b>51 Gage Road</b>							
		City, State, Zip Code <b>East Brunswick, NJ 08816</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Pipe Insulation</b>	<b>220 LF</b>	<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 <b>Century Waste Services, LLC</b>		NJDEP Waste Hauler ID No. <b>32797</b>	Cubic Yards of Waste <b>2 Yards</b>	Name of Registered Landfill <b>Grand Central Sanitary Landfill</b>					
City, State <b>Elizabeth, NJ</b>		Disposal Date <b>05-15-2026</b>		City, State <b>Pen Argyl, PA 08072</b>					
Completed By (Print or Type) <b>Ralph Barnhardt</b>		Title <b>Sr. Project Manager</b>		Signature			Date		

9431

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

3941190  
RECEIVED  
ck  
9431  
MAY 13 2026

Date of Notification (1) 5/8/26 Type Notification		Name of Building Owner / Operator (2) <b>Interglobo North America, Inc.</b>			
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	Emergency Notification	Street Address <b>2 Colony Road</b>			ASBESTOS CONTROL & LIQUIDATION
	<input checked="" type="checkbox"/> Initial Notification	City, State & Zip Code <b>Jersey City, NJ 07305</b>			
	Amended Notification	Name of Contact <b>Sophia Cosenza</b>		Telephone Number <b>212-686-7966</b>	
	Cancellation				
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>Vacant Warehouse</b>			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <b>650 Liberty Avenue</b>			Square Feet <b>280,000</b>	# of Floors <b>2</b>	Bldg. Age <b>60</b>
City (5) <b>Union</b>	County (6) <b>Union</b>	County Code (7)	Current Use (Prior if being demolished) <b>Commercial</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Health and Safety Services</b>		ASCM No.	Name of Abatement Contractor (9) <b>Global Abatement Services, LLC</b>		
Street Address <b>P.O. Box 365</b>		Street Address <b>P.O. Box 7620</b>			
City, State & Zip Code <b>Berlin, NJ 08009</b>		City, State & Zip Code <b>Monroe Township, NJ 08831</b>			
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone Number <b>856-452-1311</b>	Telephone Number <b>732-605-9062</b>	License Number <b>00714</b>	
Scheduled Start Date (10) <b>5/23/26</b>	Scheduled Completion Date (11) <b>8/31/26</b>		Name of OSHA Monitor <b>Global Abatement Services, LLC</b>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: <b>Area Isolated During Abatement</b> Other - Describe:			Street Address <b>P.O. Box 7620</b>		
			City, State & Zip Code <b>Monroe Township, NJ 08831</b>		
Scope of Work (Check all that apply)					
Demolition		<input checked="" type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure	
<input checked="" type="checkbox"/> Large Project				<input checked="" type="checkbox"/> Glovebag Procedure	
Quantity is $\geq$ 3 SF or $\geq$ 3 LF ACM				Other:	
<input checked="" type="checkbox"/> Quantity is $\geq$ 160 SF or $\geq$ 260 LF ACM					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)	
<b>First Floor</b>	<b>N/A</b>	<b>VAT</b>	<b>100,000SF</b>	<b>Removal</b>	
<b>First Floor</b>	<b>N/A</b>	<b>Mastic</b>	<b>249,000</b>		
Name of Registered Waste Hauler <b>Freehold Carting</b>		NJDEP Waste Hauler ID # <b>18693</b>	Cu. Yds. of Waste <b>600</b>	Name of Registered Landfill <b>Conestoga</b>	
City, State <b>Freehold, NJ</b>		Disposal Date <b>8/31/26</b>		City, State <b>Morgantown, PA</b>	
Completed By (Print or Type) <b>Dominick Tringali</b>	Title <b>Pres.</b>	Signature <i>Dominick Tringali</i>		Date <b>5/8/26</b>	

13690

PAID

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

B & G Project # 2026-75

Check #

13690

MAY 13 2026

Date of Notification (1) <b>May 11, 2026</b>		Name of Building Owner/Operator (2) <b>Clifton Board of Education</b>								
Agencies Notified	Type Notification	Street Address <b>745 Clifton Avenue</b>								
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Clifton, NJ 07015</b>								
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact <b>Maurice Capaci</b>	Telephone Number <b>201-815-8804</b>							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) <b>Maple Valley Middle School</b>		Type of Facility (4)								
Street Address <b>775 Valley Road</b>		<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) <b>Clifton, NJ 07013</b>		Square Feet <b>50,000+</b>	# of Floors <b>3</b>							
County (6) <b>Passaic</b>		Bldg. Age <b>50+</b>								
County Code (7) <b>(STATE USE ONLY)</b>		Current Use (Prior if being demolished) <b>Middle School (NON SUB 8)</b>								
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)								
Street Address		Street Address <b>B &amp; G Restoration, Inc.</b>								
City, State, Zip Code		Street Address <b>1234 Route 23</b>								
Project Manager for Monitoring Firm		City, State, Zip Code <b>Butler, NJ 07405</b>								
Telephone No.		Telephone No. <b>973-696-6869</b>	License No. <b>00378</b>							
Start Date (10) <b>05/12/2026 @ 4:00 PM</b>	Scheduled Completion Date (11) <b>05/13/2026</b>	Name of OSHA Monitor <b>B &amp; G Restoration, Inc.</b>								
Occupancy Status During Abatement (Check Only One)		Street Address <b>1234 Route 23</b>								
<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: <b>4:00 pm - 12:30 am</b>		City, State, Zip Code <b>Butler, NJ 07405</b>								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
<input type="checkbox"/> Building Demolition with asbestos in-place <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Basement Storage / Water Main rm		X		pipe insulation	9 LF	X				
Name of Registered Waste Hauler <b>B&amp;G Restoration Inc.</b>		NJDEP Waste Hauler ID No. <b>19563</b>	Cubic Yards of Waste <b>1/2</b>	Name of Registered Landfill <b>Grand Central Landfill</b>						
City, State <b>Butler, NJ</b>		Disposal Date <b>05/13/2026</b>		City, State <b>Pen Argyl, PA</b>						
Completed by <b>Gordana Luna</b>		Title <b>Secretary / Treasurer</b>	Signature <b>Gordana Luna</b>		Date <b>05/11/2026</b>					

1/10/26

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

RECEIVED

MAY - 7 2026

Date of Notification (1) <u>04</u> / <u>20</u> / <u>26</u>		Name of Building Owner/Operator (2) <b>Vineland Preservation Job #2601-3478 check#N/A</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>2900 Fire Road Suite 203</b>	
		City, State, Zip Code <b>Egg Harbor Township NJ 08234</b>	
		Name of Contact <b>Martin Whalen</b>	Telephone Number <b>609-823-0029</b>

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Vineland Gardens- Multiple Units</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 and commercial buildings, homes, etc.)	
Street Address <b>775 S Seventh Street</b>		Square Feet <b>TBD</b>	# of Floors <b>2</b>
City (5) <b>Vineland</b>		Bldg. Age <b>57 years</b>	
County (6) <b>Cumberland</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Vacant</b>	

Name of Monitoring Firm Hired by Building Owner (8) <b>ESA</b>	ASCM No.	Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>	
Street Address <b>495 Union Avenue</b>		Street Address <b>70 Stacy Haines Road Suite 4</b>	
City, State, Zip Code <b>Middlesex NJ 08846</b>		City, State, Zip Code <b>Lumberton NJ 08048</b>	
Project Manager for Monitoring Firm <b>Marc Bunting</b>	Telephone No. <b>732-469-888</b>	Telephone No. <b>609-702-0400</b>	License No. <b>00862</b>

Start Date (10) <u>04</u> / <u>30</u> / <u>26</u>	Scheduled Completion Date (11) <u>05</u> / <u>07</u> / <u>26</u>	Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>	
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 <b>200 U.S. Route 130 North</b>	
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
4 ADA Units	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile and Mastic	530 SF/each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 ADA Units	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Joint Compound	200 SF/each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Asbestos and Mold Services Corp</b>	NJDEP Waste Hauler ID No. <b>0035680</b>	Cubic Yards of Waste <b>80</b>	Name of Registered Landfill <b>CCIA</b>
City, State <b>Lumberton, NJ</b>		Disposal Date <b>05/07/2026</b>	City, State <b>Rosenhayn NJ</b>
Completed By (Print or Type) <b>Kaysi Gruner</b>	Title <b>Admin</b>	Signature 	Date <b>5/1/26</b>

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

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ck

RECEIVED  
MAY - 1 2026

Date of Notification (1) <b>04 / 20 / 26</b>		Name of Building Owner/Operator (2) <b>Vineland Preservation Job #2601-3478 check#N/A</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>2900 Fire Road Suite 203</b>	
		City, State, Zip Code <b>Egg Harbor Township NJ 08234</b>	
		Name of Contact <b>Martin Whalen</b>	Telephone Number <b>609-823-0029</b>

ASBESTOS CONTROL & LICENSING

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Vineland Gardens- Multiple Units</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 and commercial buildings, homes, etc.)	
Street Address <b>775 S Seventh Street</b>		Square Feet <b>TBD</b>	Bldg. Age <b>57 years</b>
City (5) <b>Vineland</b>	County (6) <b>Cumberland</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Vacant</b>

Name of Monitoring Firm Hired by Building Owner (8) <b>ESA</b>	ASCM No.	Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>	
Street Address <b>495 Union Avenue</b>		Street Address <b>70 Stacy Haines Road Suite 4</b>	
City, State, Zip Code <b>Middlesex NJ 08846</b>		City, State, Zip Code <b>Lumberton NJ 08048</b>	
Project Manager for Monitoring Firm <b>Marc Bunting</b>	Telephone No. <b>732-469-888</b>	Telephone No. <b>609-702-0400</b>	License No. <b>00862</b>

Start Date (10) <b>04 / 30 / 26</b>	Scheduled Completion Date (11) <b>05 / 07 / 26</b>	Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>
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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 <b>200 U.S. Route 130 North</b>
	City, State, Zip Code <b>Cinnaminson, NJ 08077</b>

Scope of Work (Check all that apply)

<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <i>Enclosure</i>
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>4 ADA Units</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Floor tile and Mastic</b>	<b>530 SF/each</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4 ADA Units</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Joint Compound</b>	<b>200 SF/each</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Asbestos and Mold Services Corp</b>	NJDEP Waste Hauler ID No. <b>0035680</b>	Cubic Yards of Waste <b>80</b>	Name of Registered Landfill <b>Fairless Hills</b>
City, State <b>Lumberton, NJ</b>		Disposal Date <b>05/07/2026</b>	City, State <b>Morrisville, PA</b>
Completed By (Print or Type) <b>Kaysi Gruner</b>	Title <b>Admin</b>	Signature 	Date <b>4/28/26</b>

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

ON HOLD as  
04 4/30/26

RECEIVED  
MAY - 7 2026

Date of Notification (1) <b>04 / 17 / 26</b>		Name of Building Owner/Operator (2) <b>Borough of Paulsboro #2604-3526 check#N/A</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1211 N Delaware Avenue</b>	
		City, State, Zip Code <b>Paulsboro NJ 08066</b>	
		Name of Contact <b>Vernon Marino</b>	Telephone Number <b>856-423-1500</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Borough of Paulsboro</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 and commercial buildings, homes, etc.)	
Street Address <b>1211 N Delaware Avenue</b>			
City (5) <b>Paulsboro</b>	Square Feet <b>1500</b>	# of Floors <b>2</b>	Bldg. Age <b>1976</b>

County (6) <b>Gloucester</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Police Station/Main Bldg</b>
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Name of Monitoring Firm Hired by Building Owner (8) <b>Horizon Environmental</b>	ASCM No.	Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>
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Street Address <b>PO BOX 316</b>	Street Address <b>70 Stacy Haines Road Suite 4</b>
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City, State, Zip Code <b>Thorofare NJ 08086</b>	City, State, Zip Code <b>Lumberton NJ 08048</b>
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Project Manager for Monitoring Firm <b>Steve Flanigan</b>	Telephone No. <b>856-848-0800</b>	Telephone No. <b>609-702-0400</b>	License No. <b>00862</b>
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Start Date (10) <b>04 / 27 / 26</b>	Scheduled Completion Date (11) <b>05 / 08 / 26</b>	Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>
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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 <b>200 U.S. Route 130 North</b>
	City, State, Zip Code <b>Cinnaminson, NJ 08077</b>

Scope of Work (Check all that apply)

<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>8 rooms/areas</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Floor Tile</b>	<b>1,260 SF</b>	<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 <b>Asbestos and Mold Services Corp</b>	NJDEP Waste Hauler ID No. <b>0035680</b>	Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>Fairless Hills</b>
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City, State <b>Lumberton, NJ</b>	Disposal Date <b>05/08/2026</b>	City, State <b>Morrisville, PA</b>
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Completed By (Print or Type) <b>Kaysi Gruner</b>	Title <b>Office Admin</b>	Signature 	Date <b>4/30/26</b>
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2 p/lt  
4642

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

RECEIVED

Check # 4642

Date of Notification (1) <b>4 / 30 / 26</b>		Name of Building Owner/Operator (2) <b>Flagship New Jersey Propco, LLC</b>	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>3</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>2 Mid America Plaza, Suite 450</b>	
		City, State, Zip Code <b>Oakbrook Terrace, IL 60181</b>	
		Name of Contact <b>Dayna Freeman</b>	Telephone Number <b>973-626-6108</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Former Mercer Marine Supply</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 and commercial buildings, homes, etc.)	
Street Address <b>1117 Rt 33</b>		Square Feet	# of Floors <b>63</b>
City (5) <b>Hamilton</b>		Bldg. Age	
County (6) <b>MERCER</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental Inc</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, LLC</b>
Street Address <b>1253 North Church Rd</b>		Street Address <b>1123 BEAVER STREET</b>	
City, State, Zip Code <b>Moorestown, NJ 08057</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>	
Project Manager for Monitoring Firm <b>Tim Pop</b>	Telephone No. <b>609-386-8800</b>	Telephone No. <b>215-788-6040</b>	License No. <b>02121</b>
Start Date (10) <b>5 / 4 / 26</b>	Scheduled Completion Date (11) <b>5 / 15 / 26</b>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>	
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: <b>7:00AM-3:30PM</b> / ___PM-___AM		Street Address <b>1123 BEAVER STREET</b>	
		City, State, Zip Code <b>BRISTOL, PA 19007</b>	

Scope of Work (Check all that apply)

<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roofing materials	2750 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd floor apartment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	240 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill <b>G.R.O.W.S. NORTH LANDFILL</b>	
City, State <b>Freehold, NJ</b>		Disposal Date		City, State <b>MORRISVILLE, PA 19067</b>	
Completed By (Print or Type) <b>Brian Scafiro</b>	Title <b>Estimator</b>	Signature <i>Brian Scafiro</i>		Date <b>4/30/26</b>	

ASB-41 MAY 11 **BS26034**

\* 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)

17961

08016

Date of Notification (1) <b>5 / 12 / 26</b>		Name of Building Owner/Operator (2) <b>Transcontinental Gas Pipe Line</b>		Job # <b>2604-6568</b>	Check# <b>17961</b>	
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 <b>315 Cold Soil Rd.</b>		
City, State, Zip Code <b>Princeton, NJ 08540</b>						
Name of Contact <b>James Johnson</b>				Telephone Number <b>724-422-8815</b>		

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Williams/Transco NJ Tpk. Exit 5</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 and commercial buildings, homes, etc.)		
Street Address <b>1626 Burlington Jacksonville Road</b>			Square Feet		
City (5) <b>Burlington</b>			# of Floors		Bldg. Age
County (6) <b>Burlington</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>Gas Pipe Line</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>NA</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>		
Street Address			Street Address <b>30 Maple Ave. PO Box 25</b>		
City, State, Zip Code			City, State, Zip Code <b>Lumberton, NJ 08048</b>		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. <b>609-265-2107</b>		License No. <b>00529</b>
Start Date (10) <b>6 / 12 / 26</b>		Scheduled Completion Date (11) <b>6 / 15 / 26</b>		Name of OSHA Monitor <b>IATL Analytical</b>	
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 <b>9000 Commerce Parkway Suite B</b>		
			City, State, Zip Code <b>Mt Laurel, NJ 08054</b>		

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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
<b>Exterior</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Coal Tar Wrap- 16" Line</b>	<b>60 LF</b>	<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 <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>12</b>	Name of Registered Landfill <b>Fairless Landfill</b>	
City, State <b>Lumberton, NJ</b>			Disposal Date <b>6/15/26</b>	City, State <b>Morrisville, PA 19067</b>	
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature <i>Gwendolyn Trumbetti</i>	Date <b>5-12-26</b>

\* 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)

4201

**PAID**

RECORDED

Date of Notification (1) <b>04 / 30 / 26</b>		Name of Building Owner/Operator (2) <b>Job #2604-3524 check#4201</b>	
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 <b>420 Norway Avenue</b>	
		City, State, Zip Code <b>Hamilton NJ 08629</b>	
		Name of Contact	Telephone Number

MAY - 7 2026

ASBESTOS CONTROL & LICENSING

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residential Property</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 and commercial buildings, homes, etc.)	
Street Address <b>420 Norway Avenue</b>		Square Feet <b>1200</b>	# of Floors <b>2</b>
City (5) <b>Hamilton</b>		Bldg. Age <b>1920</b>	
County (6) <b>Mercer</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residential</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Finog Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>
Street Address <b>617 Stokes Road #4-318</b>		Street Address <b>70 Stacy Haines Road Suite 4</b>	
City, State, Zip Code <b>Medford NJ 08055</b>		City, State, Zip Code <b>Lumberton NJ 08048</b>	
Project Manager for Monitoring Firm <b>Rebecca Rubnitz</b>	Telephone No. <b>856-596-9994</b>	Telephone No. <b>609-702-0400</b>	License No. <b>00862</b>
Start Date (10) <b>05 / 11 / 26</b>	Scheduled Completion Date (11) <b>05 / 12 / 26</b>	Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>	
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 <b>200 U.S. Route 130 North</b>	
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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
<b>Basement</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Pipe Insulation</b>	<b>70 LF</b>	<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 <b>Asbestos and Mold Services Corp</b>		NJDEP Waste Hauler ID No. <b>0035680</b>	Cubic Yards of Waste <b>80</b>	Name of Registered Landfill <b>Fairless Hills</b>	
City, State <b>Lumberton, NJ</b>		Disposal Date <b>05/12/2026</b>	City, State <b>Morrisville, PA</b>		
Completed By (Print or Type) <b>Kaysi Gruner</b>	Title <b>Admin</b>	Signature 		Date <b>4/30/26</b>	

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

4200

Date of Notification (1) <b>04 / 30 / 26</b>		Name of Building Owner/Operator (2) <b>Job #2604-3533 check#4200</b>	
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 <b>325 Chestnut Street</b>	
		City, State, Zip Code <b>Audubon NJ 08106</b>	
		Name of Contact	Telephone Number

RECEIVED

MAY - 7 2026

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residential Property</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 and commercial buildings, homes, etc.)	
Street Address <b>325 Chestnut Street</b>		Square Feet <b>1536</b>	# of Floors <b>3</b>
City (5) <b>Audubon</b>		Bldg. Age <b>1915</b>	
County (6) <b>Camden</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residential</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Horizon Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>
Street Address <b>PO BOX 316</b>		Street Address <b>70 Stacy Haines Road Suite 4</b>	
City, State, Zip Code <b>Thorofare NJ 08086</b>		City, State, Zip Code <b>Lumberton NJ 08048</b>	
Project Manager for Monitoring Firm <b>Steve Flanigan</b>	Telephone No. <b>856-848-0800</b>	Telephone No. <b>609-702-0400</b>	License No. <b>00862</b>
Start Date (10) <b>05 / 11 / 26</b>	Scheduled Completion Date (11) <b>05 / 13 / 26</b>	Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>	
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 <b>200 U.S. Route 130 North</b>	
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>	

Scope of Work (Check all that apply)


<input type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <b>Enclosure</b>
<input checked="" type="checkbox"/> >160 sf or >260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Family Room</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Floor Tile</b>	<b>572 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Storage Room</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Floor Tile</b>	<b>30 SF</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 <b>Asbestos and Mold Services Corp</b>		NJDEP Waste Hauler ID No. <b>0035680</b>	Cubic Yards of Waste <b>80</b>	Name of Registered Landfill <b>Fairless Hills</b>	
City, State <b>Lumberton, NJ</b>		Disposal Date <b>05/13/2026</b>	City, State <b>Morrisville, PA</b>		
Completed By (Print or Type) <b>Kaysi Gruner</b>	Title <b>Admin</b>	Signature 		Date <b>4/30/20</b>	

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

CHK# 1817 Job# 26-541

Date of Notification (1) 4/24/2026		Name of Building Owner/Operator (2) Private property								
Agencies Notified  <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 574 Milltown Road							
			City, State, Zip Code North Brunswick NJ 08902							
		Name of Contact	Telephone Number							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 574 Milltown Road		Square Feet 28800 SF	# of Floors 2 floor							
City (5) North Brunswick NJ 08902		Bldg. Age +50								
County (6) Middlesex County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) ACM Solutions Services LLC							
Street Address N/A		Street Address 1435 51st Street								
City, State, Zip Code N/A		City, State, Zip Code North Bergen NJ 07047								
Project Manager for Monitoring Firm N/A		Telephone No. 201-552-9685	License No. 01384							
Start Date (10) 5/4/2026	Scheduled Completion Date (11) 5/30/2026	Name of OSHA Monitor Hillman Consulting								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 AM to 4:00 PM		Street Address 1620 Route 22 East								
		City, State, Zip Code Union NJ 07803								
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Main floor			x	Floor tile and mastic	3500 SF	x				
Name of Registered Waste Hauler Rovic transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste	Name of Registered Landfill Blythe Township Landfill						
City, State 60 Riverdale Rd Riverdale NJ		Disposal Date	City, State 1061 Burma Rd New Philadelphia NJ							
Completed by Galo Zumba		Title Principal	Signature 				Date 4/24/2026			

1430

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

Check 9430  
**RECEIVED**

Date of Notification (1) 5/8/26 Type Notification		Name of Building Owner / Operator (2)  <p align="right">MAY 14 2026</p>		
Agencies Notified EPA DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	<input checked="" type="checkbox"/> Emergency Notification Initial Notification Amended Notification Cancellation	Street Address <b>22 Wilson Avenue</b>		ASBESTOS CONTROL & LICENSING Telephone Number
		City, State & Zip Code <b>South River, NJ 08882</b>		
<b>FACILITY INFORMATION</b>				
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <b>22 Wilson Ave</b>		Square Feet <b>2200</b>	# of Floors <b>2</b>	Bldg. Age <b>60</b>
City (5) <b>South River</b>	County (6) <b>Middlesex</b>	County Code (7)		
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Tactics, Inc</b>		ASCM No.	Name of Abatement Contractor (9) <b>Global Abatement Services, LLC</b>	
Street Address <b>64 Broad Street</b>		Street Address <b>P.O. Box 7620</b>		
City, State & Zip Code <b>Matawan, NJ 07747</b>		City, State & Zip Code <b>Monroe Township, NJ 08831</b>		
Project Manager for Monitoring Firm <b>Tom Geiger</b>		Telephone Number <b>732-290-2217</b>	Telephone Number <b>732-605-9062</b>	License Number <b>00714</b>
Scheduled Start Date (10) <b>5/9/26</b>	Scheduled Completion Date (11) <b>5/9/26</b>		Name of OSHA Monitor <b>Global Abatement Services, LLC</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: <b>Area Isolated During Abatement</b> Other - Describe:		Street Address <b>443 Schoolhouse Road</b>		
		City, State & Zip Code <b>Monroe Township, NJ 08831</b>		
Scope of Work (Check all that apply)				
Demolition		<input checked="" type="checkbox"/> Renovation		Full Containment with Negative Pressure
Large Project				Mini-Enclosure
<input checked="" type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM				<input checked="" type="checkbox"/> Glovebag Procedure
Quantity is ≥ 160 SF or ≥ 260 LF ACM				Other:
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
<b>Basement</b>	<b>N/A</b>	<b>Pipe Insulation</b>	<b>40LF</b>	<b>Removal</b>
Name of Registered Waste Hauler <b>Freehold Carting</b>		NJDEP Waste Hauler ID # <b>18693</b>	Cu. Yds. of Waste <b>3</b>	Name of Registered Landfill <b>Conestoga</b>
City, State <b>Freehold, NJ</b>		Disposal Date <b>5/12/26</b>	City, State <b>Morgantown, PA</b>	
Completed By (Print or Type) <b>Dominick Tringali</b>	Title <b>Pres.</b>	Signature <i>Dominick Tringali</i>		Date <b>5/8/26</b>

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

3941190

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*Return*

PAID

Date of Notification (1)  
4/23/2026

Name of Building Owner/Operator (2)  
Interglobo NA Real Estate LLC

Agencies Notified  
 EPA  
 DEP  
 DOL  
 DOH  
 DCA

Type Notification  
 Initial  
 Amended  
 Amendment # \_\_\_\_\_  
 Emergency (including justification)  
 Cancellation

Street Address  
650 Liberty Ave

City, State, Zip Code  
Union NJ

Name of Contact \_\_\_\_\_ Telephone Number \_\_\_\_\_

APR 27 2026

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Private Property

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

Street Address  
650 Liberty Ave

City (5)  
Union NJ

County (6)  
Union County

County Code (7) (STATE USE ONLY) \_\_\_\_\_

Square Feet  
365000SF

# of Floors  
2 floor

Bldg. Age  
+50

Current Use (Prior if being demolished) \_\_\_\_\_

Name of Monitoring Firm Hired by Building Owner (8)  
N/A

ASCM No.  
N/A

Name of Abatement Contractor (9)  
ACM Solutions Services LLC

Street Address  
N/A

Street Address  
1435 51st Street

City, State, Zip Code  
N/A

City, State, Zip Code  
North Bergen NJ 07047

Project Manager for Monitoring Firm  
N/A

Telephone No.  
N/A

Telephone No.  
201-552-9685

License No.  
01384

Start Date (10)  
1/16/2026

Scheduled Completion Date (11)  
05/15/2026

Name of OSHA Monitor  
Hillman Consulting

Occupancy Status During Abatement (Check Only One)  
 Facility Closed/Vacated During Entire Period of Abatement  
 Abatement Performed Outside of Normal Facility Hours  
 Other - Describe: 7:00 AM to 4:00 PM

Street Address  
1620 Route 22 East

City, State, Zip Code  
Union NJ 07803

Scope of Work (Check All That Apply)

$\geq 3$  sf or  $\geq 3$  lf  
  $\geq 160$  sf or  $\geq 260$  lf

Renovation  
 Demolition

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

Location of Asbestos-Containing Material (ACM) In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Mezzanine			X	Floor tile	59200 SF	X			
1st floor			X	Floor tile	1875 SF	X			

Name of Registered Waste Hauler  
Rovic transport

NJDEP Waste Hauler ID No.  
20785

Cubic Yards of Waste \_\_\_\_\_

Name of Registered Landfill  
Blythe Township Landfill

City, State  
60 Riverdale Rd Riverdale NJ

Disposal Date \_\_\_\_\_

City, State  
1061 Burma Rd New Philadelphia NJ

Completed by  
Galo Zumba

Title  
Principal

Signature  
*Galo Zumba*

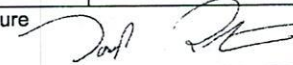
Date  
3/2/2026

8538

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

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MAY 14 2026

Date of Notification (1) <b>05/08/2026</b>		Name of Building Owner/Operator (2)								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1015 GREENWOOD AVE</b>								
		City, State, Zip Code <b>TRENTON NJ 08609</b>								
		Name of Contact	Telephone Number							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</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 <b>1015 GREENWOOD AVE</b>		Square Feet	# of Floors							
City (5) <b>TRENTON</b>		Bldg. Age								
County (6) <b>MERCER</b>	County Code (7) <i>(STATE USE ONLY)</i>	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA Lead Professionals							
Street Address		Street Address 6 White Dove Court								
City, State, Zip Code		City, State, Zip Code Lakewood, NJ, 08701								
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-719-5649	License No. 1200							
Start Date (10) <b>05/20/2026</b>	Scheduled Completion Date (11) <b>05/20/2026</b>	Name of OSHA Monitor AAA Lead Professionals								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 White Dove Court								
		City, State, Zip Code Lakewood, NJ, 08701								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
INTERIOR				PIPE INSULATION	55 LF	<input checked="" type="checkbox"/>				
Name of Registered Waste Hauler <b>Lead Professionals Inc</b>		NJDEP Waste Hauler ID No. <b>35103</b>	Cubic Yards of Waste <b>4</b>	Name of Registered Landfill IESI						
City, State <b>Lakewood, NJ</b>		Disposal Date <b>05/20/2026</b>		City, State BETHLEHEM, PA						
Completed by <b>JOSEPH PERLSTEIN</b>		Title <b>OWNER</b>	Signature 		Date <b>05/08/2026</b>					

8537

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

RECEIVED

MAY 14 2026

DEPARTMENT OF ENVIRONMENTAL PROTECTION & LICENSING

Date of Notification (1) 05/08/2026		Name of Building Owner/Operator (2) RWB Homes	
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 10 Godfrey Terrace	
		City, State, Zip Code Glen Rock NJ 07452	
		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 10 Godfrey Terrace		Square Feet	# of Floors	Bldg. Age
City (5) Glen Rock		Current Use (Prior if being demolished)		
County (6) Bergen		County Code (7) (STATE USE ONLY) _____		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA Lead Professionals	
Street Address		Street Address 6 White Dove Court		
City, State, Zip Code		City, State, Zip Code Lakewood, NJ, 08701		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-719-5649	License No. 1200
Start Date (10) 05/27/2026		Scheduled Completion Date (11) 05/27/2026		Name of OSHA Monitor AAA Lead Professionals
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 White Dove Court		
		City, State, Zip Code Lakewood, NJ, 08701		

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No. 35103	Cubic Yards of Waste 5	Name of Registered Landfill IESI	
City, State Lakewood, NJ		Disposal Date 05/27/2026		City, State BETHLEHEM, PA	
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature 		Date 05/08/2026

work  
CHK# 6096

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

RECEIVED

Date of Notification (1) 5/11/26		Name of Building Owner/Operator (2)							
Agencies Notified		Type Notification		Street Address 931 Ocean Ave					
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amended		City, State, Zip Code Sea Bright, New Jersey					
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amendment #	<input type="checkbox"/> Emergency (including justification)		Name of Contact					
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation			Telephone Number					
<input checked="" type="checkbox"/> DOH									
<input type="checkbox"/> DCA									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)			Type of Facility (4)						
Street Address 145 Brighton Ave			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Long Branch		Square Feet 5000	# of Floors 2	Bldg. Age 100+					
County (6) Monmouth		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) store front						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ace Insulation Co., Inc						
Street Address		Street Address 95 Montrose Road							
City, State, Zip Code		City, State, Zip Code Colts Neck, New Jersey							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 7322941757	License No. 00029					
Start Date (10) 5/20/26	Scheduled Completion Date (11) 5/26/26		Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One)			Street Address						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe:			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	Pipe insulation	25 L.F	x			
Name of Registered Waste Hauler Ace Insulation Co., Inc		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 1	Name of Registered Landfill Fairless					
City, State Colts Neck, New Jersey		Disposal Date 5/26/26		City, State Morrisville, PA					
Completed by Bree McGuire		Title Secretary Treasurer	Signature 		Date 5/11/26				

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

1067

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

CHECK # 2067

PAID

Date of Notification (1)  
05/08/2026

Name of Building Owner/Operator (2)  
[Redacted]

Agencies Notified  
 EPA  
 DEP  
 DOL  
 DOH  
 DCA

Type Notification  
 Initial  
 Amended  
 Amendment #  
 Emergency (including justification)  
 Cancellation

Street Address  
122 PROSPECT STREET

City, State, Zip Code  
MERCHANTVILLE NJ 08109

Name of Contact  
[Redacted]

Telephone Number  
[Redacted]

MAY 14 2026

DEPARTMENT OF ENVIRONMENTAL CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
RESIDENTIAL

Street Address  
122 PROSPECT STREET

City (5)  
MERCHANTVILLE

County (6)  
CAMDEN

County Code (7)  
(STATE USE ONLY)

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

Square Feet  
8041

# of Floors  
2

Bldg. Age  
100+

Current Use (Prior if being demolished)  
RESIDENTIAL

Name of Monitoring Firm (8)  
HORIZON ENVIRONMENTAL GROUP INC.

ASCM No.  
[Redacted]

Name of Abatement Contractor (9)  
ASSURED ENVIRONMENTAL SERVICES INC.

Street Address  
570 CLEMS RUN

City, State, Zip Code  
MULLICA HILL NJ 08062

Project Manager for Monitoring Firm  
DAVID FLANNIGAN

Telephone No.  
609-221-4660

Telephone No.  
610-304-4676

License No.  
01145

Start Date (10)  
05/18/2026

Scheduled Completion Date (11)  
05/19/2026

Name of OSHA Monitor  
EMSL

Occupancy Status During Abatement (Check Only One)  
 Facility Closed/Vacated During Entire Period of Abatement  
 Abatement Performed Outside of Normal Facility Hours  
 Other - Describe: RESIDENTIAL-ABATEMENT AREA CLOSED OFF

Street Address  
200 RT. 130 NORTH

City, State, Zip Code  
CINNAMINSON NJ 08077

Scope of Work (Check All That Apply)

≥3 sf or ≥3 lf  
 ≥160 sf or ≥260 lf

Renovation  
 Demolition

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

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

Name of Registered Waste Hauler  
ASSURED ENVIRONMENTAL

NJDEP Waste Hauler ID No.  
0034895

Cubic Yards of Waste  
04

Name of Registered Landfill  
MINERVA LANDFILL

City, State  
MULLICA HILL NJ

Disposal Date  
05/20/2026

City, State  
WAYNESBURG, OH

Completed by  
RON SWANSON

Title  
GENERAL MANAGER

Signature  
*Ron Swanson*

Date  
05/08/2026

1928

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

REC'D Chk # 1928 MAY 14 2026

Date of Notification (1) 5/6/2026		Name of Building Owner/Operator (2)	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1349 Murray Ave.	
		City, State, Zip Code Plainfield, NJ 07060	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 1349 Murray Ave.		Square Feet 1,563	# of Floors 2	Bldg. Age 1929
City (5) Plainfield, NJ 07060	County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) DANVIC CONTRACTING LLC		
Street Address		Street Address 240 South 5th St.		
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07206		
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 908-906-4123	License No. 01355	

Start Date (10) 5/16/2026	Scheduled Completion Date (11) 5/19/2026	Name of OSHA Monitor Iris Environmental Laboratories, Inc.		
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIED		Street Address 2333 Route 22 West		
		City, State, Zip Code Union, NJ 07083		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	170 LF	X			

Name of Registered Waste Hauler Danvic Contracting LLC	NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill	
City, State Elizabeth, NJ	Disposal Date TBD	City, State Morrisville, PA		
Completed by Jeymy Donneys	Title Owner	Signature <i>Jeymy Donneys</i>	Date 5/6/2026	

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

8543

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

RECEIVED

Date of Notification (1) <b>05/06/2026</b>		Name of Building Owner/Operator (2) <b>MAY 14 2026</b>							
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 <b>42 Glen Avenue</b>							
		City, State, Zip Code <b>Lakewood, NJ, 08701</b>							
		Name of Contact _____ Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residence</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 <b>42 Glen Avenue</b>		Square Feet	# of Floors						
City (5) <b>Lakewood</b>		Bldg. Age							
County (6) <b>Ocean</b>	County Code (7) <i>(STATE USE ONLY)</i> _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA Lead Professionals						
Street Address		Street Address 6 White Dove Court							
City, State, Zip Code		City, State, Zip Code Lakewood, NJ, 08701							
Project Manager for Monitoring Firm		Telephone No. 732-719-5649	License No. 1200						
Start Date (10) <b>05/15/2025</b>	Scheduled Completion Date (11) <b>05/15/2025</b>	Name of OSHA Monitor AAA Lead Professionals							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 White Dove Court							
		City, State, Zip Code Lakewood, NJ, 08701							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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) <b>500 SF</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Interior				Tile		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Lead Professionals Inc</b>		NJDEP Waste Hauler ID No. <b>35103</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>IESI</b>					
City, State <b>Lakewood, NJ</b>		Disposal Date <b>05/15/2025</b>	City, State <b>BETHLEHEM, PA</b>						
Completed by <b>JOSEPH PERLSTEIN</b>		Title <b>OWNER</b>	Signature <i>[Signature]</i>		Date <b>05/06/2026</b>				

1929

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

RECEIVED  
 CLK # 1929

Date of Notification (1) 5/6/2026		Name of Building Owner/Operator (2)  MAY 14 2026							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1461 Brookside Dr. City, State, Zip Code Union, NJ 07083 Name of Contact _____ Telephone Number _____						
	<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Residential Property Street Address 1461 Brookside Dr. City (5) Union, NJ 07083 County (6) Union		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet: 1,800    # of Floors: 2    Bldg. Age: 1939 County Code (7) (STATE USE ONLY) _____    Current Use (Prior if being demolished) _____							
Name of Monitoring Firm Hired by Building Owner (8) Street Address _____ City, State, Zip Code _____		ASCM No. _____ Telephone No. _____	Name of Abatement Contractor (9) DANVIC CONTRACTING LLC Street Address 240 South 5th St. City, State, Zip Code Elizabeth, NJ 07206 Telephone No. 908-906-4123    License No. 01355						
Start Date (10) 5/16/2026 Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIED		Scheduled Completion Date (11) 5/19/2026 Name of OSHA Monitor Iris Environmental Laboratories, Inc. Street Address 2333 Route 22 West City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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) Basement Rear Area	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) Pipe Insulation	Amount (Specify SF or LF) 50 LF	Abatement Type			
						Removal: X Repair: Encapsulate: Enclosure:			
Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill					
City, State Elizabeth, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Jeymy Donneys		Title Owner	Signature <i>Jeymy Donneys</i>			Date 5/6/2026			

004735

PAID

RECEIVED Print Form

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

MAY 11 2026

Date of Notification (1) 05-06-26		Name of Building Owner/Operator (2) New Prince Concrete Construction, Inc.						
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 215 Elleen Terrace						
		City, State, Zip Code Hackensack, NJ 07601						
		Name of Contact	Telephone Number					
<b>FACILITY INFORMATION</b>								
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 412 US Route 202.		Square Feet	# of Floors 1					
City (5) Raritan		Bldg. Age						
County (6) Somerset	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.						
Street Address		Street Address 1119 East Grand St.						
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07201						
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 908 576-7646	License No. 01206					
Start Date (10) 05-15-26	Scheduled Completion Date (11) 06-04-26	Name of OSHA Monitor Delfa Contracting LLC						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 8:00 AM- 5:00 PM		Street Address 1119 East Grand St.						
		City, State, Zip Code Elizabeth, NJ 07201						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 If <input checked="" type="checkbox"/> ≥160 sf or ≥260 If	<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
1st Floor		X	Joint Compound	3,000 SF	X			
1st Floor		X	VAT	150 SF	X			
1st Floor		X	Black Mastic Glue	500 SF	X			
Roof		X	Flashing	6 SF	X			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 30	Name of Registered Landfill Tullytown Resource Recovery Facility				
City, State Elizabeth, NJ		Disposal Date 05-21-26		City, State Tullytown, PA				
Completed by Jaime Delgado		Title Proj. Manager.	Signature		Date 05-06-26			

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

2066

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

CHECK # 2066

PAID

RECEIVED

Date of Notification (1) 05/06/2026		Name of Building Owner/Operator (2)	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1280 N BROAD STREET	
		City, State, Zip Code HILLSIDE NJ 07205	
		Name of Contact _____ Telephone Number _____	

MAY 11 2026

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1280 N BROAD STREET		Square Feet 1360	# of Floors 12
City (5) HILLSIDE		Bldg. Age 80+	
County (6) UNION	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) CRITERION LABS		ASCM No. _____	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.	
Street Address 400 STREET ROAD		Street Address 570 CLEMS RUN		
City, State, Zip Code BENSALEM PA 19020		City, State, Zip Code MULLICA HILL NJ 08062		
Project Manager for Monitoring Firm ERIC WYSOCKI		Telephone No. 215-244-1300	Telephone No. 610-304-4676	License No. 01145

Start Date (10) 05/19/2026	Scheduled Completion Date (11) 05/29/2026	Name of OSHA Monitor EMSL		
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>AREA CLOSED FOR ABATEMENT</u>		Street Address 200 RT. 130 NORTH		
		City, State, Zip Code CINNAMINSON NJ 08077		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
THROUGHOUT HOUSE			X	FLOOR TILE	1307 SF	X			

Name of Registered Waste Hauler ASSURED ENVIRONMENTAL		NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 12	Name of Registered Landfill MINERVA LANDFILL	
City, State MULLICA HILL NJ		Disposal Date 05/29/2026	City, State WAYNESBURG, OH		
Completed by RON SWANSON		Title GENERAL MANAGER	Signature <i>Ron Swanson</i>	Date 05/06/2026	

5013

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Print Form

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

RECEIVED

MAY 11 2026

Date of Notification (1) 5/7/2026		Name of Building Owner/Operator (2) Borough of Kenilworth Ck#5013								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 567 BOULEVARD								
		City, State, Zip Code KENILWORTH, N.J. 07033								
		Name of Contact	Telephone Number							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) Borough of Kenilworth		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 567 BOULEVARD		Square Feet 20,000 +	# of Floors 2							
City (5) KENILWORTH, N.J. 07033		Bldg. Age 75+								
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Municipal Bldg								
Name of Monitoring Firm Hired by Building Owner (8) RJB Environmental, Inc		ASCM No.	Name of Abatement Contractor (9) Hazmat Diagnostic, LLC							
Street Address P.O. Box 869		Street Address 16 Glenwild Ave								
City, State, Zip Code Levittown, PA 19058		City, State, Zip Code Bloomingdale, NJ 07403								
Project Manager for Monitoring Firm Richard J. Beach		Telephone No. 609-203-3115	Telephone No. 973-928-3995							
			License No. 01181							
Start Date (10) 5/18/2026	Scheduled Completion Date (11) 5/28/2026	Name of OSHA Monitor Hazmat Diagnostic, 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: <u>work area separated from others</u>		Street Address 16 Glenwild Ave								
		City, State, Zip Code Bloomingdale, NJ 07403								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure								
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure								
		<input type="checkbox"/> Glovebag Procedure								
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Tax Office			X	Floor tile and mastic	600 SF	X				
Name of Registered Waste Hauler Hazmat Diagnostic, LLC/ Century Waste		NJDEP Waste Hauler ID No. 0035440/32797	Cubic Yards of Waste TBD	Name of Registered Landfill WM Grand Central Landfill						
City, State Bloomingdale, NJ/ Elizabeth, NJ		Disposal Date TBD	City, State Pen Argyl, PA							
Completed by Deni Naumovski		Title President	Signature <i>Deni Naumovski</i>				Date 5/7/2026			

ASBESTOS CONTROL & LICENSING

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

8523

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

RECEIVED

Date of Notification (1) <b>05/07/2026</b>		Name of Building Owner/Operator (2) <b>MCEF CONSTRUCTION</b>								
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 <b>496 EAST COUNTYLINE ROAD</b>		City, State, Zip Code <b>LAKWOOD NJ 08701</b>								
Name of Contact		Telephone Number								
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</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 <b>205 BRUCE ST</b>		Square Feet	# of Floors							
City (5) <b>LAKWOOD</b>		Bldg. Age								
County (6) <b>OCEAN</b>	County Code (7) <b>(STATE USE ONLY)</b>	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA Lead Professionals							
Street Address		Street Address 6 White Dove Court								
City, State, Zip Code		City, State, Zip Code Lakewood, NJ, 08701								
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-719-5649	License No. 1200							
Start Date (10) <b>05/19/2026</b>	Scheduled Completion Date (11) <b>05/19/2026</b>	Name of OSHA Monitor AAA Lead Professionals								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 White Dove Court								
		City, State, Zip Code Lakewood, NJ, 08701								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
EXTERIOR				SIDING	1500 SF	<input checked="" type="checkbox"/>				
Name of Registered Waste Hauler <b>Lead Professionals Inc</b>		NJDEP Waste Hauler ID No. <b>35103</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>IESI</b>						
City, State <b>Lakewood, NJ</b>		Disposal Date <b>05/19/2026</b>	City, State <b>BETHLEHEM, PA</b>							
Completed by <b>JOSEPH PERLSTEIN</b>		Title <b>OWNER</b>	Signature <i>Joseph Perlstein</i>				Date <b>05/07/2026</b>			

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

12054



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

CK# 12054

Print Form

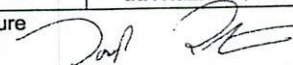
Date of Notification (1) 5/8/2026		Name of Building Owner/Operator (2) RECORDED								
Agencies Notified	Type Notification	Street Address 23 N. Lancaster Ave.	MAY 11 2026							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Margate, NJ 08402	Telephone Number & License No.							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) Vacant Residential Property		Type of Facility (4)								
Street Address 23 N. Lancaster Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
City (5) Margate	Square Feet 1568	# of Floors 1	Bldg. Age 69+							
County (6) Atlantic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Unoccupied								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) American Demolition Corp.							
Street Address		Street Address 2 English Lane								
City, State, Zip Code		City, State, Zip Code Egg Harbor Twp., NJ 08234								
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 609-926-7373							
Start Date (10) 5/8/2026		Scheduled Completion Date (11) 5/8/2026	License No. 02056							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor								
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address								
Scope of Work (Check All That Apply)		City, State, Zip Code								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
exterior garage			X	asbestos transite siding	600	X				
Name of Registered Waste Hauler American Demolition Corp		NJDEP Waste Hauler ID No. 16473	Cubic Yards of Waste	Name of Registered Landfill ACUA						
City, State Egg Harbor Twp., NJ		Disposal Date TBD	City, State Pleasantville							
Completed by Jannie Truehart		Title Project Manager	Signature <i>Jannie Truehart</i>				Date 5/8/2026			

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

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

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1502

Date of Notification (1) <b>05/04/2026</b>		Name of Building Owner/Operator (2) <b>MAY 11 2026</b>								
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 <b>57 WILLEVER LAKE RD</b>										
City, State, Zip Code <b>OXFORD NJ 07863</b>										
Name of Contact		Telephone Number								
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) <b>Residence</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 <b>57 WILLEVER LAKE RD</b>		Square Feet	# of Floors							
City (5) <b>OXFORD</b>		Bldg. Age								
County (6) <b>WARREN</b>		County Code (7) <b>(STATE USE ONLY)</b> _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA Lead Professionals							
Street Address		Street Address 6 White Dove Court								
City, State, Zip Code		City, State, Zip Code Lakewood, NJ, 08701								
Project Manager for Monitoring Firm		Telephone No. 732-719-5649	License No. 1200							
Start Date (10) <b>06/02/2026</b>	Scheduled Completion Date (11) <b>06/02/2026</b>	Name of OSHA Monitor AAA Lead Professionals								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address 6 White Dove Court								
		City, State, Zip Code Lakewood, NJ, 08701								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Interior				Pipe insulation	85 LF	<input checked="" type="checkbox"/>				
Name of Registered Waste Hauler <b>Lead Professionals Inc</b>		NJDEP Waste Hauler ID No. <b>35103</b>	Cubic Yards of Waste <b>4</b>	Name of Registered Landfill IESI						
City, State <b>Lakewood, NJ</b>		Disposal Date <b>06/02/2026</b>		City, State BETHLEHEM, PA						
Completed by <b>JOSEPH PERLSTEIN</b>		Title <b>OWNER</b>	Signature 		Date <b>05/04/2026</b>					

1984

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

Check# 1284

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Date of Notification (1) 05/11/2026		Name of Building Owner/Operator (2) "The Turner Group, LLC"	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 5 Blackberry Bay Drive	
		City, State, Zip Code Oceanport, NJ 07757	
		Name of Contact _____ Telephone Number _____	

MAY 13 2026

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Private 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 630 Wyckoff Avenue		Square Feet	# of Floors
City (5) Mahwah, NJ 07430		Bldg. Age	
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC	
Street Address		Street Address 576 Valley Road#283	
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-356-3511	License No. 01127

Start Date (10) 05/20/2026	Scheduled Completion Date (11) 05/22/2026	Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 20-21 Wagaraw Road, Bldg.# 35 E	
		City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior- house -transite siding			x	Transite siding	1000 SF	x			
Exterior- garage -transite siding			x	Transite siding	500 SF	x			

Name of Registered Waste Hauler Gr Tech LLC	NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc
City, State Wayne, NJ 07470	Disposal Date TBD	City, State Tullytown, PA	
Completed by G.Ristanovic	Title Owner	Signature Gradimir Ristanovic	Date 05/11/2026

13672



**PAID**

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

Check # 13672

B & G Project # 2026-66

Date of Notification (1)  
 05/01/2026

Name of Building Owner/Operator (2)

Agencies Notified  
 EPA  
 DEP  
 DOL  
 DOH  
 DCA

Type Notification  
 Initial  
 Amended  
 Amendment # \_\_\_\_\_  
 Emergency (including justification)  
 Cancellation

Street Address  
 1 Cook Street

City, State, Zip Code  
 Butler, NJ 07405

Name of Contact \_\_\_\_\_ Telephone Number \_\_\_\_\_

MAY 4 2026

ASBESTOS CONTAINING MATERIALS

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)  
 Street Address: 1 Cook Street  
 City (5): Butler, NJ 07405  
 County (6): Morris

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

Square Feet \_\_\_\_\_ # of Floors \_\_\_\_\_ Bldg. Age \_\_\_\_\_

County Code (7) (STATE USE ONLY) \_\_\_\_\_ Current Use (Prior if being demolished)  
 residential

Name of Monitoring Firm Hired by Building Owner (8)  
 Street Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_

ASCM No. \_\_\_\_\_ Name of Abatement Contractor (9)  
 B & G Restoration, Inc.  
 Street Address: 1234 Route 23  
 City, State, Zip Code: Butler, NJ 07405

Project Manager for Monitoring Firm \_\_\_\_\_ Telephone No. \_\_\_\_\_  
 Telephone No. 973-696-6869 License No. 00378

Start Date (10) 05/13/2026 Scheduled Completion Date (11) 05/15/2026  
 Name of OSHA Monitor: B & G Restoration, Inc.

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

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

Scope of Work (Check All That Apply)

≥3 sf or ≥3 lf  
 ≥160 sf or ≥260 lf

Renovation  
 Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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
lower level family room			X	VAT & mastic	400 SF	X			

Name of Registered Waste Hauler: B & G Restoration Inc.  
 NJDEP Waste Hauler ID No.: 19563  
 Cubic Yards of Waste: 5  
 Name of Registered Landfill: Grand Central Landfill

City, State: Butler, NJ  
 Disposal Date: 05/16/2026  
 City, State: Pen Argyl, PA

Completed by: Gordana Luna  
 Title: Secretary / Treasurer  
 Signature: Gordana Luna  
 Date: 05/01/2026

13671

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B & G Project # 2026-62

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

Check # 13671

Date of Notification (1)  
05/01/2026

Name of Building Owner/Operator (2)  
\_\_\_\_\_

Agencies Notified  
 EPA  
 DEP  
 DOL  
 DOH  
 DCA

Type Notification  
 Initial  
 Amended  
 Amendment # \_\_\_\_\_  
 Emergency (including justification)  
 Cancellation

Street Address  
95 Franklin Avenue

City, State, Zip Code  
Maplewood, NJ 07040

Name of Contact \_\_\_\_\_ Telephone Number \_\_\_\_\_

ASBESTOS CONTROL & LICENSING

Name of Facility Where Abatement is Taking Place (3)  
\_\_\_\_\_

Street Address  
95 Franklin Avenue

City (5)  
Maplewood, NJ 07040

County (6)  
Essex

County Code (7) (STATE USE ONLY) \_\_\_\_\_

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

Square Feet \_\_\_\_\_ # of Floors \_\_\_\_\_ Bldg. Age \_\_\_\_\_

Current Use (Prior if being demolished)  
residential

Name of Monitoring Firm Hired by Building Owner (8)  
\_\_\_\_\_

ASCM No. \_\_\_\_\_

Name of Abatement Contractor (9)  
B & G Restoration, Inc.

Street Address  
1234 Route 23

City, State, Zip Code  
Butler, NJ 07405

Project Manager for Monitoring Firm \_\_\_\_\_ Telephone No. \_\_\_\_\_

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

Start Date (10) 05/12/2026 Scheduled Completion Date (11) 05/14/2026

Name of OSHA Monitor  
B & G Restoration, Inc.

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

Street Address  
1234 Route 23

City, State, Zip Code  
Butler, NJ 07405

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			X	VAT & mastic	392 SF	X			

Name of Registered Waste Hauler  
B & G Restoration Inc.

NJDEP Waste Hauler ID No.  
19563

Cubic Yards of Waste  
5

Name of Registered Landfill  
Grand Central Landfill

City, State  
Butler, NJ

Disposal Date  
05/15/2026

City, State  
Pen Argyl, PA

Completed by  
Gordana Luna

Title  
Secretary / Treasurer

Signature  
Gordana Luna

Date  
05/01/2026

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

Date of Notification (1) <b>04 / 24 / 26</b>		Name of Building Owner/Operator (2) <b>Job #2604-3530 check#4197</b>	
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 <b>412 Rand Street</b>	
		City, State, Zip Code <b>Camden NJ 08105</b>	
		Name of Contact	Telephone Number

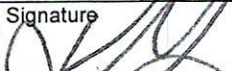
**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residential Property</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 and commercial buildings, homes, etc.)		
Street Address <b>412 Rand Street</b>		Square Feet <b>1069</b>		
City (5) <b>Camden</b>		# of Floors <b>3</b>	Bldg. Age <b>1927</b>	
County (6) <b>Camden</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residential</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Horizon Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>	
Street Address <b>PO BOX 316</b>		Street Address <b>70 Stacy Haines Road Suite 4</b>		
City, State, Zip Code <b>Thorofare NJ 08086</b>		City, State, Zip Code <b>Lumberton NJ 08048</b>		
Project Manager for Monitoring Firm <b>Steve Flanigan</b>	Telephone No. <b>856-848-0800</b>	Telephone No. <b>609-702-0400</b>	License No. <b>00862</b>	
Start Date (10) <b>05 / 12 / 26</b>	Scheduled Completion Date (11) <b>05 / 14 / 26</b>	Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>		
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 <b>200 U.S. Route 130 North</b>		
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>		

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <b>enclosure</b>
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement Bedroom</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Floor Tile and Mastic</b>	<b>144 SF</b>	<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 <b>Asbestos and Mold Services Corp</b>		NJDEP Waste Hauler ID No. <b>0035680</b>	Cubic Yards of Waste <b>80</b>	Name of Registered Landfill <b>Fairless Hills</b>	
City, State <b>Lumberton, NJ</b>		Disposal Date <b>05/14/2026</b>	City, State <b>Morrisville, PA</b>		
Completed By (Print or Type) <b>Kaysi Gruner</b>		Title <b>Admin</b>	Signature 		Date <b>4/24/26</b>

110

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

RECEIVED

MAY - 1 2026

Date of Notification (1) <u>04</u> / <u>24</u> / <u>26</u>		Name of Building Owner/Operator (2) <b>Job #2604-3530 check#N/A</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>412 Rand Street</b>	
	City, State, Zip Code <b>Camden NJ 08105</b>		Telephone Number
	Name of Contact		

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Residential Property</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 and commercial buildings, homes, etc.)	
Street Address <b>412 Rand Street</b>		Square Feet <b>1069</b>	# of Floors <b>3</b>
City (5) <b>Camden</b>		Bldg. Age <b>1927</b>	
County (6) <b>Camden</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residential</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Finog Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>
Street Address <b>617 Stokes Road #4-318</b>		Street Address <b>70 Stacy Haines Road Suite 4</b>	
City, State, Zip Code <b>Medford NJ 08055</b>		City, State, Zip Code <b>Lumberton NJ 08048</b>	
Project Manager for Monitoring Firm <b>Rebecca Rubnitz</b>	Telephone No. <b>856-596-9994</b>	Telephone No. <b>609-702-0400</b>	License No. <b>00862</b>
Start Date (10) <u>05</u> / <u>12</u> / <u>26</u>	Scheduled Completion Date (11) <u>05</u> / <u>13</u> / <u>26</u>	Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>	
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 <b>200 U.S. Route 130 North</b>	
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>	

Scope of Work (Check all that apply)

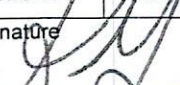
- ≥3 sf or ≥3 lf
- ≥160 sf or ≥260 lf
- Renovation
- Demolition
- Full Containment with Negative Pressure *Enclosure*
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (\*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement Bedroom</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Floor Tile and Mastic</b>	<b>144 SF</b>	<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 <b>Asbestos and Mold Services Corp</b>		NJDEP Waste Hauler ID No. <b>0035680</b>	Cubic Yards of Waste <b>80</b>	Name of Registered Landfill <b>Fairless Hills</b>	
City, State <b>Lumberton, NJ</b>		Disposal Date <b>5/13/26</b>	City, State <b>Morrisville, PA</b>		
Completed By (Print or Type) <b>Kaysi Gruner</b>	Title <b>Admin</b>	Signature 		Date <b>4/30/26</b>	

NO CLK

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

Date of Notification (1) <b>04 / 17 / 26</b>		Name of Building Owner/Operator (2) <b>Job #2604-3520 check#N/A</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>55 Mecray Lane</b>							
		City, State, Zip Code <b>Maple Shade NJ 08052</b>							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residential Property</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 and commercial buildings, homes, etc.)							
Street Address <b>55 Mecray Lane</b>		Square Feet <b>TBD</b>	# of Floors <b>3</b>						
City (5) <b>Maple Shade</b>		Bldg. Age <b>1769</b>							
County (6) <b>Burlington</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residential</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Horizon Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>						
Street Address <b>PO BOX 316</b>		Street Address <b>70 Stacy Haines Road Suite 4</b>							
City, State, Zip Code <b>Thorofare NJ 08086</b>		City, State, Zip Code <b>Lumberton NJ 08048</b>							
Project Manager for Monitoring Firm <b>Steve Flanigan</b>		Telephone No. <b>856-848-0800</b>	Telephone No. <b>609-702-0400</b>						
License No. <b>00862</b>		Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>							
Start Date (10) <b>04 / 30 / 26</b>	Scheduled Completion Date (11) <b>05 / 04 / 26</b>	Street Address <b>200 U.S. Route 130 North</b>							
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		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
<input type="checkbox"/> Full Containment with Negative Pressure		<input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Heat Shield</b>	<b>12 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Back Area</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Elbows/Fittings</b>	<b>18 each</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Crawlspace</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Pipe Insulation/elbows/fittings</b>	<b>16 SF/ 5 each</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Furance Room</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Pipe Insulation/elbows/fittings</b>	<b>1 SF/ 6 each</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Asbestos and Mold Services Corp</b>		NJDEP Waste Hauler ID No. <b>0035680</b>	Cubic Yards of Waste <b>80</b>	Name of Registered Landfill <b>Fairless Hills</b>					
City, State <b>Lumberton, NJ</b>		Disposal Date <b>05/04/2026</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Kaysi Gruner</b>		Title <b>Admin</b>		Signature 				Date <b>5/1/26</b>	

split  
4/30/26

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

RECEIVED  
check # 4642  
MAY - 4 2026

Date of Notification (1) <u>4</u> / <u>30</u> / <u>26</u>		Name of Building Owner/Operator (2) <b>Flagship New Jersey Propco, LLC</b>	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>3</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>2 Mid America Plaza, Suite 450</b>	
		City, State, Zip Code <b>Oakbrook Terrace, IL 60181</b>	
		Name of Contact	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residential Property</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 and commercial buildings, homes, etc.)	
Street Address <b>234 Herbert Ave</b>		Square Feet	# of Floors
City (5) <b>Hamilton</b>		Bldg. Age <b>63</b>	
County (6) <b>MERCER</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental Inc</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, LLC</b>
Street Address <b>1253 North Church Rd</b>		Street Address <b>1123 BEAVER STREET</b>	
City, State, Zip Code <b>Moorestown, NJ 08057</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>	
Project Manager for Monitoring Firm <b>Tim Pop</b>	Telephone No. <b>609-386-8800</b>	Telephone No. <b>215-788-6040</b>	License No. <b>02121</b>
Start Date (10) <u>5</u> / <u>4</u> / <u>26</u>	Scheduled Completion Date (11) <u>5</u> / <u>15</u> / <u>26</u>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>	
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>      </u> PM- <u>      </u> AM		Street Address <b>1123 BEAVER STREET</b>	
		City, State, Zip Code <b>BRISTOL, PA 19007</b>	

Scope of Work (Check all that apply)

<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor tile and mastic</b>	<b>2500 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill <b>G.R.O.W.S. NORTH LANDFILL</b>	
City, State <b>Freehold, NJ</b>		Disposal Date		City, State <b>MORRISVILLE, PA 19067</b>	
Completed By (Print or Type) <b>Brian Scafiro</b>	Title <b>Estimator</b>	Signature <i>Brian Scafiro</i>		Date <b>4/30/26</b>	

ASB-41  
MAY 11 **BS26034**

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

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

*He 47*  
*Approved by Tom Verhees 5/13/26*

*Check # 4647*  
**RECEIVED**

Date of Notification (1) <b>5/13/26</b>		Name of Building Owner / Operator (2) <b>Trenton Board of Education</b>	
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		Street Address <b>1490 Prospect Street</b>	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		City, State & Zip Code <b>Trenton, NJ 08638</b>	
		Name of Contact <b>ASBESTOS CO</b>	
		Telephone Number	

**MAY 18 2026**

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>401 Dayton Street</b>			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 <b>401 Dayton Street</b>			Square Feet <b>60,000</b>		# of Floors <b>3</b>
City (5) <b>Trenton</b>			County (6) <b>Mercer</b>		County Code (7)
			Current Use (Prior if being demolished) <b>School</b>		
			Bldg. Age <b>60+</b>		

Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection</b>		ASCM No.	Name of Abatement Contractor (9) <b>Bristol Environmental, LLC</b>		
Street Address <b>120 North Warren Street</b>		Street Address <b>1123 Beaver Street</b>			
City, State & Zip Code <b>Trenton, NJ 08010</b>		City, State & Zip Code <b>Bristol, PA 19007</b>			
Project Manager for Monitoring Firm <b>Jordan Reed</b>		Telephone Number <b>609-392-4200</b>	Telephone Number <b>(215)788-6040</b>		License Number <b>02121</b>

Scheduled Start Date (10) <b>5/13/26</b>		Scheduled Completion Date (11) <b>5/15/26</b>		Name of OSHA Monitor <b>Bristol Environmental LLC</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <b>4:00 PM – 1:30 AM</b> <input type="checkbox"/> Facility Occupied During Abatement				Street Address <b>1123 Beaver Street</b>	
				City, State & Zip Code <b>Bristol, PA 19007</b>	

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<input type="checkbox"/> Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
<b>Auditorium</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>ACM Debris Surface Clean</b>	<b>620 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Bristol Environmental LLC</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>2 Cu yd</b>	Name of Registered Landfill <b>Fairless Landfill</b>	
City, State <b>Bristol, PA</b>		Disposal Date <b>5/15/26</b>	City, State <b>Morrisville, PA</b>		
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni</i>		Date <b>5/15/26</b>

*6126080*

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

RECEIVED

Date of Notification (1) 05/13/2026		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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 225 Passaic Ave		City, State, Zip Code Scotch Plains NJ 07076	
Name of Contact		Telephone Number	
<b>FACILITY INFORMATION</b>			
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 225 Passaic Ave		Square Feet N/A	# of Floors N/A
City (5) Scotch Plains NJ 07076		Bldg. Age N/A	
County (6) Union	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.	
Street Address Scotch Plains NJ 07076		Name of Abatement Contractor (9) D&S Abatement Company LLC	
City, State, Zip Code		Street Address 329 Parish Dr	
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. 02097
Start Date (10) 05/26/2026	Scheduled Completion Date (11) 05/29/2026	Name of OSHA Monitor D&S Abatement Company LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>non-occupied</u>		Street Address 329 Parish Dr	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
City, State, Zip Code Wayne, NJ 07470		City, State, Zip Code Wayne, NJ 07470	
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	
		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
		Amount (Specify SF or LF)	
		Abatement Type	
		Removal	
		Repair	
		Encapsulate	
		Enclosure	
Basement		TSI	
Basement		Mastic	
Basement		VAT	
1st & 2nd Floors		Radiator shields	
Name of Registered Waste Hauler D&S Abatement Company LLC		NJDEP Waste Hauler ID No. 0036309	Cubic Yards of Waste TBD
City, State Wayne NJ		Disposal Date TBD	Name of Registered Landfill TRRF
Completed by Dejan Antic Dopsaj		Title President	Signature 
		Date 05/13/2026	

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

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

**PAID**

RECEIVED

Date of Notification (1) 5/12/26		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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2292 Woodbridge Ave	
		City, State, Zip Code Edison, NJ 08817	
		Name of Contact _____ Telephone Number & LICENSING _____	

MAY 14 2026

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 2292 Woodbridge Ave			Square Feet	# of Floors	Bldg. Age
City (5) Edison, NJ 08817			Current Use (Prior if being demolished)		
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA Asbestos		
Street Address		Street Address 2208B Hamilton Blvd			
City, State, Zip Code		City, State, Zip Code South Plainfield, NJ 07080			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-289-7360	License No. 02010	
Start Date (10) 5/22/26		Scheduled Completion Date (11) 5/28/26		Name of OSHA Monitor Chris Weber	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 2208B Hamilton Blvd		
			City, State, Zip Code South Plainfield, NJ 07080		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Pipe Wrap	95LF	x			
		x							
		x							
		x							

Name of Registered Waste Hauler AAA Asbestos		NJDEP Waste Hauler ID No. 113709	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Landfill	
City, State Newark, NJ		Disposal Date TBD		City, State Pen Argyl, PA	
Completed by Frank Formisano		Title Owner	Signature 	Date 5/12/26	

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

50327

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

Date of Notification (1) <b>05 / 11 / 26</b>		Name of Building Owner/Operator (2) <b>Potts Excavating, Inc.</b>	
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 <b>316 Main Street</b>	
		City, State, Zip Code <b>West Creek, NJ 08092</b>	
		Name of Contact	Telephone Number

RECEIVED  
 50327  
 MAY 14 2026

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residence</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 and commercial buildings, homes, etc.)	
Street Address <b>253 N 7<sup>th</sup> Street</b>		Square Feet <b>1800</b>	# of Floors <b>1</b>
City (5) <b>Surf City</b>		Bldg. Age <b>80</b>	
County (6) <b>Ocean</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residence</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>	
Street Address		Street Address <b>1889 Route 9, Unit 61</b>	
City, State, Zip Code		City, State, Zip Code <b>Toms River, New Jersey 08755</b>	
Project Manager for Monitoring Firm		Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>
Start Date (10) <b>05 / 21 / 26</b>	Scheduled Completion Date (11) <b>05 / 25 / 26</b>	Name of OSHA Monitor <b>E.M.S.L. Analytical</b>	
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 <b>1056 Stelton</b>	
		City, State, Zip Code <b>Piscataway, New Jersey 08854</b>	

Scope of Work (Check all that apply)

<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	850 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 <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>Fairless Landfill</b>	
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>05/25/26</b>	City, State <b>Morrisville, Pennsylvania</b>		
Completed By (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature 	Date <b>5/11/26</b>		

3641

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

4357160  
 Check 3641

Date of Notification (1) 04/07/2026		Name of Building Owner/Operator (2) APR 21 2026	
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 519 Prospect St	
		City, State, Zip Code Nutley, NJ 07110	
		Name of Contact	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 519 Prospect St		Square Feet 2,153	# of Floors 2
City (5) Nutley, NJ 07110		Bldg. Age 1890	
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC	
Street Address		Street Address 75 Voorhis Place		
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201- 466-0166	License No. 02126

Start Date (10) 04/16/2026	Scheduled Completion Date (11) 04/21/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		pipe insulation	30 LF	x			
Crawlspace		x		pipe insulation	75 LF	x			

Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Elizabeth, NJ		Disposal Date 04/21/2026	City, State Pen Argyl, PA		
Completed by Lubica Perez	Title Owner	Signature <i>Lubica Perez</i>		Date 04/07/2026	

3937143

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

**Date of Notification (1)**  
4 / 28 /2026

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

**Street Address**  
30 PROSPECT AVENUE

**City, State, Zip Code**  
HACKENSACK, NEW JERSEY 07601

**Name of Contact**  
BRIAN O'NEIL

**Telephone Number**  
848-275-1901

**Agencies Notified**

<input checked="" type="checkbox"/>	EPA
<input type="checkbox"/>	DEP
<input checked="" type="checkbox"/>	DOL
<input checked="" type="checkbox"/>	DOH
<input type="checkbox"/>	DCA

**Type Notification**

<input type="checkbox"/>	Initial Notification
<input checked="" type="checkbox"/>	Amended Notification #4
<input type="checkbox"/>	Cancellation
<input type="checkbox"/>	On Hold
<input type="checkbox"/>	EMERGENCY NOTIFICATION

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
JERSEY SHORE UNIVERSITY 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 (ie. private & commcl. bldgs., homes, etc.)

**Street Address**  
1945 STATE HWY. 33

**Square Feet**  
1,000,000

**# of Floors**  
6

**Bldg. Age**  
89

**City (5)**  
NEPTUNE

**County (6)**  
MONMOUTH

**County Code (7) (STATE USE ONLY)**

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

**Name of Monitoring Firm Hired by Building Owner (8)**  
ENVIRONMENTAL TACTICS INC.

**ASCM No.**  
64

**Name of Abatement Contractor (9)**  
PAR ENVIRONMENTAL CORPORATION

**Street Address**  
64 BROAD STREET

**City, State, Zip Code**  
MATAWAN, NJ

**Street Address**  
313 SPOOK ROCK ROAD

**City, State, Zip Code**  
SUFFERN, NEW YORK 10901

**Project Manager for Monitoring Firm**  
THOMAS GEIGER

**Telephone Number**  
732-290-2217

**Telephone Number**  
845-369-7500

**License Number**  
1101

**Expected State Date (10)**  
5 / 1 /2026

**Sched. Completion Date (11)**  
12 / 30 /2026

**Name of OSHA Monitor**  
QUALITY ENVIRONMENTAL

**Occupancy Status During Abatement (Check only one)**

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours - Describe:

Other - Describe: Friday-4pm-12am, Sat., Sun., Mon. 7am-12am

**Street Address**  
1376 ROUTE 9

**City, State, Zip Code**  
WAPPINGER FALLS, NY 12590

**Scope of Work (Check all that apply)**

Demolition

>3SF OR LF

>160 SF OR 260 LF

Renovation

Full Containment

Mini-Enclo ,

Glovebag Procedure

Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
2ND FLOOR MEHANDRU WING			X	FLOOR TILE MASTIC	5,785 SF	X			

**Name of Registered Waste Hauler**  
NEWARK CARTING  
369 RAYMOND BLVD.

**NJDEP Waste Hauler ID No.**  
913

**Cubic Yards of Waste**  
20

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

**City, State**  
NEWARK, NEW JERSEY 07105

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

**City, State**  
PLAINFIELD TOWNSHIP, PA

**Completed by (Print or Type)**  
BENJAMIN SANCHEZ

**Title**  
DIRECTOR OF OPERATIONS

**Signature**

**Date**  
4-28-26

1200K

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

Date of Notification (1) 4 / 28 /2026		Name of Building Owner/Operator (2) TRANSCONTINENTAL GAS PIPE LINE CO. LLC	
Agencies Notified		Street Address 1 WILLIAMS CENTER	
Type Notification		City, State, Zip Code TULSA, OKLAHOMA 74172	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
		Name of Contact MIKE MABEN	Telephone Number 609-865-1929

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 1449 NEWARK-JERSEY CITY TURNPIKE			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 1449 NEWARK-JERSEY CITY TURNPIKE			Square Feet	# of Floors	Bldg. Age
City (5) KEARNY	County (6) HUDSON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) NATURAL GAS PIPELINE		
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS INC.			ASCM No. 99	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 64 BROAD STREET			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code MATAWAN, NEW JERSEY 07747			City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm TOM GEIGER		Telephone Number 908-715-2600	Telephone Number 845-369-7500	License Number 1101	
Expected State Date (10) 4 / 24 /2026		Sched. Completion Date (11) 6 / /30 /2026		Name of OSHA Monitor QUALITY ENVIRONMENTAL	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM			Street Address 1376 ROUTE 9		
			City, State, Zip Code WAPPINGER FALLS, NY 12590		

Scope of Work (Check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment
<input checked="" type="checkbox"/> >3SF OR LF		<input type="checkbox"/> Mini-Enclo.
<input type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
EXPOSED UNDERGROUND PIPE			X	TAR MASTIC COATING	150 LF	X			

Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 10	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
City, State NEWARK, NEW JERSEY 07105		Disposal Date 04/24/2026-06/30/2026	City, State PLAINFIELD TOWNSHIP, PA
Completed by (Print or Type) BENJAMIN SANCHEZ	Title VICE PRESIDENT, OPERATIONS	Signature 	Date 4-28-26

1269

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Print Form

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

Date of Notification (1) 4/10/2026		Name of Building Owner/Operator (2) Englewood Hospital	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 350 Engle Street	
		City, State, Zip Code Englewood NJ 07631	
		Name of Contact Garfield Mc Fariane	Telephone Number garfield.mcfariane@ehmchealth.org

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Englewood Hospital		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 350 Engle Street 2nd Floor, Halway 220 & Rooms		Square Feet	# of Floors
City (5) Englewood		Bldg. Age	
County (6) Bergen	County Code (7) (STATE USE ONLY) NJ	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) IRIS Environmental Laboratories		ASCM No.	Name of Abatement Contractor (9) SK Improvements Corp	
Street Address 2333 Route 22West		Street Address 1275 Bloomfield Ave, Bldg 15 Unit 142		
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Fairfield, NJ 07004		
Project Manager for Monitoring Firm support@irislaboratories.com		Telephone No. 8663111534	Telephone No. 9732442152	License No. 02023

Start Date (10) 04/20/2026	Scheduled Completion Date (11) 04/20/2027	Name of OSHA Monitor Empire Environmental Ltd.	
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 150 River Road Suite F-4	
		City, State, Zip Code Montville, NJ 07045	

Scope of Work (Check All That Apply)

<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd Floor, Hallway 2200 & Rooms				VAT/mastic	180 SF	<input checked="" type="checkbox"/>			
2nd Floor				Pipe insulation	85 LF	<input checked="" type="checkbox"/>			

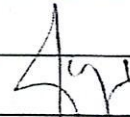
Name of Registered Waste Hauler Century Waste Services L.L.C		NJDEP Waste Hauler ID No. NJ-860	Cubic Yards of Waste	Name of Registered Landfill Bethlehem Landfill	
City, State Elizabethtown, NJ 07201		Disposal Date		City, State Bethlehem, PA	
Completed by Stepan Kryzhanovskyy	Title president	Signature 		Date 04/10/2026	

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

MAY 4 2026

Date of Notification (1) 04/28/2026		Name of Building Owner/Operator (2) Borough of Wallington			
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 24 Union Boulevard		City, State, Zip Code Wallington, NJ 07057	
		Name of Contact Jennifer Appice		Telephone Number 973.777.0318 ext.213	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Municipal Police Building			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Non-Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)		
Street Address 54 Union Boulevard			Square Feet:	# of Floors 3	Bldg. Age: 50+
City (5) Wallington, NJ 07057			Current Use (Prior if being demolished)		
County (6) Bergen		County Code (7) (STATE USE ONLY) _____		Name of Monitoring Firm Hired by Building Owner (8) A.Seine Lighthouse Solutions	
Street Address P.O.Box 354		ASCM No.		Name of Abatement Contractor (9) Unicorn Contracting Corp.	
City, State, Zip Code South Orange, NJ 07079		Street Address 14 Willow street		City, State, Zip Code Bloomfield, NJ 07003	
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201.349.2666		Telephone No. 973-333-9176	
Start Date (10) 04/29/2026		Scheduled Completion Date (11) 04/30/2026		License No. 01331	
Name of OSHA Monitor Envirovision Consultants, Inc.			Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 am - 03:30 pm		
Street Address 20-21 Wagaraw Rd., Bldg. 35-E			City, State, Zip Code Fair Lawn, NJ 07410		
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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 (Wrap & Cut) <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)	
Garage attached to the main building		X		Flashing	
Amount (Specify SF or LF) 200 SF		Abatement Type			
		Removal		Encapsulate	
		Repair		Enclosure	
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844		Cubic Yards of Waste 5+	
Name of Registered Landfill Fairless Hills Landfill		City, State Bloomfield, New Jersey		Disposal Date TBD	
City, State Bloomfield, New Jersey		Signature 		Date: 04/28/2026	
Completed by Blazhe Grozdanov		Title Estimator			

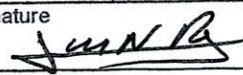
000271

4358144

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

PAID

APR 28 2026

Date of Notification (1) 04/24/2026		Name of Building Owner/Operator (2)  APR 28 2026							
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 60 Ella St		City, State, Zip Code Bloomfield NJ 07003				
			Name of Contact		Telephone Number				
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential Home			Type of Facility (4): <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 60 Ella St			Square Feet	# of Floors	Bldg. Age				
City (5) Bloomfield			Current Use (Prior if being demolished)						
County (6) Essex		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) United Demo LLC						
Street Address		Street Address 143 Acme St							
City, State, Zip Code		City, State, Zip Code Elizabeth NJ 07202							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 862-218-3930	License No. 02045					
Start Date (10) 05/04/2026	Scheduled Completion Date (11) 05/07/2026		Name of OSHA Monitor United Demo LLC						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 143 Acme St						
			City, State, Zip Code Elizabeth NJ 07202						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure	<input checked="" type="checkbox"/> Mini-Enclosure				
				<input checked="" type="checkbox"/> Glovebag Procedure	<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	110 LF	X			
Basement Boiler				Boiler Insulation	36 Sf	X			
Name of Registered Waste Hauler United Demo LLC		NJDEP Waste Hauler ID No. 0040986	Cubic Yards of Waste As Needed	Name of Registered Landfill Fairless Landfill					
City, State Elizabeth NJ		Disposal Date TBD	City, State Morrisville PA						
Completed by Jose N Rosas		Title Project Manager	Signature 		Date 04/24/2026				

6408  
CK# 6408

PAID 4358146

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

MAY 4 2026

Date of Notification (1) <b>4-28-26</b>		Name of Building Owner/Operator (2) <b>DAVE TRASH REMOVAL INC.</b>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>630 SHUNPIKE RD</b>					
		City, State, Zip Code <b>CAPE MAY COURT HOUSE, NJ 08210</b>					
		Name of Contact <b>ANDREW</b>	Telephone Number				
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</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 <b>133 TOWNBANK RD</b>		Square Feet <b>1500</b>	# of Floors <b>2</b>				
City (5) <b>N. CAPE MAY</b>		Bldg. Age <b>50+</b>					
County (6) <b>CAPE MAY</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>VACANT</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>	ASCM No.	Name of Abatement Contractor (9) <b>KLEMCO INC</b>					
Street Address		Street Address <b>369 S. SPRUCE AVE</b>					
City, State, Zip Code		City, State, Zip Code <b>MAPLE SHADE NJ 08052</b>					
Project Manager for Monitoring Firm		Telephone No. <b>856-779-0472</b>	License No. <b>1371</b>				
Start Date (10) <b>5-8-26</b>	Scheduled Completion Date (11) <b>5-18-26</b>	Name of OSHA Monitor <b>N/A</b>					
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"/> $\geq 3$ 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 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) <b>TO BE ABATED IN Facility (13)</b>	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) <b>2000 SF</b>	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
<b>SIDING</b>		<b>TRANSITE</b>		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>KLEMCO INC</b>		NJDEP Waste Hauler ID No. <b>17904</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>C M C M V I A</b>			
City, State <b>MAPLE SHADE N.J. 08052</b>		Disposal Date	City, State <b>WOOD BINE NJ</b>				
Completed By <b>MICHAEL KLEMM</b>	Title <b>PRES.</b>	Signature <i>[Signature]</i>	Date <b>4-28-26</b>				

6408

CK # 6408

4558147

PAID

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

MAY 4 2026

Date of Notification (1) <b>4-28-26</b>		Name of Building Owner/Operator (2) <b>TOM WELSH BUILDER</b>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> BOL <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 <b>661 POMONA AVE</b>					
		City, State, Zip Code <b>HADDONFIELD N.J 08033</b>					
		Name of Contact <b>TOM</b>	Telephone Number				
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</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 <b>2219 OCEAN DR</b>		Square Feet <b>1000</b>	# of Floors <b>1</b>				
City (5) <b>AVALON</b>		Bldg. Age <b>50+</b>					
County (6) <b>CAPE MAY</b>		Current Use (Prior if being demolished) <b>VACANT</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>KLEMCO INC</b>				
Street Address		Street Address <b>369 S SPRUCE AVE</b>					
City, State, Zip Code		City, State, Zip Code <b>MAPLE SHADE N.J 08052</b>					
Project Manager for Monitoring Firm		Telephone No. <b>856-779-0472</b>	License No. <b>01371</b>				
Start Date (10) <b>5-8-26</b>	Scheduled Completion Date (11) <b>5-18-26</b>	Name of OSHA Monitor <b>N/A</b>					
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"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) 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) <b>1250 SF</b>	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
<b>SIDING</b>	<b>X</b>	<b>TRANSITE</b>		<b>X</b>			
Name of Registered Waste Hauler <b>KLEMCO INC</b>		NJDEP Waste Hauler ID No. <b>17904</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>C.M.C.M.U.A</b>			
City, State <b>MAPLE SHADE N.J</b>		Disposal Date	City, State <b>WOODBINE</b>				
Completed By <b>MICHAEL KLEMM</b>		Title <b>SUP.</b>	Signature <i>[Signature]</i>		Date <b>4-28-26</b>		

7447

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

4356611

Proj. #: 26-68

MAY 4 2026

Date of Notification (1) 10   14   1   12   14   1   2   16		Name of Building Owner/Operator (2)	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____	Street Address 200A Bower Street	
	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Jersey City, NJ 07307	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 200A Bower Street			Square Feet 2,100 SF	# of Floors 02	Bldg. Age 146
City (5) Jersey City, NJ 07307	County (6) Hudson	County Code (7) (State use only)	Current Use (Prior if being demolished) Residential		

Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) KLOMAX, LLC		
Street Address			Street Address 144 US Highway 46		
City, State, Zip Code			City, State, Zip Code Budd Lake, NJ 07828		
Project Manager for Monitoring Firm	Phone Number		Telephone Number 833-455-6629	License Number 02007	
Start Date (10) 04/27/2026	Sched. Completion Date (11) 04/28/2026		Name of OSHA Monitor KLOMAX, LLC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: Normal Hours			Street Address 144 US Highway 46		
			City, State, Zip Code Budd Lake, NJ 07828		

Scope of Work (check all that apply)

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		X		Pipe Insulation	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler KLOMAX, LLC	NJDEP Hauler ID# 0038241	Cubic Yards of Waste 1/2 CYD.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY		
City, State Budd Lake, NJ 07828	Disposal Date TBD		City, State TULLYTOWN, PA		
Completed by (Print or Type) Gordana Stojanovska	Title Secretary	Signature 		Date 04/24/2026	

2949

4345490

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

Proj. #: 26-71

MAY 4 2026

Date of Notification (1) 10/4/2017		Name of Building Owner/Operator (2)	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____	Street Address 1116 Applegate Avenue	
	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Elizabeth, NJ 07202	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Street Address 1116 Applegate Avenue		Square Feet 2,400 SF	# of Floors 02
City (5) Elizabeth, NJ 07202	County (6) Union	County Code (7) (State use only)	Bldg. Age 101
Current Use (Prior if being demolished) Residential			

Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) KLOMAX, LLC	
Street Address		Street Address 144 US Highway 46		
City, State, Zip Code		City, State, Zip Code Budd Lake, NJ 07828		
Project Manager for Monitoring Firm	Phone Number	Telephone Number 833-455-6629	License Number 02007	
Start Date (10) 05/11/2026	Sched. Completion Date (11) 05/14/2026	Name of OSHA Monitor KLOMAX, LLC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: Normal Hours		Street Address 144 US Highway 46		
		City, State, Zip Code Budd Lake, NJ 07828		

Scope of Work (check all that apply)

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		VAT + Mastic	135 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"/>

Registered Waste Hauler KLOMAX, LLC	NJDEP Hauler ID# 0038241	Cubic Yards of Waste 1/2 CYD.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State Budd Lake, NJ 07828	Disposal Date TBD	City, State TULLYTOWN, PA	

Completed by (Print or Type) Gordana Stojanovska	Title Secretary	Signature 	Date 04/27/2026
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44040

4357125

44040

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

PAID

**Date of Notification (1)**  
4 / 30 / 2026

**Name of Building Owner/Operator (2)**  
SETON HALL UNIVERSITY

**Street Address**  
400 SOUTH ORANGE AVENUE

**City, State, Zip Code**  
SOUTH ORANGE, NEW JERSEY 07079

**Name of Contact**  
MIKE WENDT

**Telephone Number**  
862-370-1484

**Agencies Notified**

<input type="checkbox"/>	EPA
<input type="checkbox"/>	DEP
<input checked="" type="checkbox"/>	DOL
<input checked="" type="checkbox"/>	DOH
<input type="checkbox"/>	DCA

**Type Notification**

<input type="checkbox"/>	Initial Notification
<input type="checkbox"/>	Amended Notification
<input type="checkbox"/>	Cancellation
<input type="checkbox"/>	On Hold
<input checked="" type="checkbox"/>	EMERGENCY NOTIFICATION

**May 4 2026**

**Name of Facility Where Abatement is Taking Place (3)**  
SETON HALL UNIVERSITY - CORRIGAN HALL

**Type of Facility (4)**

<input type="checkbox"/>	School (K-12)
<input type="checkbox"/>	Subchapter 8 (Other than K-12)
<input checked="" type="checkbox"/>	Other (ie. private & commcl. bldgs., homes, etc.)

**Street Address**  
400 SOUTH ORANGE AVENUE

**City (5)**  
SOUTH ORANGE

**County (6)**  
ESSEX

**County Code (7) (STATE USE ONLY)**

**Square Feet**  
60,000

**# of Floors**  
4

**Bldg. Age**  
40+ YEARS

**Name of Monitoring Firm Hired by Building Owner (8)**  
T.T.I.

**Street Address**  
1253 NORTH CHURCH STREET

**City, State, Zip Code**  
MOORESTOWN, NEW JERSEY 08057

**ASCM No.**  
3

**Name of Abatement Contractor (9)**  
PAR ENVIRONMENTAL CORPORATION

**Street Address**  
313 SPOOK ROCK ROAD

**City, State, Zip Code**  
SUFFERN, NEW YORK 10901

**Telephone Number**  
845-369-7500

**License Number**  
1101

**Project Manager for Monitoring Firm**  
SCOTT MAGEE

**Telephone Number**  
609-820-9422

**Expected Start Date (10): (RESTART)**  
5 / 1 / 26

**Sched. Completion Date (11)**  
5 / 11 / 26

**Name of OSHA Monitor**  
QUALITY ENVIRONMENTAL SOLUTIONS & TECH.

**Occupancy Status During Abatement (Check only one)**

<input type="checkbox"/>	Facility Closed/Vacated During Entire Period of Abatement
<input type="checkbox"/>	Abatement Performed Outside of Normal Facility Hours - Describe:
<input checked="" type="checkbox"/>	Other - Describe: FRIDAY-MONDAY 7AM-12AM

**Street Address**  
1376 ROUTE 9

**City, State, Zip Code**  
WAPPINGERS FALLS, NY 12590

**Scope of Work (Check all that apply)**

<input type="checkbox"/>	Demolition	<input checked="" type="checkbox"/>	Renovation	<input type="checkbox"/>	Full Containment
<input checked="" type="checkbox"/>	>3SF OR LF			<input checked="" type="checkbox"/>	Mini-Encl.
<input type="checkbox"/>	>160 SF OR 260 LF			<input type="checkbox"/>	Glovebag Procedure
				<input type="checkbox"/>	Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	CLEAN - UP	ENCLOSURE
1ST FLOOR IT ROOM			X	PLASTER CEILING DEBRIS	40 SF			X	

**Name of Registered Waste Hauler**  
NEWARK CARTING INC.  
369 RAYMON BLVD.  
City, State  
NEWARK, NEW JERSEY 07105

**NJDEP Waste Hauler ID No.**  
913

**Cubic Yards of Waste**  
10

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

**Disposal Date**  
5/1/26-5/11/26

**City, State**  
PLAINFIELD TOWNSHIP, PA

**Completed by (Print or Type)**  
BENJAMIN SANCHEZ

**Title**  
VICE PRESIDENT, OPERATIONS

**Signature**  
*[Signature]*

**Date**  
4-30-26

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

3693797

44044

Date of Notification (1)

4 / 30 /2026

Name of Building Owner/Operator (2)

ATLANTIC HEALTH SYSTEM

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

- Initial Notification
- Amended Notification #2
- Cancellation
- On Hold
- EMERGENCY NOTIFICATION

Street Address

475 SOUTH STREET

City, State, Zip Code

MORRISTOWN, NEW JERSEY 07960

Name of Contact

VICTOR PENA

Telephone Number

917-596-2158

MAY 4 2026

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address

99 BEAUVOIR AVENUE

City (5)

SUMMIT

County (6)

UNION

County Code (7)

(STATE USE ONLY)

Type of Facility (4)

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

Square Feet

400,000

# of Floors

8

Bldg. Age

60+

Current Use (Prior if being demolished)

HOSPITAL

Name of Monitoring Firm Hired by Building Owner (8)

HILLMAN CONSULTING

ASCM No.

104

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

1600 Route 22 East, Suite 107

City, State, Zip Code

Union, NJ 07083

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

MIKE RIVERA

Telephone Number

908-632-5450

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

5 / 5 /26  
 Month Day Year

Sched. Completion Date (11)

9 / 30 /26  
 Month Day Year

Name of OSHA Monitor

QUALITY ENVIRONMENTAL

Occupancy Status During Abatement (Check only one)

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe:
- Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM

Street Address

1379 US HIGHWAY 9

City, State, Zip Code

WAPPINGERS FALL, NEW YORK 12590

Scope of Work (Check all that apply)

- Demolition
- >3SF OR LF
- >160 SF OR 260 LF
- Renovation

- Full Containment
- Mini Enclosure, Tent
- Glovebag Procedure
- Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
4TH FLOOR DIAGNOSTIC IMAGING			X	FLOOR & TILE MASTIC	800 SF	X			
ADDITION TO SCOPE:									
4TH FLOOR			X	VAT & MASTIC	40 SF	X			
4TH FLOOR			X	PIPE FITTINGS	30 LF	X			

Name of Registered Waste Hauler

NEWARK CARTING

NJDEP Waste Hauler ID No. 913

Cubic Yards of Waste 15

Name of Registered Landfill GRAND CENTRAL SANITARY

City, State NEWARK, NEW JERSEY

Disposal Date 3/17/2026-09/30/2026

City, State PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type) BENJAMIN SANCHEZ

Title VICE PRESIDENT, OPERATIONS

Signature

Date 4-30-26

CK 2326

4351031

PAID

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

MAY 4 2026

Date of Notification (1) 4/29/2026		Name of Building Owner/Operator (2)	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 225 East 21st Street, 2nd Fl	
		City, State, Zip Code Paterson, NJ 07513	
		Name of Contact	Telephone Number

FACILITY INFORMATION

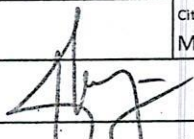
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)		
Street Address 225 East 21st Street, 2nd Fl		Square Foot 2,200	# of Floors 2	Bldg. Age 55+
City (5) Paterson		Current Use (Prior if being demolished)		
County (6) Passaic		County Code (7) (STATE USE ONLY) _____		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Unicorn Contracting Corp.	
Street Address		Street Address 14 Willow Street		
City, State, Zip Code		City, State, Zip Code Bloomfield, NJ 07003		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-333-9176	License No. 01331
Start Date (10) 05/02/2026		Scheduled Completion Date (11) 05/02/2026		Name of OSHA Monitor Envirovision Consultants, Inc.

Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8am-4:30pm</u>		Street Address 20-21 Wagaraw Rd., Bldg. 35-E	
		City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement boiler room		X		TSI	35 LF	X			

Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 1+	Name of Registered Landfill Fairless Hills Landfill	
City, State Bloomfield, New Jersey		Disposal Date TBD		City, State Morrisville, PA	
Completed by Blazhe Grozdanov		Title Project Manager	Signature 		Date 4/29/2026

11064

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

Date of Notification (1) 04/28/2026		Name of Building Owner/Operator (2) MAY 4 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 510 Main Street
			City, State, Zip Code Lumberton, NJ 08035
			Name of Contact _____ Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 510 Main Street		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) Lumberton		Square Feet 2,426	# of Floors 2
County (6) Burlington		County Code (7) (STATE USE ONLY) _____	Bldg. Age 140
Name of Monitoring Firm Hired by Building Owner (8) Management & Environmental Consulting Serv		ASCM No. _____	Current Use (Prior if being demolished) Residence

Name of Abatement Contractor (9) Shade Environmental, LLC		Street Address 623 Cutler Avenue	
Street Address PO Box 341		City, State, Zip Code Maple Shade, NJ 08052	
City, State, Zip Code Chesterfield, NJ 08515		Telephone No. 856-755-0099	License No. 00842
Project Manager for Monitoring Firm Nora Pearse	Telephone No. 609-298-4070	Name of OSHA Monitor EMSL Analytical, Inc.	

Start Date (10) 05/14/2026	Scheduled Completion Date (11) 05/19/2026	Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____	
Street Address 200 Route 130 North		City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (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
Below the Steps in Basement			X	Pipe Insulation	2 LF	X			
Crawlspace			X	Pipe Insulation & Fittings	50 LF	X			

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Conestoga Landfill	
City, State Freehold, NJ			Disposal Date 05/19/2026	City, State Morgantown, PA	
Completed by Shannon Thomson		Title Operations Manager	Signature <i>Shannon Thomson</i>		Date 04/28/2026

10524 \*

Emergency \*

PAID

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Print Form

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

CK 10524ED

Date of Notification (1) 4/30/26		Name of Building Owner/Operator (2) Ocean County Court House	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 118 Washington St	
		City, State, Zip Code Toms River NJ 08753	
		Name of Contact Vince Minyon	Telephone Number 609-941-1186

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Ocean County Court House Old Section		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 118 Washington St		Square Feet 1000+	# of Floors 2
City (5) Toms River NJ 08753		Bldg. Age 50+	
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc.		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.	
Street Address 1253 North Church St		Street Address PO Box 329		
City, State, Zip Code Moorestown NJ 08057		City, State, Zip Code West Berlin NJ 08091		
Project Manager for Monitoring Firm Jim Guilardi		Telephone No. 856-840-8800	Telephone No. 856-753-9800	License No. 00727

Start Date (10) 5/2/26	Scheduled Completion Date (11) 5/6/26	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: <u>Weekend Work</u>		Street Address		
		City, State, Zip Code		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 104			X	Floor Tile & Mastic	140 SF	X			

Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Hills	
City, State Elm NJ		Disposal Date 5/6/26		City, State Morrisville PA 19067	
Completed by Anthony T Perna		Title President	Signature 		Date 4/30/26

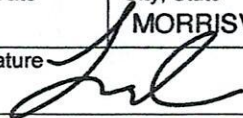
1394

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

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MAY 4 2026

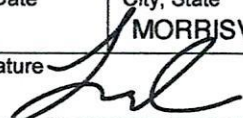
Date of Notification (1) 04/30/2026		Name of Building Owner/Operator (2) YEHUDA PRAVER							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 72 SUMMIT AVE		City, State, Zip Code MONTVALE, NH					
		Name of Contact YEHUDA PRAVER		Telephone Number 9178161072					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) OFFICE 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 989 SOUTH ORANGE AVE			Square Feet 2000	# of Floors 3	Bldg. Age +50				
City (5) NEWARK		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) OFFICE BUILDING					
County (6) ESSEX		Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) MALCO ENVIRONMENTAL LLC					
Street Address		Street Address 24 LINCOLN AVE W		City, State, Zip Code CRANFORD, NJ 07016					
City, State, Zip Code		Telephone No. 5133487		License No. 02113					
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor					
Start Date (10) 05/11/2026		Scheduled Completion Date (11) 05/20/2026		Street Address					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR		X		ROOF	1000SF	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 04/30/2026			

13914

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

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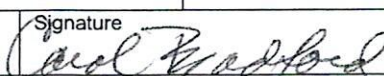
Date of Notification (1) <b>04/30/2026</b>		Name of Building Owner/Operator (2) <b>YEHUDA PRAVER</b>								
Agencies Notified  <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> 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 <b>72 SUMMIT AVE</b>								
		City, State, Zip Code <b>MONTVALE, NH</b>								
		Name of Contact <b>YEHUDA PRAVER</b>	Telephone Number <b>9178161072</b>							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) <b>MOVIE THEATER</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 <b>983 SOUTH ORANGE AVE</b>		Square Feet <b>5000</b>	# of Floors <b>3</b>							
City (5) <b>NEWARK</b>		Bldg. Age <b>+50</b>								
County (6) <b>ESSEX</b>	County Code (7) <i>(STATE USE ONLY)</i> _____	Current Use (Prior if being demolished) <b>THEATER</b>								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>MALCO ENVIRONMENTAL LLC</b>							
Street Address		Street Address <b>24 LINCOLN AVE W</b>								
City, State, Zip Code		City, State, Zip Code <b>CRANFORD, NJ 07016</b>								
Project Manager for Monitoring Firm		Telephone No. <b>5133487</b>	License No. <b>02113</b>							
Start Date (10) <b>05/11/2026</b>	Scheduled Completion Date (11) <b>05/20/2026</b>	Name of OSHA Monitor								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
<b>EXTERIOR</b>		<b>X</b>		<b>ROOF</b>	<b>4000SF</b>	<b>X</b>				
Name of Registered Waste Hauler <b>CENTURY WASTE</b>		NJDEP Waste Hauler ID No. <b>32797</b>	Cubic Yards of Waste	Name of Registered Landfill <b>United States</b>						
City, State <b>623 DOWD AVE ELIZABETH, NJ 07201</b>			Disposal Date	City, State <b>MORRISVILLE, PA</b>						
Completed by <b>JENNIFER GOMES</b>		Title <b>PRESIDENT</b>	Signature 	Date <b>04/30/2026</b>						

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4357078

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

RECEIVED

Date of Notification (1) April 30, 2026		Name of Building Owner/Operator (2) NJ DPMC		MAY 4 2026						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 33 W State Street, 5th Floor		ASBESTOS ABATEMENT & REMEDIATION					
			City, State, Zip Code Trenton, NJ 08608							
			Name of Contact David Trinidad	Telephone Number 973-872-9663						
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) NJDOT Rockaway Maintenance Yard			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 200 State Route 15 South			Square Feet	# of Floors	Bldg. Age					
City (5) Wharton		County (6) Morris		County Code (7) (STATE USE ONLY) _____						
Name of Monitoring Firm Hired by Building Owner (8) <u>Whitman Environmental</u>		ASCM No.	Name of Abatement Contractor (9) Osiyo Inc							
Street Address 100 Franklin Square Drive, Suite 200			Street Address 292 Main Street, #261							
City, State, Zip Code Somerset, NJ 08873			City, State, Zip Code Harleysville, PA 19438							
Project Manager for Monitoring Firm Mark Constantino, Mgr		Telephone No. 732-390-5858	Telephone No. 610-400-8711	License No. 01373						
Start Date (10) April 29, 2026	Scheduled Completion Date (11) <u>May 4, 2026</u>		Name of OSHA Monitor Schneider Laboratories Global Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>area vacated during entire period of abatement</u>			Street Address 2512 West Cary Street							
			City, State, Zip Code Richmond, VA 23220							
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) <u>38LF</u>	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Bathroom 1 (locker room)		X		Pipe Insulation	38LF	X				
Name of Registered Waste Hauler Osiyo Inc		NJDEP Waste Hauler ID No. 38246	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill						
City, State Harleysville, PA		Disposal Date		City, State Morrisville, PA						
Completed by Carol Bradford		Title President	Signature 		Date April 30, 2026					

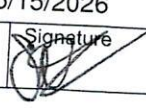
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Print Form

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

RECEIVED  
MAY 6 2026

Date of Notification (1) 04/29/2026		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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 64 Baker Boulevard		
		City, State, Zip Code Marlton, NJ 08053		Name of Contact		
				Telephone Number		
<b>FACILITY INFORMATION</b>						
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 64 Baker Boulevard			Square Feet 1,000	# of Floors 2	Bldg. Age 64	
City (5) Marlton		County (6) Burlington		County Code (7) (STATE USE ONLY)		
Name of Monitoring Firm Hired by Building Owner (8) Management & Environmental Consulting Serv			ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC		
Street Address PO Box 341			Street Address 623 Cutler Avenue			
City, State, Zip Code Chesterfield, NJ 08515			City, State, Zip Code Maple Shade, NJ 08052			
Project Manager for Monitoring Firm Nora Pearse		Telephone No. 609-298-4070		Telephone No. 856-755-0099	License No. 00842	
Start Date (10) 05/12/2026		Scheduled Completion Date (11) 05/15/2026		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"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf						
		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		
Attic		Yes No N/A		Amount (Specify SF or LF)		
				100 SF		
		X		Abatement Type		
				Removal Repair Encapsulate Enclosure		
				X		
Name of Registered Waste Hauler Freehold Cartage			NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Conestoga Landfill	
City, State Freehold, NJ			Disposal Date 05/15/2026		City, State Morgantown, PA	
Completed by Samantha Brown		Title Operations Coordinator		Signature 	Date 04/29/2026	

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

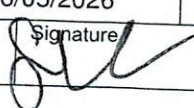
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1182434

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

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MAY 6 2026

Date of Notification (1) 04/29/2026		Name of Building Owner/Operator (2) Borough of Longport								
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 2305 Atlantic Avenue								
		City, State, Zip Code Longport, NJ 08403								
		Name of Contact Jeff Gross	Telephone Number 856-415-1712							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) Longport Municipal 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 2305 Atlantic Avenue		Square Feet 50,000	# of Floors 3							
City (5) Longport		Bldg. Age 75								
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Municipal Building								
Name of Monitoring Firm Hired by Building Owner (8) Remington & Vernick Engineers		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC							
Street Address 2059 Springdale Road		Street Address 623 Cutler Avenue								
City, State, Zip Code Cherry Hill, NJ 08003		City, State, Zip Code Maple Shade, NJ 08052								
Project Manager for Monitoring Firm Marco D. Carulli		Telephone No. 856-795-9595	Telephone No. 856-755-0099							
Start Date (10) 05/11/2026		Scheduled Completion Date (11) 06/05/2026	License No. 00842							
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: <u>Abatement to be performed in vacant areas of building</u>		Name of OSHA Monitor EMSL Analytical, Inc.								
		Street Address 200 Route 130 North								
		City, State, Zip Code Cinnaminson, NJ 08077								
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf										
		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Centennial Hall - 2nd Floor		X		Pipe Insulation (Wrap & Cut)	242 LF	X				
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 30	Name of Registered Landfill Atlantic County Landfill						
City, State Freehold, NJ		Disposal Date 06/05/2026		City, State Egg Harbor Township, NJ						
Completed by Samantha Brown		Title Operations Coordinator		Signature 			Date 04/29/2026			

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

1182434

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

Date of Notification (1) 04/29/2026		Name of Building Owner/Operator (2) Borough of Longport	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation		Street Address 2305 Atlantic Avenue City, State, Zip Code Longport, NJ 08403 Name of Contact Jeff Gross Telephone Number 856-415-1712
			MAY 1 2026

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Longport Municipal Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 2305 Atlantic Avenue		Square Feet 50,000	# of Floors 3
City (5) Longport		Bldg. Age 75	
County (6) Atlantic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Municipal Building	

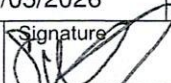
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No. 003	Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address 1253 N. Church Street		Street Address 623 Cutler Avenue		
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Maple Shade, 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) 05/11/2026	Scheduled Completion Date (11) 06/05/2026	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 type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Subchapter 8 Occupied Procedures</u>		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"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Centennial Hall - 2nd Floor		X		Pipe Insulation	242 LF	X			

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 30	Name of Registered Landfill Atlantic County Landfill	
City, State Freehold, NJ		Disposal Date 06/05/2026		City, State Egg Harbor Township, NJ	
Completed by Samantha Brown		Title Operations Coordinator	Signature 	Date 04/29/2026	

11068

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

Date of Notification (1)  <div style="text-align: right; font-size: 1.2em;">MAY 6 2026</div>		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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 16 Brox Road						
			City, State, Zip Code Edison, NJ 08817						
		Name of Contact		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Roe 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 16 Brox Road			Square Feet 1,262	# of Floors 1	Bldg. Age 69				
City (5) Edison		County (6) Middlesex		County Code (7) (STATE USE ONLY) _____					
				Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) Iris Environmental Laboratories		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address 2333 US Route 22 West			Street Address 623 Cutler Avenue						
City, State, Zip Code Union, NJ 07083			City, State, Zip Code Maple Shade, NJ 08052						
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 908-206-0073		Telephone No. 856-755-0099	License No. 00842				
Start Date (10) 05/02/2026		Scheduled Completion Date (11) 05/07/2026		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"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Floor Tile & Mastic	339 SF	X			
Bathroom			X	Mastic	27 SF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 3	Name of Registered Landfill Conestoga Landfill				
City, State Freehold, NJ				Disposal Date 05/07/2026	City, State Morgantown, PA				
Completed by Shannon Thomson			Title Operations Manager		Signature <i>Shannon Thomson</i>		Date 04/30/2026		

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

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Print Form

MAY 4 2026

Date of Notification (1) 4/27/26		Name of Building Owner/Operator (2) Delta Group, LLC	
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 PO Box 3183	
		City, State, Zip Code Margate, NJ, 08402	
		Name of Contact Jenn Augello	Telephone Number (609)-408-3025

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Vacant Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 4684 Black Horse Pike		Square Feet 1500+	# of Floors 1
City (5) Mays Landing, NJ, 08330		Bldg. Age 50+	
County (6) Atlantic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) None	

Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc.	
Street Address PO Box 365		Street Address PO Box 329		
City, State, Zip Code Berlin, NJ, 08009		City, State, Zip Code West Berlin NJ 08091		
Project Manager for Monitoring Firm Jim Proctor		Telephone No. (609)-839-2432	Telephone No. 856-753-9800	License No. 00727

Start Date (10) 5/11/26	Scheduled Completion Date (11) 5/15/26	Name of OSHA Monitor Same		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address  City, State, Zip Code		

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler S.J. Hauck Construction		NJDEP Waste Hauler ID No. #0039275	Cubic Yards of Waste 100	Name of Registered Landfill ACUA	
City, State Absecon, NJ, 08201		Disposal Date 5/15/26		City, State Egg Harbor Twp, NJ, 08234	
Completed by Anthony T Perna		Title President	Signature		Date 4/27/26

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

**PAID** 43582147  
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MAY 4 2026

Date of Notification (1) 04/29/26		Name of Building Owner/Operator (2) Archdiocese of Newark	
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 171 Clifton Ave.
			City, State, Zip Code Newark, NJ 07104
			Name of Contact Nassar Schabo

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Our Lady of Fatima Catholic Church		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 8101 Kennedy Blvd.		Square Feet 7000 sf.	# of Floors 2
City (5) North Bergen		Bldg. Age 68 Yrs.	
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Church	

Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Lesco Services Inc.	
Street Address		Street Address 156 Maple Ave.	
City, State, Zip Code		City, State, Zip Code Wallington, NJ 07057	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 862-221-9092	License No. 01107

Start Date (10) 05/09/26	Scheduled Completion Date (11) 05/11/26	Name of OSHA Monitor Leslaw Nalodka	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 156 Maple Ave.	
		City, State, Zip Code Wallington, NJ 07057	

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> WRAP & CUT Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	

Location of Asbestos-Containing Material (ACM) In Facility (13) <u>TO BE ABATED</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)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler room			*	elbows / fittings	42	*			

Name of Registered Waste Hauler Century Waste Services LLC.	NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 2	Name of Registered Landfill GCSSL
City, State Elizabeth, NJ	Disposal Date 05/12/26	City, State Pen Argyl, PA	
Completed by Leslaw Nalodka	Title President	Signature 	Date 04/29/26

366

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

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RECEIVED  
MAY 4 2026

Date of Notification (1) 4/26/2026		Name of Building Owner/Operator (2)							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 219 RANDOLPH AVENUE,		City, State, Zip Code JERSEY CITY NJ. 07304					
		Name of Contact		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL			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 219 RANDOLPH AVE,			Square Feet 1,125 SF.	# of Floors 2	Bldg. Age 66				
City (5) JERSEY CITY NJ. 07304			Current Use (Prior if being demolished) YES						
County (6) HUDSON		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.					
Street Address			Street Address 52 FIELD ROAD,						
City, State, Zip Code			City, State, Zip Code CLIFTON NJ. 07013						
Project Manager for Monitoring Firm N/A		Telephone No.		Telephone No. 201-776-0642	License No. 01300				
Start Date (10) 5/5/2026		Scheduled Completion Date (11) 5/5/2026		Name of OSHA Monitor HILLMANN CONSULTING SERVICES					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 1605 Vauxhall Rd # 107						
			City, State, Zip Code Union, NJ 07083						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
CHIMNEY		X		TRANSITE PIPE	26. LF	X			
				Cut & Rap					
Name of Registered Waste Hauler TRI-STATE TRASFER		NJDEP Waste Hauler ID No. 19954		Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE INC				
City, State BRONX NY.		Disposal Date TBD		City, State WAYNESBURG, OHIO					
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER		Signature 		Date 4/26/2026			

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4358296  
RECEIVED  
MAY 4 2026

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

Date of Notification (1) 04/27/2026		Name of Building Owner/Operator (2) Linden School BOE		Check No. 4077 MAY 4 2026						
Agencies Notified		Type Notification		Street Address 2 E. Gibbons Street						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Linden, New Jersey 07036						
				Name of Contact Keith J. Elmo						
				Telephone Number 732-887-2637						
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) Linden High School			Type of Facility (4)							
Street Address 128 West Saint Georges Avenue			<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Linden, New Jersey 07036			Square Feet 25,000	# of Floors 2	Bldg. Age 86					
County (6) Union		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Utility & Miscellaneous Buildings						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design Inc.			ASCM No. 0095	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 Jay Murray		Telephone No (609) 221-0073		Telephone No. 973-225-8400	License No. 01104					
Start Date (10) 05/11/2026		Scheduled Completion Date (11) 05/18/2026		Name of OSHA Monitor LIS CONSULTING SERVICES, LLC						
Occupancy Status During Abatement (Check Only One)			Street Address 3 B Cottage Court							
<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 Whiting, New Jersey							
Scope of Work (Check All That Apply)										
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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) 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 of LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Boiler Room		X		Breaching -duct insulation	520 SF	X				
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 20	Name of Registered Landfill Grand Central Landfill					
City, State Elizabeth, New Jersey				Disposal Date May/2026	City, State Waynesburg, Ohio, PA					
Completed by Adriana Olejarova			Title President		Signature 		Date 04/27/2026			

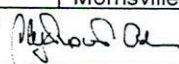
\* Do not use this form for asbestos licensure exempted activities.

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

Date of Notification (1) 04/27/2026		Name of Building Owner/Operator (2) Georgian Court University		Check No. 4078					
Agencies Notified  <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 900 Lakewood Avenue		MAY 4 2026				
			City, State, Zip Code Lakewood, NJ 08701						
			Name of Contact Greg Gorczyca			Telephone Number 973-727-1585			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Georgian Court University			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 900 Lakewood Avenue									
City (5) Lakewood, NJ 08701			Square Feet 40,500	# of Floors 3	Bldg. Age 86				
County (6) Ocean		County Code (7) (STATE USE ONLY) _		Current Use (Prior if being demolished) Office					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design Inc.		ASCM No. 0095		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 Jay Murray		Telephone No. (856)-616-9517		Telephone No. 973-225-8400	License No. 01104				
Start Date (10) 05/11/2026		Scheduled Completion Date (11) 06/06/2026		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 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) 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 of LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
3 rd. Floor		X		VAT & Mastic	7,600 SF	X			
3 rd. Floor		X		Ceiling Tiles	10,100 SF	X			
Name of Registered Waste Hauler Century Waste Service		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 80	Name of Registered Landfill Waste Mgmt- Fairless Hills				
City, State Elizabeth, NJ				Disposal Date June 2026	City, State Morrisville, PA				
Completed by Adriana Olejarova		Title President		Signature 		Date 04/27/2026			

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

Date of Notification (1) 04/27/2026		Name of Building Owner/Operator (2) Montclair State University		Check No. 4073 MAY 1 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		Street Address	
	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		1 Normal Ave	
			City, State, Zip Code Montclair, New Jersey 07043	
			Name of Contact Gena Coffey	Telephone Number 973-632-0136

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) MSU-		Type of Facility (4)		
Street Address 30 Normal Ave		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Montclair, New Jersey		Square Feet 2,500	# of Floors 2	Bldg. Age 86
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Office		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design Inc.		ASCM No. 00003	Name of Abatement Contractor (9) Lilich Corporation	
Street Address 5434 King Avenue Suite 101		Street Address 246 Union Boulevard		
City, State, Zip Code Pennsauken, New Jersey 08109		City, State, Zip Code Totowa, New Jersey 07512		
Project Manager for Monitoring Firm TIM GROMEN		Telephone No. (856)-616-9517	Telephone No. 973-225-8400	License No. 01104
Start Date (10) 05/08/2026	Scheduled Completion Date (11) 05/12/2026	Name of OSHA Monitor Iris Environmental Laboratories, LLC		
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West		
<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 Union, NJ 07083		

Scope of Work (Check All That Apply)

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure          |
| <input type="checkbox"/> ≥160 sf or ≥260 lf        | <input type="checkbox"/> Demolition            | <input checked="" 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) 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 of LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation ( Wrap & Cut)	80 LF	X			

Name of Registered Waste Hauler Century Waste Service		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 2	Name of Registered Landfill Waste Mgmt- Fairless Hills	
City, State Elizabeth, NJ		Disposal Date May 2026		City, State Morrisville, PA	
Completed by Adriana Olejarova		Title President	Signature 		Date 04/27/2026

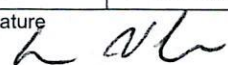
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:60 and 12:120)

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4358201

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4212

Date of Notification (1) 05/01/26		Name of Building Owner/Operator (2) MAY 5 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 81 Dryden Rd.							
			City, State, Zip Code Bernardsville, NJ 07924							
			Name of Contact _____ Telephone Number _____							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) 40 Turnbull Rd.		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
City (5) Bernardsville		Square Feet 9,300	# of Floors 2 Bldg. Age 89 Yrs.							
County (6) Somerset	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential								
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Lesco Services Inc.							
Street Address		Street Address 156 Maple Ave.								
City, State, Zip Code		City, State, Zip Code Wallington, NJ 07057								
Project Manager for Monitoring Firm		Telephone No. 862-221-9092	License No. 01107							
Start Date (10) 05/11/26	Scheduled Completion Date (11) 06/17/26	Name of OSHA Monitor Leslaw Nalodka								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 156 Maple Ave. City, State, Zip Code Wallington, NJ 07057								
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition  <input checked="" type="checkbox"/> WRAP CUT <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
basement			*	duct insulation	256 lf.	*				
basement			*	pipe insulation	356 lf.	*				
2nd. floor			*	ceiling plaster	2550 sf.	*				
basement			*	ceiling plaster	400 sf.	*				
Name of Registered Waste Hauler Century Waste Services LLC.		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 50 cy.	Name of Registered Landfill GCSL						
City, State Elizabeth, NJ		Disposal Date 06/18/26		City, State Pen Argyl, PA						
Completed by Leslaw Nalodka		Title President	Signature 				Date 05/01/26			

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Print Form

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

MAY 4 2026

Date of Notification (1) 4/29/2026		Name of Building Owner/Operator (2) Wantage Township							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 888 NJ-23		City, State, Zip Code Wantage, NJ 07461				
			Name of Contact Mike Restel		Telephone Number 973-875-7192				
	<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Abandoned 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 41 Berry Rd			Square Feet 2812	# of Floors 2	Bldg. Age 50				
City (5) Wantage		County (6) Sussex		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Former Residence, now abandoned				
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants		ASCM No 0004	Name of Abatement Contractor (9) National Flooring Removal L.L.C.						
Street Address Building 35E, 20-21 Wagaraw Rd			Street Address PO Box 58						
City, State, Zip Code Fairlawn, NJ 07410			City, State, Zip Code Augusta, NJ 07822						
Project Manager for Monitoring Firm Fred Larson		Telephone No. 973-636-9145	Telephone No. 973-919-5743	License No. 02093					
Start Date (10) 5/11/2026	Scheduled Completion Date (11) 5/15/2026		Name of OSHA Monitor N/A						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: House is abandoned and set for demolition			Street Address  City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 If <input checked="" type="checkbox"/> ≥160 sf or ≥260 If		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) In Facility (13) <u>TO BE ABATED</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)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen, bd1, bd2, bath 2, rear ent.			x	Joint compound	1800 SF	x			
Family Room & Living Room			x	Asbestos Tile and mastic	260 SF	x			
Exterior Chimney			x	Chimney Flashing	< 20 SF	x			
Basement Window			x	Window glazing	4 SF				
Name of Registered Waste Hauler National Flooring Removal LLC		NJDEP Waste Hauler ID No. 106495	Cubic Yards of Waste 10	Name of Registered Landfill WM - Grand Central Landfill					
City, State Augusta, NJ		Disposal Date 5/22/2026		City, State 1963 Pen Argyl Rd, Pen Argyl, PA 1807					
Completed by Timothy Patrick		Title CEO	Signature 		Date 4/29/2026				

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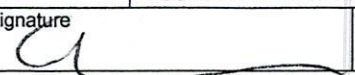
**PAID**  
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

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Print Form

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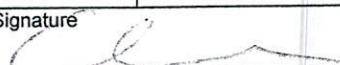
MAY 6 2026

Date of Notification (1) 5/4/26		Name of Building Owner/Operator (2) AtlantiCare Regional Medical Center Mainland								
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 65 W Jimmie Leeds Rd								
		City, State, Zip Code Galloway NJ 08205								
		Name of Contact Jame Wojciechowski		Telephone Number (412) 438 - 1308						
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) AtlantiCare Regional Medical Center Mainland				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 Jimmie Leeds Rd				Square Feet 1500+	# of Floors 5					
City (5) Galloway NJ 08205				Bldg. Age 50+						
County (6) Atlantic		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting LLC		ASCM No.		Name of Abatement Contractor (9) Pernaco Inc.						
Street Address 304 Harper Drive		Street Address PO Box 329								
City, State, Zip Code Moorestown NJ 08054		City, State, Zip Code West Berlin NJ 08091								
Project Manager for Monitoring Firm Rafael L Torres		Telephone No. 856.581.9055		Telephone No. 856-753-9800						
				License No. 00727						
Start Date (10) 5/18/26		Scheduled Completion Date (11) 5/22/26		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: <u>Area Closed Off</u>				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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Cafe Seating Area Ground Level			x	Floor Tile & Mastic	400 SF	x				
Name of Registered Waste Hauler Pernaco Inc		NJDEP Waste Hauler ID No. 21787		Cubic Yards of Waste 3		Name of Registered Landfill Atlantic County Landfill				
City, State Berlin NJ		Disposal Date 5/22/26		City, State Egg Harbor Twp NJ						
Completed by Anthony T Perna		Title President		Signature 		Date 5/4/26				

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

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Date of Notification (1) 5/4/26		Name of Building Owner/Operator (2)  MAY 6 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 130 N. New Haven Ave.						
			City, State, Zip Code Ventnor N J 08406						
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)  130 N. New Haven Ave.		Type of Facility (4)  <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Ventnor N J 08406		Square Feet 1500+	# of Floors 1						
County (6) Atlantic		Bldg. Age 50+							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) None							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 5/13/26	Scheduled Completion Date (11) 5/19/26	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One)  <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			X	Exterior Siding	1200 SF	X			
Name of Registered Waste Hauler Pernaco Inc		NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste 3	Name of Registered Landfill Atlantic County Landfill					
City, State Berlin NJ		Disposal Date 5/19/26		City, State Egg Harbor Twp NJ					
Completed by Anthony T Perna		Title President	Signature 			Date 5/4/26			

3688

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

Check 3688

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MAY 11 2026

Date of Notification (1) 05/04/2026		Name of Building Owner/Operator (2)	
Agencies Notified	Type Notification	Street Address 39 Cambridge Rd	City, State, Zip Code Edison, NJ 08817
<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	Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)	
Street Address 39 Cambridge 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) Edison, NJ 08817	Square Feet 1,540	# of Floors 1	Bldg. Age 1952
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC	
Street Address	Street Address 75 Voorhis Place	City, State, Zip Code Ringwood NJ 07456	
City, State, Zip Code	Telephone No.	Telephone No. 201- 466-0166	License No. 02126
Project Manager for Monitoring Firm	Telephone No.	Name of OSHA Monitor	

Start Date (10) 05/13/2026	Scheduled Completion Date (11) 05/20/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Living Room		x		floor tile & mastic	233 SF	x			

Name of Registered Waste Hauler Century Waste Services	NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill
City, State Elizabeth, NJ	Disposal Date 05/20/2026	City, State Pen Argyl, PA	
Completed by Lubica Perez	Title Owner	Signature Lubica Perez	Date 05/04/2026

3687

4357417

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

Check 3687 VED

Date of Notification (1) 05/04/2026		Name of Building Owner/Operator (2)  MAY 11 2026							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 281 E 25th St		City, State, Zip Code Paterson, NJ 07514				
			Name of Contact _____		Telephone Number _____				
	<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 281 E 25th St			Square Feet 1,600		# of Floors 1				
City (5) Paterson, NJ 07514			Bldg. Age 1920						
County (6) Passaic		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) _____		ASCM No. _____	Name of Abatement Contractor (9) VEL Construction, LLC						
Street Address _____			Street Address 75 Voorhis Place						
City, State, Zip Code _____			City, State, Zip Code Ringwood NJ 07456						
Project Manager for Monitoring Firm _____		Telephone No. _____	Telephone No. 201- 466-0166	License No. 02126					
Start Date (10) 05/06/2026		Scheduled Completion Date (11) 05/13/2026		Name of OSHA Monitor _____					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address _____						
			City, State, Zip Code _____						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Living room		x		floor tile	320 SF	x			
Dining room		x		floor tile	320 SF	x			
Closet #1		x		floor tile	8 SF	x			
Closet #2		x		floor tile	16 SF	x			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Elizabeth, NJ		Disposal Date 05/13/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner	Signature <i>Lubica Perez</i>		Date 05/04/2026				

3669

4358313

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

Check 3669

Date of Notification (1) 05/01/2026		Name of Building Owner/Operator (2)  MAY 11 2026	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 3 Wendy Terrace	
		City, State, Zip Code Garfield, NJ 07026	
		Name of Contact	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 3 Wendy Terrace		Square Feet 1,425	# of Floors 1	Bldg. Age 1952
City (5) Garfield, NJ 07026	County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC	
Street Address		Street Address 75 Voorhis Place		
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456		
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201- 466-0166	License No. 02126	

Start Date (10) 05/11/2026	Scheduled Completion Date (11) 05/18/2026	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"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Family Room		X		floor tile & mastic	298 SF	X			

Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Elizabeth, NJ		Disposal Date 05/18/2026	City, State Pen Argyl, PA		
Completed by Lubica Perez	Title Owner	Signature <i>Lubica Perez</i>	Date 05/01/2026		

3686

4358315

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

Check 3686

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MAY 11 2026

Date of Notification (1) 05/01/2026		Name of Building Owner/Operator (2) Mr. Keyur Dave							
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 1811 NJ-88						
			City, State, Zip Code Brick Township, NJ 08724						
		Name of Contact Mr. Keyur Dave, Vaxa Construct	Telephone Number 732-306-7468						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1811 NJ-88		Square Feet 9,132	# of Floors 2						
City (5) Brick Township, NJ 08724		Bldg. Age 1934							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC						
Street Address		Street Address 75 Voorhis Place							
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456							
Project Manager for Monitoring Firm		Telephone No. 201- 466-0166	License No. 02126						
Start Date (10) 05/11/2026	Scheduled Completion Date (11) 07/11/2026	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		pipe insulation	200 LF	X			
Basement		X		9x9 tan floor tile	3,700 SF	X			
Boiler room		X		boiler insulation	100 SF	X			
Boiler room		X		boiler pipe Insulation	145 LF	X			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 30	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Elizabeth, NJ		Disposal Date 07/11/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner	Signature Lubica Perez			Date 05/01/2026			

3685

4358311

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

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MAY 11 2026

Date of Notification (1) 04/29/2026		Name of Building Owner/Operator (2)  MAY 11 2026							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1210 Maplewood Rd		City, State, Zip Code Belmar, NJ 07719				
			Name of Contact Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 1210 Maplewood Rd			Square Feet 2,035	# of Floors 1	Bldg. Age 1965				
City (5) Belmar, NJ 07719		County (6) Monmouth		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC						
Street Address		Street Address 75 Voorhis Place							
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201- 466-0166	License No. 02126					
Start Date (10) 05/08/2026		Scheduled Completion Date (11) 05/15/2026		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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>			Removal <input checked="" type="checkbox"/>	Repair <input type="checkbox"/>	Encapsulate <input type="checkbox"/>	Enclosure <input type="checkbox"/>
First floor bedroom & office				pipe insulation	30 LF				
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Elizabeth, NJ		Disposal Date 05/15/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner	Signature Lubica Perez		Date 04/29/2026				

3668

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

4357036  
**RECEIVED**  
 Check 3668

Print Form

Date of Notification (1) 04/29/2026		Name of Building Owner/Operator (2)  MAY 11 2026							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 26 Cresci Blvd City, State, Zip Code Hazlet, NJ 07730 Name of Contact _____ Telephone Number _____						
	<b>FACILITY INFORMATION</b>								
	Name of Facility Where Abatement is Taking Place (3) Residential Street Address 26 Cresci Blvd City (5) Hazlet, NJ 07730		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet 2,100 # of Floors 1 Bldg. Age 1966						
County (6) Monmouth		County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) _____							
Name of Monitoring Firm Hired by Building Owner (8) Street Address _____ City, State, Zip Code _____		ASCM No. _____ Name of Abatement Contractor (9) VEL Construction, LLC Street Address 75 Voorhis Place City, State, Zip Code Ringwood NJ 07456							
Project Manager for Monitoring Firm _____ Telephone No. _____		Telephone No. 201- 466-0166 License No. 02126							
Start Date (10) 05/01/2026		Scheduled Completion Date (11) 05/08/2026							
Name of OSHA Monitor _____		Street Address _____ City, State, Zip Code _____							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____									
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> _____ <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		floor tile & mastic	158 SF	x			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 5		Name of Registered Landfill Grand Central Sanitary Landfill			
City, State Elizabeth, NJ		Disposal Date 05/08/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner		Signature <i>Lubica Perez</i>		Date 04/29/2026			

3667

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

435 1641  
 RECEIVED  
 Check 3667

Print Form

Date of Notification (1) 04/25/2026		Name of Building Owner/Operator (2) MAY 1 2026							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 407 16th Ave							
		City, State, Zip Code Brick Township, NJ 08724							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 407 16th Ave		Square Feet 1,800	# of Floors 1						
City (5) Brick Township, NJ 08724		Bldg. Age 1975							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC						
Street Address		Street Address 75 Voorhis Place							
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456							
Project Manager for Monitoring Firm		Telephone No. 201- 466-0166	License No. 02126						
Start Date (10) 05/05/2026	Scheduled Completion Date (11) 05/12/2026	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Den		x		Floor tile	230 SF	x			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Elizabeth, NJ		Disposal Date 05/12/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner	Signature Lubica Perez			Date 04/25/2026			

3666

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4357695

Print Form

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

RECEIVED  
 Check 3666

Date of Notification (1) 04/25/2026		Name of Building Owner/Operator (2)  MAY 1 2026							
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 111 Walt Whitman Blvd		City, State, Zip Code Cherry Hill Township, NJ 08003				
			Name of Contact		Telephone Number				
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 111 Walt Whitman Blvd			Square Feet 1,560	# of Floors 1	Bldg. Age 1959				
City (5) Cherry Hill Township, NJ 08003		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
County (6) Camden		Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.					
Street Address		Name of Abatement Contractor (9) VEL Construction, LLC		Street Address 75 Voorhis Place					
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456		Telephone No. 201- 466-0166					
Project Manager for Monitoring Firm		Telephone No.		License No. 02126					
Start Date (10) 05/04/2026		Scheduled Completion Date (11) 05/11/2026		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address						
			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) In Facility (13)  TO BE ABATED	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Garage		x	floor tile & mastic	400 SF	x				
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 5		Name of Registered Landfill Grand Central Sanitary Landfill			
City, State Elizabeth, NJ		Disposal Date 05/11/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner		Signature Lubica Perez		Date 04/25/2026			

3681

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

4356076  
 Check 3681

Print Form

Date of Notification (1) 04/27/2026		Name of Building Owner/Operator (2) MAY 1 2026							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 125 Washington St City, State, Zip Code Morristown, NJ 07960 Name of Contact _____ Telephone Number _____						
	<b>FACILITY INFORMATION</b>								
	Name of Facility Where Abatement is Taking Place (3) Residential Street Address 125 Washington St City (5) Morristown, NJ 07960		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet TBD # of Floors 2 Bldg. Age 1900						
County (6) Morris		County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) _____							
Name of Monitoring Firm Hired by Building Owner (8) Street Address _____ City, State, Zip Code _____		ASCM No. _____ Name of Abatement Contractor (9) VEL Construction, LLC Street Address 75 Voorhis Place City, State, Zip Code Ringwood NJ 07456							
Project Manager for Monitoring Firm _____ Telephone No. _____		Telephone No. 201-466-0166 License No. 02126							
Start Date (10) 04/28/2026		Scheduled Completion Date (11) 05/02/2026							
Name of OSHA Monitor _____		Street Address _____ City, State, Zip Code _____							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____ City, State, Zip Code _____							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 30 LF	Abatement Type			
	Yes    No    N/A	pipe insulation				Removal	Repair	Encapsulate	Enclosure
Basement left side		x			x				
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 5		Name of Registered Landfill Grand Central Sanitary Landfill			
City, State Elizabeth, NJ		Disposal Date 05/02/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner		Signature <i>Lubica Perez</i>		Date 04/27/2026			

3682

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

4356678

Print Form

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 Check 3682

Date of Notification (1) 04/27/2026		Name of Building Owner/Operator (2) <span style="float: right;">MAY 1 2026</span>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 81 Ember Ln		City, State, Zip Code Willingboro, NJ 08046				
			Name of Contact _____		Telephone Number _____				
	<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 81 Ember Ln			Square Feet 1,573	# of Floors 1	Bldg. Age 1968				
City (5) Willingboro, NJ 08046		County (6) Burlington		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8) _____		ASCM No. _____	Name of Abatement Contractor (9) VEL Construction, LLC						
Street Address _____		Street Address 75 Voorhis Place							
City, State, Zip Code _____		City, State, Zip Code Ringwood NJ 07456							
Project Manager for Monitoring Firm _____		Telephone No. _____	Telephone No. 201- 466-0166	License No. 02126					
Start Date (10) 04/29/2026	Scheduled Completion Date (11) 05/06/2026		Name of OSHA Monitor _____						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address _____						
			City, State, Zip Code _____						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen, Dining room & Laundry		x		floor tile & mastic	260 SF	x			
Living room		x		laminare, tile & mastic	303 SF	x			
Office		x		laminare, tile & mastic	109 SF	x			
Bedroom		x		laminare, tile & mastic	155 SF	x			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Elizabeth, NJ		Disposal Date 05/06/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner	Signature <i>Lubica Perez</i>		Date 04/27/2026				

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Print Form

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

Check 3683

Date of Notification (1) 04/28/2026		Name of Building Owner/Operator (2) MAY 1 2026								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 24 Tamarack Dr								
		City, State, Zip Code Manalapan Township, NJ 07726								
		Name of Contact	Telephone Number							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 24 Tamarack Dr		Square Feet 1962	# of Floors 1							
City (5) Manalapan Township, NJ 07726		Bldg. Age 1960								
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC							
Street Address		Street Address 75 Voorhis Place								
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456								
Project Manager for Monitoring Firm		Telephone No. 201-466-0166	License No. 02126							
Start Date (10) 04/30/2026	Scheduled Completion Date (11) 05/07/2026	Name of OSHA Monitor								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Basement		X		floor tile & mastic	540 SF	X				
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill						
City, State Elizabeth, NJ		Disposal Date 05/07/2026		City, State Pen Argyl, PA						
Completed by Lubica Perez		Title Owner		Signature Lubica Perez			Date 04/28/2026			

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Print Form

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

Check 3684

Date of Notification (1) 04/28/2026		Name of Building Owner/Operator (2)  MAY 1 2026							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 203 Amboy Ave City, State, Zip Code South Plainfield, NJ 07080						
			Name of Contact _____		Telephone Number _____				
	<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 203 Amboy Ave			Square Feet TBD	# of Floors 1	Bldg. Age 1940				
City (5) South Plainfield, NJ 07080			Current Use (Prior if being demolished) _____						
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) _____		ASCM No. _____	Name of Abatement Contractor (9) VEL Construction, LLC						
Street Address _____			Street Address 75 Voorhis Place						
City, State, Zip Code _____			City, State, Zip Code Ringwood NJ 07456						
Project Manager for Monitoring Firm _____		Telephone No. _____	Telephone No. 201-466-0166	License No. 02126					
Start Date (10) 04/29/2026		Scheduled Completion Date (11) 05/06/2026		Name of OSHA Monitor _____					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address _____						
			City, State, Zip Code _____						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First floor		X		floor tile & mastic	202 SF	X			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Elizabeth, NJ		Disposal Date 05/06/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner		Signature <i>Lubica Perez</i>		Date 04/28/2026			