

NO
ACK

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

RECEIVED

APR 21 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>4</u> / <u>6</u> / <u>26</u>		Name of Building Owner/Operator (2) Verizon Communications							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 East Montgomery Street							
		City, State, Zip Code Pittsburgh, PA 15212							
		Name of Contact Peter Lesniak (Owners Rep)	Telephone Number 267-634-1010						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Vineland Central Office		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 100 South 6th Street,		Square Feet	# of Floors						
City (5) Vineland			Bldg. Age +75						
County (6) Cumberland	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Verizon							
Name of Monitoring Firm Hired by Building Owner (8) USA EMI	ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC							
Street Address 344 West State Street		Street Address 1123 BEAVER STREET							
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Richard Reynolds	Telephone No. 267-261-2837	Telephone No. 215-788-6040	License No. 02121						
Start Date (10) <u>3</u> / <u>30</u> / <u>26</u>	Scheduled Completion Date (11) ON HOLD	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM - <u> </u> PM / <u>5</u> PM - <u>1</u> AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
<input 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) <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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & Mastic	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	45 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Basement Storage Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & Mastic	120 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement AC Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT Only	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Bristol Environmental LLC		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill CCIA					
City, State Bristol PA		Disposal Date TBD		City, State Rosenhayn, NJ					
Completed By (Print or Type) Dillan DeCaro	Title Estimator	Signature <i>Dillan DeCaro / KB</i>				Date 4/16/26			

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

Date of Notification (1) <u>4</u> / <u>6</u> / <u>26</u>		Name of Building Owner/Operator (2) Verizon Communications						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 East Montgomery Street						
		City, State, Zip Code Pittsburgh, PA 15212						
		Name of Contact Peter Lesniak (Owners Rep)		Telephone Number 267-634-1010				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Verizon Vineland Central Office			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 100 South 6th Street,			Square Feet	# of Floors	Bldg. Age +75			
City (5) Vineland		County (6) Cumberland		County Code (7)(STATE USE ONLY) Verizon				
Name of Monitoring Firm Hired by Building Owner (8) USA EMI		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC					
Street Address 344 West State Street		Street Address 1123 BEAVER STREET						
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code BRISTOL, PA 19007						
Project Manager for Monitoring Firm Richard Reynolds		Telephone No. 267-261-2837	Telephone No. 215-788-6040	License No. 02121				
Start Date (10) <u>3</u> / <u>30</u> / <u>26</u>	Scheduled Completion Date (11) ON HOLD		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/ <u>5PM-1AM</u>			Street Address 1123 BEAVER STREET					
			City, State, Zip Code BRISTOL, PA 19007					
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) 27 SF	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Basement Battery Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & Mastic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Bristol Environmental LLC		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill CCIA				
City, State Bristol PA		Disposal Date TBD	City, State Rosenhayn, NJ					
Completed By (Print or Type) Dillan DeCaro		Title Estimator	Signature <i>Dillan DeCaro/KB</i>		Date <u>4/10/26</u>			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16) original Check #14038 for \$200.00 sent on 3/25/25

RECEIVED

REV #7

3 / 3 / 2026

Name of Building Owner/Operator (2)
 County of Union

APR 28 2026

Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #7 dated 3/3/26 Amendment # #7 <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	Street Address 2325 South Avenue City, State, Zip <u>Id</u> Scotch Plains, NJ 07076	Name of Contact M. Ferraro	Telephone Number 908-820-4000 Main office
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4-24-26

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Union County New Annex 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 and commercial buildings, homes, etc.)
Street Address 2 Broad Street	Occupied
City (5) Elizabeth NJ 07201	Square Feet # of Floors Bldg. Age
County (6) Union	County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Government Building

Name of Monitoring Firm Hired by Building Owner (8) RJB Environmental	ASCN No. 00149	Name of Abatement Contractor (9) Controlled Environmental Systems
Street Address PO BOX 869	Street Address 1121 N. Bethlehem Pike - Suite 60	
City, State, Zip Code Levittown, PA 19068	City, State, Zip Code Spring House, PA 19477	
Project Manager for Monitoring Firm Rick Beech	Telephone No. (267) 991-9212	Telephone No. 215 542 7000
		License No. 00847

Rev #7 dated 3/2/26 Change in completion Date to 8/31/26

Start Date (10) 4 / 14 / 2025	Scheduled Completion Date (11) 8 / 31 / 2026	Name of OSHA Monitor CES
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>3:00 PM</u> / <u>11:00 PM</u> - <u>AM</u>		Street Address 1121 N. Bethlehem Pike - Suite 60
		City, State, Zip Code Spring House, PA 19477

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
2nd Floor South	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tile & Mastic 4344 & adhesive 0 SF	4001 SF (total)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Floor South	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spray on Fireproofing	1020 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Floor South	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling Tile 4056 SF and Thinset 0-SF	4056 SF (total)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Floor South	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cove Base	922 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Century Waste	NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste	Name of Registered Landfill Grand Central Sanitation & Landfill GSC
City, State Elizabeth, NJ 07201	Disposal Date	City, State Pen Argyle, PA 18072	
Completed By (Print or Type) Patricia Visco	Title Office Manager	Signature 	Date 3/2/26

92-42-1
 closed

4/24/26

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

Rev #7 dated 3/2/26

Original notification 3/11/25

original Check #14038 for \$200.00 sent on 3/25/25

Date of Notification (1) Rev #7 <u>3</u> / <u>12</u> / <u>2026</u>		Name of Building Owner/Operator (2) County of Union							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial #7 dated 3/2/26 <input checked="" type="checkbox"/> Amended Amendment # <u>#7</u> <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	Street Address 2325 South Avenue							
		City, State, Zip Code Scotch Plains, NJ 07076							
		Name of Contact M. Ferraro	Telephone Number 908-820-4000 Main office						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Union County New Annex Building		Type of Facility (4) <input type="checkbox"/> School (K-12) Occupied <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 27 Elizabethtown Plaza		Square Feet	# of Floors						
City (5) Elizabeth NJ 07202		Bldg. Age							
County (6) Union	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Government Building							
Name of Monitoring Firm Hired by Building Owner (8) RJB Environmental	ASCM No. 00149	Name of Abatement Contractor (9) Controlled Environmental Systems							
Street Address 56 East Bridge St		Street Address 1121 N. Bethlehem Pike - Suite 60							
City, State, Zip Code Morrisville, PA 19067		City, State, Zip Code Spring House, PA 19477							
Project Manager for Monitoring Firm Rick Beech	Telephone No. (267) 991-9212	Telephone No. 215 542 7000	License No. 00847						
Start Date (10) 4 / 1 / 2025	Scheduled Completion Date (11) 8 / 31 / 2026	Name of OSHA Monitor CES							
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- 3:00 PM/ 11:00 PM- ___ AM		Street Address 1121 N. Bethlehem Pike - Suite 60							
		City, State, Zip Code Spring House, PA 19477							
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
2nd Floor North				Pipe Fitting Insulation	20 SF	X			
2nd Floor North	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tile & Mastic 3720 & adhesive 281 SF	4001 SF (total)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Floor North	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spray on Fireproofing	1128 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Floor North	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling Tile 4838 SF and Thinset 988 SF	5826 SF (total)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Floor North	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cove Base	864 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste	Name of Registered Landfill Grand Central Sanitation & Landfill GSC					
City, State Elizabeth, NJ 07201		Disposal Date		City, State Pen Argyle, PA 18072					
Completed By (Print or Type) Patricia Visco		Title Office Manager	Signature 			Date 3/2/26			


Rev #7 dated 3/2/26 Change completion date to 8/31/2026

92-42-1
Close

4/24/26

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

Rev #7 dated 3/2/26 - Original sent on 3/11/25 notification (Pursuant to NJAC 8:60 and 5:16) original Check #14038 for \$200.00 sent on

Date of Notification (1) Rev #7 <u>3</u> / <u>2</u> / 2026		Name of Building Owner/Operator (2) <u>3-25-25</u> County of Union							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial Rev #7 dated 3/2/26 <input checked="" type="checkbox"/> Amended Amendment # <u>#7</u> <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	Street Address <u>2325 South Avenue</u> City, State, Zip Code <u>Scotch Plains, NJ 07076</u> Name of Contact <u>M. Ferraro</u> Telephone Number <u>908-820-4000 Main office</u>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Union County New Annex Building</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) Occupied <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <u>27 Elizabethtown Plaza</u>		Square Feet	# of Floors						
City (5) <u>Elizabeth NJ 07202</u>		Bldg. Age							
County (6) <u>Union</u>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <u>Government Building</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>RJB Environmental</u>	ASCM No. <u>00149</u>	Name of Abatement Contractor (9) <u>Controlled Environmental Systems</u>							
Street Address <u>PO Box 869</u>		Street Address <u>1121 N. Bethlehem Pike - Suite 60</u>							
City, State, Zip Code <u>Levittown, PA 19068</u>		City, State, Zip Code <u>Spring House, PA 19477</u>							
Project Manager for Monitoring Firm <u>Rick Beech</u>	Telephone No. <u>(267) 991-9212</u>	Telephone No. <u>215 542 7000</u>	License No. <u>00847</u>						
Start Date (10) <u>4 / 15 / 2025</u>	Scheduled Completion Date (11) <u>8 / 31 / 2026</u>	Name of OSHA Monitor <u>CES</u>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM- <u>3:00 PM</u> / <u>11:00 PM</u> - <u> </u> AM		Street Address <u>1121 N. Bethlehem Pike - Suite 60</u> City, State, Zip Code <u>Spring House, PA 19477</u>							
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input 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
<u>5th Floor North</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Tile & Mastic 7335 & adhesive 440 SF</u>	<u>7775 SF (total)</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>5th Floor North</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Spray on Fireproofing</u>	<u>1600 SF</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>5th Floor North</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Ceiling Tile 4508 SF and Thinset 150 SF</u>	<u>4658 SF (total)</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>5th Floor North</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Cove Base</u>	<u>1056 LF</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <u>Century Waste</u>		NJDEP Waste Hauler ID No. <u>32797</u>	Cubic Yards of Waste	Name of Registered Landfill <u>Grand Central Sanitation & Landfill GSC</u>					
City, State <u>Elizabeth, NJ 07201</u>		Disposal Date	City, State <u>Pen Argyle, PA 18072</u>						
Completed By (Print or Type) <u>Patricia Visco</u>		Title <u>Office Manager</u>	Signature 			Date <u>3/2/26</u>			

Rev #7 dated 3/2/26 change in completion date to 8/31/2026

4-24-26

FYI Air Tech Firm -RJB- has signed off on the 5th floor as completed as of 11/14/25

4-24-26

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16) original Check #14038 for \$200.00 sent on 3/25/25

Rev #7 Dated 3/2/26 Original notification 3/11/25

Date of Notification (1) Rev #7 <u>3</u> / <u>12</u> / <u>2026</u>		Name of Building Owner/Operator (2) County of Union								
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment - # <u>Rev #7</u> <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	Street Address 2325 South Avenue								
		City, State, Zip Code Scotch Plains, NJ 07076								
		Name of Contact M. Ferraro	Telephone Number 908-820-4000 Main office							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Union County New Annex Building		Type of Facility (4) <input type="checkbox"/> School (K-12) Occupied <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)								
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County (6) Union	County Code (7)(STATE USE ONLY) 00149	Current Use (Prior if being demolished) Government Building								
Name of Monitoring Firm Hired by Building Owner (8) RJB Environmental		ASCM No.	Name of Abatement Contractor (9) Controlled Environmental Systems							
Street Address PO Box 869		Street Address 1121 N. Bethlehem Pike - Suite 60								
City, State, Zip Code Levittown, PA 19068		City, State, Zip Code Spring House, PA 19477								
Project Manager for Monitoring Firm Rick Beech		Telephone No. (267) 991-9212	Telephone No. 215 542 7000							
License No. 00847										
Start Date (10) 4 / 15 / 2025	Scheduled Completion Date (11) 8 / 31 / 2026	Name of OSHA Monitor CES								
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>3:00</u> PM- <u>11:00</u> PM- <u>3:00</u> AM		Street Address 1121 N. Bethlehem Pike - Suite 60								
		City, State, Zip Code Spring House, PA 19477								
Scope of Work (Check all that apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
5th Floor South	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tile 2277 & Mastic 2577 And Adhesive 300 SF	2877 SF (total)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5th Floor South	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spray on Fireproofing	1080 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5th Floor South	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling Tile 3479 and Thinset 823 SF	4302 SF (total)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5th Floor South	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cove Base	865 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste	Name of Registered Landfill Grand Central Sanitation & Landfill GSC						
City, State Elizabeth, NJ 07201		Disposal Date		City, State Pen Argyle, PA 18072						
Completed By (Print or Type) Patricia Visco		Title Office Manager	Signature 			Date 3/2/26				

Rev #7 dated 3/2/26 Change completion date to 8/31/2025

92-42-5

FYI Air Tech firm-RJB has signed off on the 5th floor as completed as of 11/14/25

4-24-26

10/26

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

RECEIVED

APR 22 2026

ASBESTOS CONTROL & REMEDIATION

Date of Notification (1) <u>03</u> / <u>25</u> / <u>26</u>		Name of Building Owner/Operator (2) Trenton Public Schools #2603-3513 check# N/A	
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 # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1490 Prospect Street	
		City, State, Zip Code Ewing Township NJ 08638	
		Name of Contact Ravi Perilall	Telephone Number 347-208-5895

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Franklin Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 200 William Street			
City (5) Trenton	Square Feet 4000	# of Floors 4	Bldg. Age 1931
County (6) Mercer	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) School	

Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	
Street Address 120 North Warren Street		Street Address 70 Stacy Haines Road Suite 4		
City, State, Zip Code Trenton NJ 08610		City, State, Zip Code Lumberton NJ 08048		
Project Manager for Monitoring Firm Roland Jones		Telephone No. 609-392-4200	Telephone No. 609-702-0400	License No. 00862

Start Date (10) <u>04</u> / <u>03</u> / <u>26</u>	Scheduled Completion Date (11) <u>04</u> / <u>10</u> / <u>26</u>	Name of OSHA Monitor EMSL Analytical, Inc.
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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 200 U.S. Route 130 North
	City, State, Zip Code Cinnaminson, NJ 08077

Scope of Work (Check all that apply)		*See attached	
<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 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 type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Asbestos and Mold Services Corp		NJDEP Waste Hauler ID No. 0035680	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Hills	
City, State Lumberton, NJ		Disposal Date 04/10/2026	City, State Morrisville, PA		
Completed By (Print or Type) Kaysi Gruner	Title Office Admin	Signature 	Date 4/8/26		

SCOPE OF WORK FRANKLIN ELEMENTARY SCHOOL, TRENTON NJ

- **O&M Clean up and wall repairs associated with unit ventilator removal**
- **Hole Drilling for hangers and fasteners using a shrouded drill with HEPA attachment**
- **Totaling approximately 700 SF**

17899

**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>16</u> / <u>26</u>		Name of Building Owner/Operator (2) PSE&G / Job #2604-6562 Check #17899	
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 4000 Hadley Road	
		City, State, Zip Code South Plainfield, NJ	
		Name of Contact Michael Bastidas	Telephone Number 908-206-6947

APR 20 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PSEG Orange Gas HQ Main 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 284 North Park Street		Square Feet	# of Floors
City (5) East Orange		Bldg. Age	

County (6) Essex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Headquarters
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Name of Monitoring Firm Hired by Building Owner (8) Matrix New World	ASCM No. 00121	Name of Abatement Contractor (9) AbateTech, Inc.
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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
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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 IATL
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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/___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 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 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 5/29/26	City, State Morrisville, PA	
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature <i>gmt</i>	Date 4-16-24



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.

1ST Floor:

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

2ND Floor:

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

13650

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

B & G Project # 2026-57

Check # 13650

RECEIVED

APR 21 2026

REG. & LICENSING

Date of Notification (1) 04/17/2026		Name of Building Owner/Operator (2)							
Agencies Notified		Type Notification		Street Address					
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	<input checked="" type="checkbox"/> Initial		9 Arlington Avenue					
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	<input type="checkbox"/> Amended		City, State, Zip Code					
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # _____	<input type="checkbox"/> Amendment # _____		North Arlington, NJ 07031					
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	<input type="checkbox"/> Emergency (including justification)		Name of Contact					
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	<input type="checkbox"/> Cancellation		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)			Type of Facility (4)						
Street Address			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
9 Arlington Avenue									
City (5) North Arlington, NJ 07031			Square Feet	# of Floors	Bldg. Age				
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)						
Street Address			B & G Restoration, Inc.						
City, State, Zip Code			Street Address						
			1234 Route 23						
Project Manager for Monitoring Firm		Telephone No.	Telephone No.		License No.				
			973-696-6869		00378				
Start Date (10) 04/27/2026		Scheduled Completion Date (11) 04/29/2026		Name of OSHA Monitor B & G Restoration, Inc.					
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: _____			1234 Route 23						
			City, State, Zip Code						
			Butler, NJ 07405						
Scope of Work (Check All That Apply)			<input type="checkbox"/> Wrap and 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						
<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						
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 area			X	VAT & mastic	330 SF	X			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill					
B & G Restoration Inc.		19563	4	Grand Central Landfill					
City, State		Disposal Date		City, State					
Butler, NJ		04/29/2026		Pen Argyl, PA					
Completed by		Title		Signature		Date			
Gordana Luna		Secretary / Treasurer		Gordana Luna		04/17/2026			

1797

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

Job# 26-534
 ROKH 1797
 RECEIVED

Date of Notification (1) 4/13/2026		Name of Building Owner/Operator (2) Private property	
Agencies Notified		Street Address 146 Academy Street	
Type Notification		City, State, Zip Code Jersey City NJ	
<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	
		Name of Contact	Telephone Number

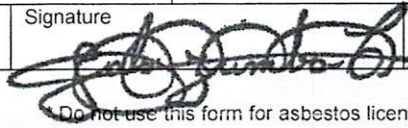
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4)	
Street Address 146 Academy Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Jersey City NJ		Square Feet 1600 SF	# of Floors 2 floor
County (6) Hudson County		Bldg. Age +50	
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) 4/20/2026	Scheduled Completion Date (11) 4/28/2026	Name of OSHA Monitor Hillman Consulting	
Occupancy Status During Abatement (Check Only One)		Street Address 1620 Route 22 East	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 AM to 4:00 PM		City, State, Zip Code Union NJ 07803	

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input 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 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
Exterior			x	transite shingles	2500 SF	x			
1st floor entrance /hallway			x	floor tile	120 SF	x			
2nd floor hallway/bedroom			x	Floor tile	140 SF	x			
Basement			x	Pipe insulation	25 LF	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 4/13/2026

1798

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

ck# 1798
RECEIVED
Job# 26-540

Date of Notification (1) 4/13/2026		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 317 Summit Ave	
		City, State, Zip Code Jersey City NJ	
		Name of Contact	Telephone Number

APR 22 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 317 Summit Ave		Square Feet 1600 SF	# of Floors 2 floor	Bldg. Age +50
City (5) Jersey City NJ	County (6) Hudson County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) ACM Solutions Services LLC	
Street Address N/A		Street Address 1435 51st Street		
City, State, Zip Code N/A		City, State, Zip Code North Bergen NJ 07047		
Project Manager for Monitoring Firm N/A		Telephone No.	Telephone No. 201-552-9685	License No. 01384
Start Date (10) 4/22/2026	Scheduled Completion Date (11) 4/25/2026	Name of OSHA Monitor Hillman Consulting		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 AM to 4:00 PM		Street Address 1620 Route 22 East		
		City, State, Zip Code Union NJ 07803		

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input 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 checked="" type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd floor front bedroom			x	linoleum	25 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 4/13/2026	

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

8380

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

RECEIVED

Date of Notification (1) 04/16/2026		Name of Building Owner/Operator (2) BIRCHWOOD BUILDERS	
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 406 PRINCETON RD
			City, State, Zip Code LINDEN NJ 07036
			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 406 PRINCETON RD		Square Feet	# of Floors
City (5) LINDEN		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)		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) 05/06/2026	Scheduled Completion Date (11) 05/06/2026	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) <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 Lead Professionals Inc	NJDEP Waste Hauler ID No. 35103	Cubic Yards of Waste 4	Name of Registered Landfill IESI
City, State Lakewood, NJ		Disposal Date 05/06/2026	City, State BETHLEHEM, PA
Completed by JOSEPH PERLSTEIN	Title OWNER	Signature 	Date 04/16/2026

12721

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

RECEIVED

Date of Notification (1) April 9, 2026		Name of Building Owner/Operator (2) HALLMARK HOMES GROUP APR 13 2026								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 865 EASTON ROAD, SUITE 320								
		City, State, Zip Code WARRINGTON PA 18976								
		Name of Contact _____ Telephone Number _____								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) ABANDONED 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 547 CHEWS LANDING ROAD		Square Feet 1,500	# of Floors 1							
City (5) SICKLERVILLE NJ 08081		Bldg. Age 60								
County (6) CAMDEN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RESIDENCE								
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TECHNICIANS		ASCM No. _____	Name of Abatement Contractor (9) ECOSERVICES, LLC							
Street Address 441 E. HIGH STREET # 25		Street Address 303B NATIONAL RD								
City, State, Zip Code PHILADELPHIA PA 19144		City, State, Zip Code EXTON PA 19341								
Project Manager for Monitoring Firm NORM HARRISON		Telephone No. 215-200-9400	Telephone No. License No. 484-872-8884							
Start Date (10) 4/20/26	Scheduled Completion Date (11) 5/1/26	Name of OSHA Monitor ECOSERVICES, 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 303B NATIONAL RD								
		City, State, Zip Code EXTON PA 19341								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) 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	470SF	X				
BASEMENT		X		MASTIC	470SF	X				
Name of Registered Waste Hauler ECOSERVICES, LLC		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste 3	Name of Registered Landfill LANCHESTER LANDFILL						
City, State 303B NATIONAL RD, EXTON, PA 19341			Disposal Date _____	City, State NARUON, PA 17555						
Completed by A.J. BINCAROSKY		Title PROJECT MANAGER	Signature A.J. Bincarosky			Date 4/2/2026				

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

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

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Date of Notification (1) 04/29/2026		Name of Building Owner/Operator (2)	
Agencies Notified	Type Notification	Street Address 320 Mountain Road,	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Englewood, NJ 07026	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact	Telephone Number

MAY - 4 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) residential		Type of Facility (4)	
Street Address 320 Mountain Road,		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Englewood	Square Feet 12,453	# of Floors 3	Bldg. Age 99
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) Acme Professional Services Corp	
Street Address		Street Address 170 Kinnelon Rd, Suite 32	
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-938-5266	License No. 02003

Start Date (10) 04/27/2026	Scheduled Completion Date (11) 05/25/2026	Name of OSHA Monitor Arsenije Adamov
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Occupancy Status During Abatement (Check Only One)	Street Address 170 Kinnelon Rd, Suite 32
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement	City, State, Zip Code Kinnelon, NJ 07405
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours	
<input type="checkbox"/> Other - Describe: _____	

Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" 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) 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		✓		ACM Ceiling Tiles	400 SF	✓			
Entire Home		✓		Gypsum Wallboard	2,000 SF	✓			
Chimney Room		✓		Brick Black mastic	510 SF	✓			

Name of Registered Waste Hauler Acme Professional Services Corp	NJDEP Waste Hauler ID No. 0038176	Cubic Yards of Waste 180	Name of Registered Landfill Fairless Landfill
City, State Kinnelon, NJ	Disposal Date 05/25/2026	City, State Morrisville, PA	

Completed by Samantha Zamora	Title Project Coordinator	Signature <i>Samantha Zamora</i>	Date 04/29/2026
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

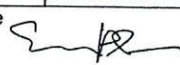
RECEIVED

Date of Notification (1) 4 / 9 / 26		Name of Building Owner/Operator (2) of West Central Jersey		APR 29 2026					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 9 Ilene Ct, Building 6, Unit 7 City, State, Zip Code Hillsborough, NJ 08844 Name of Contact _____ Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 377 Thomas St			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
City (5) Phillipsburg		Square Feet 1300	# of Floors 2	Bldg. Age 126					
County (6) Warren		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Home					
Name of Monitoring Firm Hired by Building Owner (8) Air Consulting Services		ASCM No.		Name of Abatement Contractor (9) Brick Industries, Inc.					
Street Address 196 Princeton Hightstown Rd			Street Address PO Box 915						
City, State, Zip Code West Windsor, NJ 08550			City, State, Zip Code Brick, NJ 08723						
Project Manager for Monitoring Firm Tom Worrell		Telephone No. 609-371-2489		License No. 01196					
Start Date (10) 4 / 10 / 26		Scheduled Completion Date (11) 4 / 11 / 26		Name of OSHA Monitor Air 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 - Describe Time of Abatement: ____AM-____PM/____PM-____AM			Street Address 196 Princeton Hightstown Rd City, State, Zip Code West Windsor, NJ 08550						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos 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
Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile	45SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile	177SF	<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 Brick Industries, Inc.		NJDEP Waste Hauler ID No. 21602		Cubic Yards of Waste 4	Name of Registered Landfill Fairless Landfill				
City, State Brick, NJ		Disposal Date 4/13/26		City, State Morrisville, PA					
Completed By (Print or Type) Eric Plackis		Title President		Signature 		Date 4/9/26			

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

Date of Notification (1) 4 / 10 / 26		Name of Building Owner/Operator (2) RECEIVED							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 14 Daniel Dr City, State, Zip Code Hazlet, NJ 07730 Name of Contact Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 14 Daniel Dr		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
City (5) Hazlet		Square Feet 1942	# of Floors 2						
County (6) Monmouth		Bldg. Age 62							
Name of Monitoring Firm Hired by Building Owner (8) AZ Solution Consulting		ASCM No.	Name of Abatement Contractor (9) Brick Industries, Inc.						
Street Address 27 Susquehanna Ave		Street Address PO Box 915							
City, State, Zip Code Rochelle Park, NJ 07662		City, State, Zip Code Brick, NJ 08723							
Project Manager for Monitoring Firm Aleksander Zivanov		Telephone No. 347-612-1572	License No. 01196						
Start Date (10) 4 / 13 / 26	Scheduled Completion Date (11) 4 / 14 / 26		Name of OSHA Monitor AZ Solution Consulting						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 27 Susquehanna Ave City, State, Zip Code Rochelle Park, NJ 07662							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile	490SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mastic	490SF	<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 Brick Industries, Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste 4	Name of Registered Landfill Fairless Landfill					
City, State Brick, NJ		Disposal Date 4/15/26	City, State Morrisville, PA						
Completed By (Print or Type) Eric Plackis		Title President	Signature 			Date 4/10/26			

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

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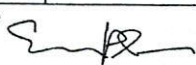
Date of Notification (1) 4 / 6 / 26		Name of Building Owner/Operator (2) APR 29 2026								
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 531 Englewood Dr								
		City, State, Zip Code Magnolia, NJ 08049								
		Telephone Number								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Street Address 531 Englewood Dr		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)								
City (5) Magnolia	Square Feet 1100	# of Floors 1	Bldg. Age 66							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home								
Name of Monitoring Firm Hired by Building Owner (8) AZ Solution Consulting		ASCM No.	Name of Abatement Contractor (9) Brick Industries, Inc.							
Street Address 27 Susquehanna Ave		Street Address PO Box 915								
City, State, Zip Code Rochelle Park, NJ 07662		City, State, Zip Code Brick, NJ 08723								
Project Manager for Monitoring Firm Aleksander Zivanov		Telephone No. 347-612-1572	Telephone No. 7328997499							
License No. 01196		Name of OSHA Monitor AZ Solution Consulting								
Start Date (10) 4 / 7 / 26	Scheduled Completion Date (11) 4 / 9 / 26	Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___AM-___PM/___PM-___AM								
Street Address 27 Susquehanna Ave		City, State, Zip Code Rochelle Park, NJ 07662								
Scope of Work (Check all that apply)										
<input type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile	900SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler Brick Industries, Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill						
City, State Brick, NJ		Disposal Date 4/10/26	City, State Morrisville, PA							
Completed By (Print or Type) Eric Plackis		Title President	Signature 				Date 4/6/26			

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4214

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

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Date of Notification (1) 4 / 3 / 26		Name of Building Owner/Operator (2) <div align="right">APR 29 2026</div>								
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 304 Riverside Dr City, State, Zip Code Princeton, NJ 08540 Name of Contact _____ Telephone Number _____								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) 304 Riverside Dr		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)								
City (5) Princeton	Square Feet 2800	# of Floors 2	Bldg. Age 56							
County (6) Mercer	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Home								
Name of Monitoring Firm Hired by Building Owner (8) AZ Solution Consulting		ASCM No.	Name of Abatement Contractor (9) Brick Industries, Inc.							
Street Address 27 Susquehanna Ave		Street Address PO Box 915								
City, State, Zip Code Rochelle Park, NJ 07662		City, State, Zip Code Brick, NJ 08723								
Project Manager for Monitoring Firm Aleksander Zivanov		Telephone No. 347-612-1572	Telephone No. 7328997499							
Start Date (10) 4 / 6 / 26		Scheduled Completion Date (11) 4 / 7 / 26	License No. 01196							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Name of OSHA Monitor AZ Solution Consulting								
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> 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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile	180SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	180SF	<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 Brick Industries, Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill						
City, State Brick, NJ		Disposal Date 4/10/26		City, State Morrisville, PA						
Completed By (Print or Type) Eric Plackis		Title President	Signature 				Date 4/3/26			

4220



PAID

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

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APR 29 2026

Date of Notification (1) 4 / 10 / 26		Name of Building Owner/Operator (2) 23 Cleveland Ave							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Street Address 23 Cleveland Ave City, State, Zip Code East Brunswick, NJ 08816							
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 23 Cleveland 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 and commercial buildings, homes, etc.)							
City (5) East Brunswick		Square Feet 1500	# of Floors 2						
County (6) Middlesex		County Code (7)(STATE USE ONLY)	Bldg. Age 72						
Name of Monitoring Firm Hired by Building Owner (8) AZ Solution Consulting		ASCM No.	Name of Abatement Contractor (9) Brick Industries, Inc.						
Street Address 27 Susquehanna Ave		Street Address PO Box 915							
City, State, Zip Code Rochelle Park, NJ 07662		City, State, Zip Code Brick, NJ 08723							
Project Manager for Monitoring Firm Aleksander Zivanov		Telephone No. 347-612-1572	Telephone No. 7328997499						
Start Date (10) 4 / 11 / 26		Scheduled Completion Date (11) 4 / 12 / 26	License No. 01196						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___AM-___PM/___PM-___AM		Name of OSHA Monitor AZ Solution Consulting							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	120LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Brick Industries, Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill					
City, State Brick, NJ		Disposal Date 4/13/26		City, State Morrisville, PA					
Completed By (Print or Type) Eric Plackis		Title President		Signature 			Date 4/20/26		

* 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 5:16)

APR 29 2026

Date of Notification (1) 4 / 14 / 26		Name of Building Owner/Operator (2)							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 556 Jersey Avenue		ASBESTOS CONTROL & LICENSING Telephone Number					
		City, State, Zip Code Spring Lake, NJ 07762							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 556 Jersey Avenue			Square Feet 1960	# of Floors 2	Bldg. Age 68				
City (5) Spring Lake		County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home					
Name of Monitoring Firm Hired by Building Owner (8) AZ Solution Consulting		ASCM No.	Name of Abatement Contractor (9) Brick Industries, Inc.						
Street Address 27 Susquehanna Ave		Street Address PO Box 915							
City, State, Zip Code Rochelle Park, NJ 07662		City, State, Zip Code Brick, NJ 08723							
Project Manager for Monitoring Firm Aleksander Zivanov		Telephone No. 347-612-1572	Telephone No. 7328997499	License No. 01196					
Start Date (10) 4 / 15 / 26	Scheduled Completion Date (11) 4 / 17 / 26		Name of OSHA Monitor AZ Solution Consulting						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___AM-___PM/___PM-___AM			Street Address 27 Susquehanna Ave						
			City, State, Zip Code Rochelle Park, NJ 07662						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos 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 living area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile	712SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First floor living area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mastic	712SF	<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 Brick Industries, Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill					
City, State Brick, NJ		Disposal Date 4/18/26	City, State Morrisville, PA						
Completed By (Print or Type) Eric Plackis	Title President	Signature 		Date 4/14/26					

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

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Date of Notification (1) 4 / 16 / 26		Name of Building Owner/Operator (2) West Central Jersey	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 9 Ilene Ct, Building 6, Unit 7	
		City, State, Zip Code Hillsborough, NJ 08844	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 293 Sussex St		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
City (5) Paterson		Square Feet 2700	# of Floors 2
County (6) Passaic		County Code (7)(STATE USE ONLY)	Bldg. Age 65
Name of Monitoring Firm Hired by Building Owner (8) Indoor Air Services		Name of Abatement Contractor (9) Brick Industries, Inc.	

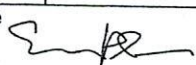
Street Address 2015 Old York Road		Street Address PO Box 915	
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Brick, NJ 08723	
Project Manager for Monitoring Firm Tom Worrell	Telephone No. 609-351-1362	Telephone No. 7328997499	License No. 01196

Start Date (10) 4 / 17 / 26	Scheduled Completion Date (11) 4 / 21 / 26	Name of OSHA Monitor Indoor Air 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 - Describe Time of Abatement: ___ AM- ___ PM/ ___ PM- ___ AM		Street Address 2015 Old York Road	
		City, State, Zip Code Burlington, NJ 08016	

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 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
Kitchen and bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interior plaster	557SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


Name of Registered Waste Hauler Brick Industries, Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste 15	Name of Registered Landfill Fairless Landfill	
City, State Brick, NJ		Disposal Date 4/22/26		City, State Morrisville, PA	
Completed By (Print or Type) Eric Plackis	Title President	Signature 		Date 4/16/26	

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 State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:26 and 5:16)

RECEIVED

Date of Notification (1) 4 / 21 / 26		Name of Building Owner/Operator (2) MAY - 4 2026							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 19 Farm Road							
		City, State, Zip Code Ewing, NJ 08618							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 19 Farm Road		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
City (5) Ewing		Square Feet 2300	# of Floors 2						
County (6) Mercer		County Code (7)(STATE USE ONLY)	Bldg. Age 56						
Name of Monitoring Firm Hired by Building Owner (8) AZ Solution Consulting		ASCM No.	Name of Abatement Contractor (9) Brick Industries, Inc.						
Street Address 27 Susquehanna Ave		Street Address PO Box 915							
City, State, Zip Code Rochelle Park, NJ 07662		City, State, Zip Code Brick, NJ 08723							
Project Manager for Monitoring Firm Aleksander Zivanov		Telephone No. 347-612-1572	License No. 01196						
Start Date (10) 4 / 22 / 26	Scheduled Completion Date (11) 4 / 23 / 26	Name of OSHA Monitor Aleksander Zivanov							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 27 Susquehanna Ave							
		City, State, Zip Code Rochelle Park, NJ 07662							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile	400SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Brick Industries, Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste 4	Name of Registered Landfill Fairless Landfill					
City, State Brick, NJ		Disposal Date 4/23/26		City, State Morrisville, PA					
Completed By (Print or Type) Eric Plackis		Title President		Signature 		Date 4/21/26			

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

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MAY - 4 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 4 / 23 / 26		Name of Building Owner/Operator (2) Arya Properties LLC	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 130 Central Avenue	
		City, State, Zip Code Island Heights, NJ 08732	
		Name of Contact _____ Telephone Number _____	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 2308 Ocean Avenue		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
City (5) Seaside Park		Square Feet 22,000	# of Floors 2
County (6) Ocean		County Code (7)(STATE USE ONLY)	Bldg. Age 70
Name of Monitoring Firm Hired by Building Owner (8) AZ Solution Consulting		ASCM No.	Name of Abatement Contractor (9) Brick Industries, Inc.
Street Address 27 Susquehanna Ave		Street Address PO Box 915	
City, State, Zip Code Rochelle Park, NJ 07662		City, State, Zip Code Brick, NJ 08723	
Project Manager for Monitoring Firm Aleksander Zivanov		Telephone No. 347-612-1572	License No. 01196
Start Date (10) 4 / 24 / 26	Scheduled Completion Date (11) 5 / 21 / 26	Name of OSHA Monitor AZ Solution Consulting	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 27 Susquehanna Ave	
		City, State, Zip Code Rochelle Park, NJ 07662	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input 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
Throughout 35 units	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Popcorn ceiling	22,000SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout 35 units	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Drywall and joint compound	47,500SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flat roofing	7,300SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


Name of Registered Waste Hauler Brick Industries, Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste 350	Name of Registered Landfill Fairless Landfill	
City, State Brick, NJ		Disposal Date Daily	City, State Morrisville, PA		
Completed By (Print or Type) Eric Plackis	Title President	Signature 	Date 4/23/36		

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

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1909

Date of Notification (1) 5/1/26		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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 68 Plainfield Ave.							
		City, State, Zip Code Newton, NJ 07860							
		Name of Contact		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home			Type of Facility (4)						
Street Address 68 Plainfield 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) Newton		Square Feet 2000	# of Floors 2	Bldg. Age 60 +/-					
County (6) Sussex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residential Home					
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement						
Street Address		Street Address 55 Cannonball Rd.							
City, State, Zip Code		City, State, Zip Code Pompton Lakes, NJ 07442							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-600-3184	License No. 01305					
Start Date (10) 5/3/26		Scheduled Completion Date (11) 5/6/26		Name of OSHA Monitor Same As Above					
Occupancy Status During Abatement (Check Only One)			Street Address						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		VAT	510 SF	x			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 6 YD	Name of Registered Landfill Chrin Brothers Sanitary Landfill					
City, State Pompton Lakes, NJ		Disposal Date TBD		City, State Easton, PA					
Completed by Richard Cristofol		Title President	Signature 		Date 5/1/26				

4589



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

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Date of Notification (1) 4-24-2026		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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 543 Liberty Avenue					
		City, State, Zip Code Jersey City, NJ 07307		MAY - 1 2026 ASBESTOS CONTROL & LICENSING					
		Name of Contact		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 543 Liberty Avenue			Square Feet 2800	# of Floors 2	Bldg. Age 101+				
City (5) Jersey City, NJ 07307			Current Use (Prior if being demolished)						
County (6) Hudson		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Green Environmental Services LLC						
Street Address		Street Address 235 Virginia Avenue							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07307							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-333-8855	License No. 01174					
Start Date (10) 4-24-2026		Scheduled Completion Date (11) 4-24-2026		Name of OSHA Monitor Green Environmental Services LLC					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 235 Virginia Avenue						
			City, State, Zip Code Jersey City, NJ 07307						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	40 LF	X			
Name of Registered Waste Hauler Green Environmental Services LLC		NJDEP Waste Hauler ID No. 034889	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill					
City, State Jersey City, NJ 07307		Disposal Date 4-24-2026		City, State Morrisville PA					
Completed by Liliana Serrano		Title Office Manager		Signature <i>Liliana Serrano</i>		Date 4-24-2026			

20289

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

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Date of Notification (1) 04 / 28 / 26		Name of Building Owner/Operator (2) MAY - 50289	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 432 Lincoln Blvd.	
		City, State, Zip Code Middlesex, NJ 08846	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 95 Burnham Road		Square Feet 1500	# of Floors 2
City (5) Morris Plains		Bldg. Age 96	
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.
Street Address 1889 Route 9, Unit 61		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code Toms River, New Jersey		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone No. 732-349-9932	License No. 00624
Start Date (10) 04 / 29 / 26	Scheduled Completion Date (11) 05 / 01 / 26	Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton	
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		City, State, Zip Code Piscataway, New Jersey 08854	

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
basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos pipe insulation	20 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos floor tile	774 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 Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 4	Name of Registered Landfill Fairless Landfill	
City, State Toms River, New Jersey		Disposal Date 05/01/26	City, State Morrisville, Pennsylvania		
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 4/28/26		

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

590

Date of Notification (1) 4-28-2026		Name of Building Owner/Operator (2) RECEIVED							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 65 Green Street City, State, Zip Code Woodbridge, NJ 07095 Name of Contact _____ Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4) <input type="checkbox"/> 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 Green Street			Square Feet 1176	# of Floors 2	Bldg. Age 149+				
City (5) Woodbridge, NJ 07095		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) Green Environmental Services LLC						
Street Address		Street Address 235 Virginia Avenue							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07307							
Project Manager for Monitoring Firm		Telephone No. _____	Telephone No. 201-333-8855	License No. 01174					
Start Date (10) 4-29-2026		Scheduled Completion Date (11) 4-29-2026		Name of OSHA Monitor Green Environmental Services LLC					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 235 Virginia Avenue						
			City, State, Zip Code Jersey City, NJ 07307						
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"/> Glovebag Procedure					
				<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Crawl Space		X		Pipe Insulation	12 LF	X			
Name of Registered Waste Hauler Green Environmental Services LLC		NJDEP Waste Hauler ID No. 034889	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill					
City, State Jersey City, NJ 07307		Disposal Date 4-29-2026		City, State Morrisville PA					
Completed by Liliana Serrano		Title Office Manager		Signature <i>Liliana Serrano</i>		Date 4-28-2026			

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

MAY - 4 2026

Date of Notification (1) 03/31/2026		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 7 Alton Rd, Hamilton NJ 08619	
		City, State, Zip Code Hamilton NJ 08619	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 7 Alton Rd,		Square Feet N/A	# of Floors N/A	Bldg. Age N/A
City (5) Hamilton NJ 08619		Current Use (Prior if being demolished) house		
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Name of Monitoring Firm Hired by Building Owner (8) N/A		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement Company LLC	
Street Address		Street Address 329 Parish Dr		
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-8685	License No. 02097
Start Date (10) 04/01/2026	Scheduled Completion Date (11) 04/05/2026	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>non-occupied</u>	Street Address 329 Parish Dr City, State, Zip Code Wayne, NJ 07470
--	---

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> 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
Basement		x		VAT	700	x			

Name of Registered Waste Hauler D&S Abatement Company LLC	NJDEP Waste Hauler ID No. 0036309	Cubic Yards of Waste TBD	Name of Registered Landfill TRRF
City, State Wayne NJ		Disposal Date TBD	City, State Tullytown, PA
Completed by Dejan Antic Dopsaj	Title President	Signature <i>Dejan Antic Dopsaj</i>	Date 03/31/2026

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

1522

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

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Date of Notification (1) 04/04/2026		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 checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 114 Fieldboro Dr, Lawrence Township, NJ 08648	
		City, State, Zip Code Lawrence Township, NJ 08648	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 114 Fieldboro Dr		Square Feet N/A	# of Floors N/A	Bldg. Age N/A
City (5) Lawrence Township		Current Use (Prior if being demolished) house		
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Name of Monitoring Firm Hired by Building Owner (8) N/A		
Name of Abatement Contractor (9) D&S Abatement Company LLC		ASCM No.		
Street Address 329 Parish Dr		City, State, Zip Code Wayne, NJ 07470		
City, State, Zip Code		Telephone No. 973-345-8685	License No. 02097	
Project Manager for Monitoring Firm	Telephone No.	Name of OSHA Monitor D&S Abatement Company LLC		
Start Date (10) 04/06/2026	Scheduled Completion Date (11) 04/08/2026	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 checked="" type="checkbox"/> Other - Describe: <u>non-occupied</u>		
Street Address 329 Parish Dr		City, State, Zip Code Wayne, NJ 07470		

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input 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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

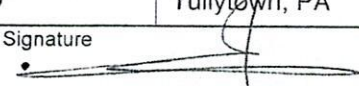
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First floor kitchen		X		VAT	100	X			

Name of Registered Waste Hauler D&S Abatement Company LLC	NJDEP Waste Hauler ID No. 0036309	Cubic Yards of Waste TBD	Name of Registered Landfill TRRF
City, State Wayne NJ	Disposal Date TBD	City, State Tullytown, PA	
Completed by Dejan Antic Dopsaj	Title President	Signature <i>Dejan Antic Dopsaj</i>	Date 04/04/2026

542

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

RECEIVED

Date of Notification (1) 04/06/2026		Name of Building Owner/Operator (2) <div style="text-align: right; font-size: 1.2em;">MAY - 4 2026</div>							
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 240 E Palisade Ave, Apt H-28						
	City, State, Zip Code Englewood, NJ 07631			Name of Contact _____ Telephone Number _____					
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) apartment			Type of Facility (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 240 E Palisade Ave, Apt H-28			Square Feet N/A	# of Floors N/A	Bldg. Age N/A				
City (5) Englewood, NJ 07631			Current Use (Prior if being demolished) house						
County (6) Bergen		County Code (7) (STATE USE ONLY) _____		Name of Monitoring Firm Hired by Building Owner (8) N/A					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____		Name of Abatement Contractor (9) D&S Abatement Company LLC					
Street Address N/A			Street Address 329 Parish Dr						
City, State, Zip Code N/A			City, State, Zip Code Wayne, NJ 07470						
Project Manager for Monitoring Firm _____		Telephone No. _____		Telephone No. 973-345-8685	License No. 02097				
Start Date (10) 04/07/2026		Scheduled Completion Date (11) 04/08/2026		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>non-occupied</u>			Street Address 329 Parish Dr						
			City, State, Zip Code Wayne, NJ 07470						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
first floor		x		pipe insulation	30 LF	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 04/06/2026			

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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) 04-27-26		Name of Building Owner/Operator (2) Caravella Demolition Inc.							
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 40 Deforest Ave.							
		City, State, Zip Code East Hanover, NJ 07936							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 3808 32nd St.		Square Feet	# of Floors 2						
City (5) Union City		Bldg. Age							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) 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) 04-28-26	Scheduled Completion Date (11) 05-05-26	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: _____		Street Address 1119 East Grand							
		City, State, Zip Code Elizabeth, NJ 07201							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Entire Property		X		Wet Demolition Asbestos Debris					
				Damage Compromise Structure					
				Waste Will be Disposed as ACM					
Name of Registered Waste Hauler Caravella Demolition Inc.		NJDEP Waste Hauler ID No. 35685	Cubic Yards of Waste 200	Name of Registered Landfill Waste Management of Pennsylvania					
City, State East Hanover, NJ		Disposal Date 04-30-26	City, State Fairless, PA						
Completed by Jaime Delgado		Title Proj. Manager.	Signature <i>Jaime Delgado</i>		Date 04-27-26				

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

RECEIVED
 CHECK #4634

APR 21 2026

Date of Notification (1) <u>4</u> / <u>16</u> / <u>26</u>		Name of Building Owner/Operator (2) Flagship New Jersey Propco, LLC	
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>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2 Mid America Plaza, Suite 450	
		City, State, Zip Code Oakbrook Terrace, IL 60181	
		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 and commercial buildings, homes, etc.)	
Street Address 234 Herbert Ave		Square Feet	# of Floors
City (5) Hamilton		Bldg. Age 63	
County (6) MERCER	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) BRISTOL ENVIRONMENTAL, LLC	
Street Address 1253 North Church Rd		Street Address 1123 BEAVER STREET	
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Tim Pop	Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 02121
Start Date (10) <u>4</u> / <u>21</u> / <u>26</u>	Scheduled Completion Date (11) <u>5</u> / <u>1</u> / <u>26</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00</u> AM- <u>3:30</u> PM/___PM-___AM		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input 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
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	2500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL
City, State Freehold, NJ		Disposal Date	City, State MORRISVILLE, PA 19067
Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature 	Date 4/16/26

ASB-41
 MAY 11 **BS26034**

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#1467

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

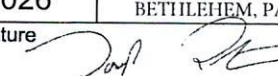
RECEIVED

Date of Notification (1) 04/14/26		Name of Building Owner/Operator (2)								
Agencies Notified		Type Notification								
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	Street Address 26 Putnam Street								
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code Somerville, NJ 08876								
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # _____	Name of Contact								
<input type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Telephone Number								
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation									
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3)			Type of Facility (4)							
Street Address 26 Putnam Street			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Somerville		Square Feet 400	# of Floors 2	Bldg. Age na						
County (6) Somerset		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Vacated						
Name of Monitoring Firm Hired by Building Owner (8) Marino Corp USA		ASCM No.	Name of Abatement Contractor (9) GI Solution Services LLC							
Street Address PO BOX 7725		Street Address 3 E Logan Rd								
City, State, Zip Code Talleyville, DE		City, State, Zip Code Randolph, NJ, 07869								
Project Manager for Monitoring Firm Frank Marino		Telephone No. 600-333-7002	Telephone No. 973-223-2391	License No. 02015						
Start Date (10) 04/24/26	Scheduled Completion Date (11) 05/01/26		Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)			Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			City, State, Zip Code							
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
2nd Floor		X		Floor Tile under carpet	400 SF	X				
Name of Registered Waste Hauler CENTURY WASTE SERVICES		NJDEP Waste Hauler ID No. 100254	Cubic Yards of Waste 10c/y	Name of Registered Landfill Fairless Landfill						
City, State Elizabeth, NJ		Disposal Date NA		City, State Morrisville, PA						
Completed by William Mawyin		Title Project Manager		Signature <i>William Mawyin</i>		Date 04/14/26				

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

8369

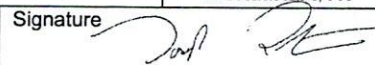
RECEIVED
 APR 17 2026

Date of Notification (1) 04/13/2026		Name of Building Owner/Operator (2) Smithville Property Maintenance										
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 39 STILL HOLLOW RD									
			City, State, Zip Code LEBANON NJ 08833									
			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 39 STILL HOLLOW RD			Square Feet	# of Floors	Bldg. Age							
City (5) LEBANON		County (6) Hunterdon		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) 04/28/2026		Scheduled Completion Date (11) 04/28/2026		Name of OSHA Monitor AAA Lead Professionals								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____			Street Address 6 White Dove Court									
			City, State, Zip Code Lakewood, NJ, 08701									
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure												
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
									Removal	Repair	Encapsulate	Enclosure
Interior					Pipe Insulation		150 LF		<input checked="" type="checkbox"/>			
Interior					Floor Tile		500 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 04/28/2026		City, State BETHELEHEM, PA							
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature 		Date 04/13/2026						

8367

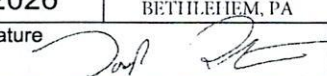
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) 04/13/2026		Name of Building Owner/Operator (2) APR 17 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 53 NORTH LAKESIDE								
		City, State, Zip Code JACKSON NJ 08527								
		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 53 NORTH LAKESIDE		Square Feet	# of Floors							
City (5) JACKSON		Bldg. Age								
County (6) OCEAN	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) 04/23/2026	Scheduled Completion Date (11) 04/23/2026	Name of OSHA Monitor AAA Lead Professionals								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 White Dove Court								
		City, State, Zip Code Lakewood, NJ, 08701								
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Interior				Floor Tile and mastic	350 SF	<input checked="" type="checkbox"/>				
						<input checked="" type="checkbox"/>				
Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No. 35103	Cubic Yards of Waste 3	Name of Registered Landfill TEST						
City, State Lakewood, NJ		Disposal Date 04/23/2026		City, State BETHLEHEM, PA						
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature 				Date 04/13/2026			

8375

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

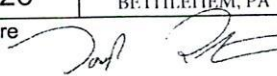
Date of Notification (1) 04/15/2026		Name of Building Owner/Operator (2) PAID							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <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 520 Schuyler Avenue		City, State, Zip Code Kearny NJ 07032							
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 520 Schuyler Avenue		Square Feet	# of Floors						
City (5) Kearny		Bldg. Age							
County (6) Hudson		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.	License No. 1200						
Start Date (10) 04/27/2026		Scheduled Completion Date (11) 04/27/2026							
Name of OSHA Monitor AAA Lead Professionals		Street Address 6 White Dove Court							
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: _____		City, State, Zip Code Lakewood, NJ, 08701							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Interior				Pipe insulation	25 LF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No. 35103	Cubic Yards of Waste 3	Name of Registered Landfill IESI					
City, State Lakewood, NJ		Disposal Date 04/27/2026		City, State BETHLEHEM, PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature 			Date 04/15/2026			

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

0314

RECEIVED

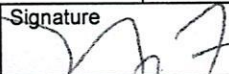
APR 20 2026

Date of Notification (1) 04/15/2026		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 743 CARLENE DR								
		City, State, Zip Code BRIDGEWATER, NJ 08807								
		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 743 CARLENE DR		Square Feet	# of Floors							
City (5) BRIDGEWATER NJ		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)		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) 05/05/2026	Scheduled Completion Date (11) 05/05/2026	Name of OSHA Monitor AAA Lead Professionals								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 White Dove Court								
		City, State, Zip Code Lakewood, NJ, 08701								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Interior				Floor Tile	300 SF	<input checked="" type="checkbox"/>				
Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No. 35103	Cubic Yards of Waste 4	Name of Registered Landfill IESI						
City, State Lakewood, NJ		Disposal Date 05/05/2026		City, State BETHLEHEM, PA						
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature 			Date 04/15/2026				

30274

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

RECEIVED

Date of Notification (1) 04 / 17 / 26			Name of Building Owner/Operator (2) APR 20 2012 74						
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 16 Elizabeth Parkway		ASBESTOS CONTROL & LICENSING				
			City, State, Zip Code Eatontown, NJ 07724						
			Name of Contact	Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 16 Elizabeth Parkway									
City (5) Eatontown		Square Feet 1500	# of Floors 1	Bldg. Age 75					
County (6) Monmouth		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.						
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-349-9932	License No. 00624					
Start Date (10) 04 / 28 / 26		Scheduled Completion Date (11) 04 / 30 / 26		Name of OSHA Monitor E.M.S.L. Analytical					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM			Street Address 1056 Stelton						
			City, State, Zip Code Piscataway, New Jersey 08854						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 1500 sf	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill					
City, State Toms River, New Jersey		Disposal Date 04/30/26	City, State Morrisville, Pennsylvania						
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager	Signature 		Date 4/17/26				

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

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

Date of Notification (1) 4/8/26		Name of Building Owner/Operator (2) <i>[Handwritten]</i>							
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 250 Briarcliffe Rd.		APR 13 2026					
		City, State, Zip Code Teaneck, NJ 0766		Name of Contact					
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home			Type of Facility (4)						
Street Address 250 Briarcliffe 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) Teaneck		Square Feet 1900	# of Floors 2	Bldg. Age 60 +/-					
County (6) Bergen		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residential Home					
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.		Name of Abatement Contractor (9) All Stages Abatement					
Street Address		Street Address 55 Cannonball Rd.							
City, State, Zip Code		City, State, Zip Code Pompton Lakes, NJ 07442							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-600-3184	License No. 01305				
Start Date (10) 4/20/26		Scheduled Completion Date (11) 4/23/26		Name of OSHA Monitor Same As Above					
Occupancy Status During Abatement (Check Only One)			Street Address						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		VAT	525 SF	X			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592		Cubic Yards of Waste 4 YD	Name of Registered Landfill Chrin Brothers Sanitary Landfill				
City, State Pompton Lakes, NJ				Disposal Date TBD	City, State Easton, PA				
Completed by Richard Cristofol			Title President	Signature <i>[Signature]</i>		Date 4/8/26			

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

48886

RECEIVED

Date of Notification (1) 4/8/26		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 141 Luke St.	
		City, State, Zip Code South Amboy, NJ 08879	
		Name of Contact _____ Telephone Number _____	

APR 13 2006

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 141 Luke St.		Square Feet 1950	# of Floors 2
City (5) South Amboy		Bldg. Age 60 +/-	
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential Home	
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No. _____	Name of Abatement Contractor (9) All Stages Abatement
Street Address		Street Address 55 Cannonball Rd.	
City, State, Zip Code		City, State, Zip Code Pompton Lakes, NJ 07442	
Project Manager for Monitoring Firm		Telephone No. _____	License No. _____
Start Date (10) 4/22/26	Scheduled Completion Date (11) 4/25/26	Name of OSHA Monitor Same As Above	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M		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 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
Lower Living Room		x		VAT	377 SF	x			

Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 4 YD	Name of Registered Landfill Chrin Brothers Sanitary Landfill	
City, State Pompton Lakes, NJ			Disposal Date TBD	City, State Easton, PA	
Completed by Richard Cristofol		Title President	Signature 		Date 4/8/26

11977



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

11977

Date of Notification (1) 4/6/2026		Name of Building Owner/Operator (2) Voorhees Township	
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 2400 Voorhees Town Center	
		City, State, Zip Code Voorhees, NJ 08043	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Vacant 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 316 Kresson-Gibbsboro Rd.		Square Feet 880	# of Floors 1
City (5) Voorhees		Bldg. Age 75+	
County (6) Camden	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. 609-926-7373	License No. 02056
Start Date (10) 4/15/2026	Scheduled Completion Date (11) 5/4/2026	Name of OSHA Monitor	

Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____	Street Address
	City, State, Zip Code

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> 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 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
exterior			X	asbestos shingles	1100 sf	X			
basement AACM			X	Hot Water Boiler Insulation	1 unit	X			

Name of Registered Waste Hauler American Demolition Corp		NJDEP Waste Hauler ID No. 16473	Cubic Yards of Waste	Name of Registered Landfill WM Fairless Landfill	
City, State Egg Harbor Twp., NJ		Disposal Date TBD	City, State Morrisville, PA		
Completed by Jannie Truehart		Title Project Manager	Signature <i>Jannie Truehart</i>	Date 4/6/2026	

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

4189

RECEIVED

APR 13 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>04</u> / <u>01</u> / <u>26</u>		Name of Building Owner/Operator (2) Job #2603-3518 check#4189	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 10 Ava Avenue	
		City, State, Zip Code Somerdale NJ 08083	
		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 and commercial buildings, homes, etc.)	
Street Address 10 Ava Avenue		Square Feet 1440	# of Floors 2
City (5) Somerdale		Bldg. Age 1955	
County (6) Camden	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.
Street Address 617 Stokes Road #4-318		Street Address 70 Stacy Haines Road Suite 4	
City, State, Zip Code Medford NJ 08055		City, State, Zip Code Lumberton NJ 08048	
Project Manager for Monitoring Firm Rebecca Rubnitz		Telephone No. 856-596-9994	Telephone No. 609-702-0400
Start Date (10) <u>04</u> / <u>14</u> / <u>26</u>		Scheduled Completion Date (11) <u>04</u> / <u>14</u> / <u>26</u>	License No. 00862
Name of OSHA Monitor EMSL Analytical, Inc.			

Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 U.S. Route 130 North	
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		City, State, Zip Code Cinnaminson, NJ 08077	

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
Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Joint Compound	68 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Joint Compound	31 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 Asbestos and Mold Services Corp		NJDEP Waste Hauler ID No. 0035680	Cubic Yards of Waste 80	Name of Registered Landfill Fairless Hills	
City, State Lumberton, NJ		Disposal Date 04/14/2026	City, State Morrisville, PA		
Completed By (Print or Type) Kaysi Gruner	Title Admin	Signature 		Date 4/1/26	

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

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

4188

Date of Notification (1) <u>04</u> / <u>01</u> / <u>26</u>		Name of Building Owner/Operator (2) Job #2603-3516 check#4188	
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 42 Lenape Trail	
		City, State, Zip Code Medford NJ 08055	
		Name of Contact	Telephone Number

APR 13 2026

ASBESTOS CONTROL & LICENSING

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 and commercial buildings, homes, etc.)	
Street Address 611 New Albany Road		Square Feet 2516	# of Floors 2
City (5) Moorestown		Bldg. Age 1933	
County (6) Burlington	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residential	

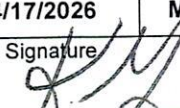
Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	
Street Address 617 Stokes Road #4-318		Street Address 70 Stacy Haines Road Suite 4		
City, State, Zip Code Medford NJ 08055		City, State, Zip Code Lumberton NJ 08048		
Project Manager for Monitoring Firm Rebecca Rubnitz	Telephone No. 856-596-9994	Telephone No. 609-702-0400	License No. 00862	

Start Date (10) <u>04</u> / <u>13</u> / <u>26</u>	Scheduled Completion Date (11) <u>04</u> / <u>17</u> / <u>26</u>	Name of OSHA Monitor EMSL Analytical, Inc.
--	---	--

Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7</u> AM- <u>3</u> PM / <u>11</u> PM- ___ AM <u>Regular 10:00 Hours</u>		Street Address 200 U.S. Route 130 North
		City, State, Zip Code Cinnaminson, NJ 08077

Scope of Work (Check all that apply)				
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure Enclosure		
<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
Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Batt Insulation & Vermiculite	500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Asbestos and Mold Services Corp		NJDEP Waste Hauler ID No. 0035680	Cubic Yards of Waste 80	Name of Registered Landfill Fairless Hills	
City, State Lumberton, NJ		Disposal Date 04/17/2026	City, State Morrisville, PA		
Completed By (Print or Type) Kaysi Gruner	Title Admin	Signature 		Date 4/11/26	

1192

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

RECEIVED

Date of Notification (1) 04 / 17 / 26		Name of Building Owner/Operator (2) Job #2604-3520 check#4192	
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 55 Mecray Lane	
		City, State, Zip Code Maple Shade NJ 08052	
		Name of Contact	Telephone Number

APR 22 2026

ASBESTOS CONTROL & LICENSING

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 and commercial buildings, homes, etc.)	
Street Address 55 Mecray Lane		Square Feet TBD	# of Floors 3
City (5) Maple Shade		Bldg. Age 1769	
County (6) Burlington	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.
Street Address PO BOX 316		Street Address 70 Stacy Haines Road Suite 4	
City, State, Zip Code Thorofare NJ 08086		City, State, Zip Code Lumberton NJ 08048	
Project Manager for Monitoring Firm Steve Flanigan	Telephone No. 856-848-0800	Telephone No. 609-702-0400	License No. 00862
Start Date (10) 04 / 30 / 26	Scheduled Completion Date (11) 05 / 01 / 26	Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 U.S. Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

<input 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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Heat Shield	12 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Elbows/Fittings	18 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawlspace	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation/elbows/fittings	16 SF/ 5 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Furance Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation/elbows/fittings	1 SF/ 6 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Asbestos and Mold Services Corp		NJDEP Waste Hauler ID No. 0035680	Cubic Yards of Waste 80	Name of Registered Landfill Fairless Hills	
City, State Lumberton, NJ		Disposal Date 05/01/2026	City, State Morrisville, PA		
Completed By (Print or Type) Kaysi Gruner	Title Admin	Signature 		Date 4/17/26	

13648

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

B & G Project # 2026-55

Check # 13648

APR 21 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 04/17/2026		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 13 Wildcat Road City, State, Zip Code Franklin, NJ 07416 Name of Contact _____ Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 13 Wildcat Road			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Franklin, NJ		Square Feet	# of Floors	Bldg. Age					
County (6) Sussex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) residential					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.						
Street Address		Street Address 1234 Route 23							
City, State, Zip Code		City, State, Zip Code Butler, NJ 07405							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-696-6869	License No. 00378					
Start Date (10) 04/27/2026		Scheduled Completion Date (11) 04/28/2026		Name of OSHA Monitor B & G Restoration, Inc.					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 1234 Route 23 City, State, Zip Code Butler, NJ 07405						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Wrap and Cut <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st floor restroom			X	ceiling & wall plaster	40 SF	X			
kitchen area			X	ceiling & wall plaster	68 SF	X			
Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 2	Name of Registered Landfill Grand Central Landfill					
City, State Butler, NJ		Disposal Date 04/29/2026		City, State Pen Argyl, PA					
Completed by Gordana Luna		Title Secretary / Treasurer	Signature <i>Gordana Luna</i>		Date 04/17/2026				

116
ck

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

B & G Project # 2026-51

Check # **ONHOLD** **RECEIVED**

Date of Notification (1) 04/21/2026		Name of Building Owner/Operator (2)								
Agencies Notified		Type Notification								
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # on hold <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation								
Street Address 25A Zabriskie Street		City, State, Zip Code Jersey City, NJ 07307								
Name of Contact		Telephone Number								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) 25A Zabriskie 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) Jersey City, NJ 07307		Square Feet	# of Floors							
County (6) Hudson		Current Use (Prior if being demolished) residential								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.							
Street Address		Street Address 1234 Route 23								
City, State, Zip Code		City, State, Zip Code Butler, NJ 07405								
Project Manager for Monitoring Firm		Telephone No. 973-696-6869	License No. 00378							
Start Date (10) ON HOLD ***	Scheduled Completion Date (11) 05/31/2026	Name of OSHA Monitor B & G Restoration, Inc.								
Occupancy Status During Abatement (Check Only One)		Street Address 1234 Route 23								
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Butler, NJ 07405								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input type="checkbox"/> Wrap and Cut <input 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			X	ceiling plaster	375 SF	X				
entire 1st floor			X	wall & ceiling plaster	2,647 SF	X				
2nd floor guest bedroom			X	wall plaster	405 SF	X				
2nd floor guest bedroom 2nd floor hallway			X	Floor tile with tar paper Floor tile with tar paper	110 SF 78 SF	X				
Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 40	Name of Registered Landfill Grand Central Landfill						
City, State Butler, NJ		Disposal Date ON HOLD		City, State Pen Argyl, PA						
Completed by Gordana Luna		Title Secretary / Treasurer		Signature <i>Gordana Luna</i>			Date 04/21/2026			

Rock

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

RECEIVED

Cancellation

Date of Notification (1) 04/09/2026		Name of Building Owner/Operator (2)							
Agencies Notified		Type Notification		Street Address					
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	1 Slope Drive							
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code							
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment #	Short Hills, NJ 07078							
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact		Telephone Number					
<input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Cancellation								
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house				Type of Facility (4)					
Street Address 1 Slope Drive				<input type="checkbox"/> School (K-12)					
City (5) Short Hills, NJ 07078				<input type="checkbox"/> Subchapter 8 (Other than K-12)					
County (6) Essex				<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
County Code (7) (STATE USE ONLY)		Square Feet		# of Floors	Bldg. Age				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)						
Street Address		Gr Tech LLC							
City, State, Zip Code		576 Valley Road#283							
Project Manager for Monitoring Firm		Telephone No.	Telephone No.	License No.					
Start Date (10) 04/13/2026		Scheduled Completion Date (11) 04/14/2026	Name of OSHA Monitor Envirovision Consultants, Inc						
Occupancy Status During Abatement (Check Only One)			Street Address						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			20-21 Wagaraw Road, Bldg.# 35 E						
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			City, State, Zip Code						
<input type="checkbox"/> Other - Describe: _____			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 type="checkbox"/> Glovebag Procedure					
				<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Garage			x	Duct insulation	15 LF	x			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill					
Gr Tech LLC		0033785	TBD	T.R.R.F. Inc					
City, State		Disposal Date	City, State						
Wayne, NJ 07470		TBD	Tullytown, PA						
Completed by		Title	Signature		Date				
G.Ristanovic		Owner	Gradimir Ristanovic		04/09/2026				

4353306

New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Per NJAC 8:26 and 12:120)

RECEIVED

Date of Notification (1) 3/30/26		Name of Building Owner/Operator (2) DDVS	
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 checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 28 Church Rd.	
		City, State, Zip Code Newton, NJ 07860	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 28 Church Rd.		Square Feet 3200	# of Floors 2
City (5) Newton		Bldg. Age 60 +/-	
County (6) Sussex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential Home	
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement
Street Address		Street Address 55 Cannonball Rd.	
City, State, Zip Code		City, State, Zip Code Pompton Lakes, NJ 07442	
Project Manager for Monitoring Firm		Telephone No. 201-600-3184	License No. 01305
Start Date (10) 3/31/26	Scheduled Completion Date (11) 4/12/26	Name of OSHA Monitor Same As Above	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M		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"/> Renovation	<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
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor		X		Plaster	2314 SF	X			
2nd Floor		X		Plaster	742 SF	X			

Name of Registered Waste Hauler CENTURY WASTE	NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 30 yd	Name of Registered Landfill Grand Central Sanitary Landfill
City, State ELIZABETH, NJ	Disposal Date TBD	City, State Pen. Argyl, PA	
Completed by Anthony D'Arco	Title Office Manager	Signature 	Date 4/1/26

MS

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

RECEIVED

APR 22 2026

Date of Notification (1) 4 / 20 / 26		Name of Building Owner/Operator (2) Flagship New Jersey Propco, LLC							
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 # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2 Mid America Plaza, Suite 450							
		City, State, Zip Code Oakbrook Terrace, IL 60181							
		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 and commercial buildings, homes, etc.)							
Street Address 234 Herbert Ave		Square Feet	# of Floors 63						
City (5) Hamilton		Bldg. Age							
County (6) MERCER	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc	ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC							
Street Address 1253 North Church Rd		Street Address 1123 BEAVER STREET							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Tim Pop	Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 02121						
Start Date (10) ON HOLD	Scheduled Completion Date (11) ON HOLD	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM / ___ PM-___ AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 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
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	2500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL					
City, State Freehold, NJ		Disposal Date		City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scafiro		Title Estimator	Signature <i>Brian Scafiro</i>			Date 4/20/26			

ASB-41 MAY 11 **BS20034**

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

499

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

4357351

PAID

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APR 22 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 04 / 17 / 26		Name of Building Owner/Operator (2) Borough of Paulsboro #2604-3526 check# 4193								
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 1211 N Delaware Avenue								
		City, State, Zip Code Paulsboro NJ 08066								
		Name of Contact Vernon Marino	Telephone Number 856-423-1500							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Borough of Paulsboro		Type of Facility (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 1211 N Delaware Avenue		Square Feet 1500	# of Floors 2							
City (5) Paulsboro		Bldg. Age 1976								
County (6) Gloucester	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Police Station/Main Bldg								
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.							
Street Address PO BOX 316		Street Address 70 Stacy Haines Road Suite 4								
City, State, Zip Code Thorofare NJ 08086		City, State, Zip Code Lumberton NJ 08048								
Project Manager for Monitoring Firm Steve Flanigan		Telephone No. 856-848-0800	Telephone No. 609-702-0400							
Start Date (10) 04 / 27 / 26		Scheduled Completion Date (11) 04 / 30 / 26	License No. 00862							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Name of OSHA Monitor EMSL Analytical, Inc.								
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		Street Address 200 U.S. Route 130 North								
		City, State, Zip Code Cinnaminson, NJ 08077								
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	
8 rooms/areas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile	1,260 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 Asbestos and Mold Services Corp		NJDEP Waste Hauler ID No. 0035680	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Hills						
City, State Lumberton, NJ		Disposal Date 04/30/2026		City, State Morrisville, PA						
Completed By (Print or Type) Kaysi Gruner		Title Office Admin		Signature 			Date 4/17/26			

ASB-41
MAY 11

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

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Date of Notification (1) 04/06/26		Name of Building Owner/Operator (2) PSEG ENGLEWOOD CLIFFS - 10 2026							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DOLWD <input 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 SYLVAN AVE & CHARLOTTE PT							
		City, State, Zip Code ENGLEWOOD CLIFFS NJ 07632							
		Name of Contact DOMINGOS SOUSA	Telephone Number 201-538-6794						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) ROAD		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address SYLVAN AVE & CHARLOTTE PT.		Square Feet NA	# of Floors NA						
City (5) ENGLEWOOD CLIFFS		Bldg. Age							
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) ROAD							
Name of Monitoring Firm Hired by Building Owner (8) MATRIX NEW WORLD ENG.	ASCM No.	Name of Abatement Contractor (9) FRIMAR CONSTRUCTION							
Street Address 26 COLUMBIA TRK 2ND FLR		Street Address PO BOX 21							
City, State, Zip Code ELRHAM PARK NJ 07932		City, State, Zip Code MONTGOMERYVILLE PA 18818936							
Project Manager for Monitoring Firm MATT SHELDON	Telephone No. 732-515-3505	Telephone No. 267-784-4694	License No. 01276						
Start Date (10) 04/21/26	Scheduled Completion Date (11) 05/21/26	Name of OSHA Monitor MATT SHELDON							
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 - Describe Time of Abatement: <u> </u> AM- <u> </u> PM/ <u> </u> PM- <u> </u> AM		Street Address 26 COLUMBIA TRK							
		City, State, Zip Code ELRHAM PARK NJ 07932							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
ROAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TRANSITE PIPE	100 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 FRIMAR CONSTRUCTION		NJDEP Waste Hauler ID No. 003769	Cubic Yards of Waste NA	Name of Registered Landfill WESTERN BEARS CL					
City/State MONTGOMERYVILLE PA			Disposal Date NA	City, State BRIDGEBORO PA					
Completed By (Print or Type) LEFRAN DUA		Title VP	Signature <i>[Signature]</i>			Date 04-06-26			

ASB-41
JAN 13

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No
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 5:16)

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APR 23 2006

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 4 / 20 / 26		Name of Building Owner/Operator (2) Cranford Twp. School District Job #2604-6563 Check #17882	
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 #1 ON HOLD <input type="checkbox"/> Emergency (including justification)	Street Address 132 Thomas Street	
	City, State, Zip Code Cranford, NJ 07016		Telephone Number 908-709-6212
	Name of Contact Mario Cuhna		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Walnut Avenue ES		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 370 Walnut Avenue		Square Feet 48,500	# of Floors 1+
City (5) Cranford		Bldg. Age 65+	
County (6) Union	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Public School	

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) 4 / 22 / 26	Scheduled Completion Date (11) 7 / 15 / 26	Name of OSHA Monitor IATL
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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 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 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
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 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 7/15/26	City, State Morrisville, PA	

Completed By (Print or Type) Gwen Trumbetti	Title Operations Coord.	Signature 	Date 4-20-26
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**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**

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Date of Notification (1) <u>4</u> / <u>7</u> / <u>26</u>		Name of Building Owner/Operator (2) SRI International							
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 # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 201 Washington Rd							
		City, State, Zip Code Princeton, NJ 08540							
		Name of Contact Chris Lewis		Telephone Number 215-307-7100					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) SRI International			Type of Facility (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 201 Washington Rd			Square Feet						
City (5) Princeton			# of Floors	Bldg. Age 50+					
County (6) Mercer		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Office						
Name of Monitoring Firm Hired by Building Owner (8) RBS Environmental		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC						
Street Address 24 Veterans Square		Street Address 1123 BEAVER STREET							
City, State, Zip Code Media, PA 19063		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael Stocku		Telephone No. 610-865-0031	Telephone No. 215-788-6040	License No. 02121					
Start Date (10) <u>4</u> / <u>6</u> / <u>26</u>	Scheduled Completion Date (11) <u>4</u> / <u>17</u> / <u>26</u>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM /____PM-____AM			Street Address 1123 BEAVER STREET						
			City, State, Zip Code BRISTOL, PA 19007						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Library-kitchen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	30 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Library-main area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	2000 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 Bristol Environmental		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill					
City, State Bristol, PA		Disposal Date	City, State Morrisville, PA						
Completed By (Print or Type) Brian Scafiro		Title Estimator	Signature <i>Brian Scafiro</i>		Date 4/7/26				

ASB-41
MAY 11 **BS260030**

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

REC'D
 HMD 25-213

No. 111

APR 13 2026

Date of Notification (1) 4/9/2026		Name of Building Owner/Operator (2) Oakland Board of Education Ck#5005							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including _____) <input checked="" type="checkbox"/> Cancellation	Street Address 315 Ramapo Valley Road							
		City, State, Zip Code Oakland, New Jersey 07436							
		Name of Contact Joseph Tumminia	Telephone Number 973-390-7433						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Manito Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 111 Manito Avenue		Square Feet NA	# of Floors NA						
City (5) Oakland		Bldg. Age NA							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) E. Educational-6+ persons thru gr. 12, daycare 5+ children>2 1/2 yrs							
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services, LLC		ASCM No.	Name of Abatement Contractor (9) Hazmat Diagnostic, LLC						
Street Address 464 Valley Brook Ave.		Street Address 16 Glenwild Ave							
City, State, Zip Code Lyndhurst, NJ 07071		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Gary Clare		Telephone No. 2018356902	Telephone No. 973-928-3995						
Start Date (10) 4/18/2026		Scheduled Completion Date (11) 4/21/2026	License No. 01181						
Name of OSHA Monitor Hazmat Diagnostic, LLC									
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: M-Sun 7:00AM-11:30PM as needed		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"/> ≥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
Kitchen & Storage Closets			x	Transite Ceiling Tiles	960 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 4/9/2026			

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

RECEIVED

Rock

Cancelled The Eastside Section of Motel (Completion Date 4-9-26)

Date of Notification (1) APRIL 9, 2026		Name of Building Owner/Operator (2) ARYA PROPERTIES LLC						
Agencies Notified	Type Notification	Street Address 130 CENTRAL AVENUE						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation <i>Eastside Motel</i>	City, State, Zip Code ISLAND HEIGHTS, NJ 08732						
		Name of Contact SHAHEN GHARIBIAN	Telephone Number 732-259-6000					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) MOTEL (VACANT DEMO)		Type of Facility (4)						
Street Address 2308 SOUTH OCEAN 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) SEASIDE PARK, NJ 08752		Square Feet	# of Floors 2					
County (6) OCEAN		County Code (7) (STATE USE ONLY)	Bldg. Age 60+-					
Name of Monitoring Firm Hired by Building Owner (8) EPC TECHNOLOGIES		ASCM No. N/A	Current Use (Prior if being demolished) MOTEL					
Street Address P.O. BOX 337		Name of Abatement Contractor (9) EPC TECHNOLOGIES						
City, State, Zip Code NEW EGYPT, NJ 08533		Street Address P.O. BOX 337						
Project Manager for Monitoring Firm STEVE SCHENKER		Telephone No. 609-744-6384	License No. 00394					
Start Date (10) FEBRUARY 16, 2026	Scheduled Completion Date (11) APRIL 09, 2026	Name of OSHA Monitor EPC TECHNOLOGIES						
Occupancy Status During Abatement (Check Only One)		Street Address P.O. BOX 337						
<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 NEW EGYPT, NJ 08533						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
EXTERIOR ROOF	XXX		ROOFING MATERIAL	20,000 SF	XXX			
INTERIOR WALLS/CEILINGS		XXX	POPCORN/COMPOUND JOINT	16,200 SF	XXX			
PARKING LOT			PILE OF DEBRIS	16,200 sf	XX			
Name of Registered Waste Hauler EPC TECHNOLOGIES, INC		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 40	Name of Registered Landfill FAIRLESS LANDFILL				
City, State NEW EGYPT, NJ		Disposal Date VARIOUS		City, State MORRISVILLE, PA				
Completed by STEVE SCHENKER		Title PRESIDENT	Signature <i>Steve Schenker</i>		Date APRIL 8, 2026			

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

RECEIVED

Date of Notification (1) 4 / 20 / 26		Name of Building Owner/Operator (2) Cranford Twp. School District Job #2604-6563 Check #17881 2026							
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>1 ON HOLD</u> <input type="checkbox"/> Emergency (including justification)	Street Address 132 Thomas Street							
		City, State, Zip Code Cranford, NJ 07016							
		Name of Contact Business Administration	Telephone Number 908-272-9100						
FACILITY INFORMATION									
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						
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) 4 / 22 / 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"/> ≥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
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 4-20-26					

ACK

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

RECEIVED

APR 22 2026

Date of Notification (1) <u>4</u> / <u>20</u> / <u>26</u>		Name of Building Owner/Operator (2) Flagship New Jersey Propco, LLC							
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>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2 Mid America Plaza, Suite 450							
		City, State, Zip Code Oakbrook Terrace, IL 60181							
		Name of Contact Dayna Freeman	Telephone Number 973-626-6108						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Mercer Marine Supply		Type of Facility (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 1117 Rt 33		Square Feet	# of Floors						
City (5) Hamilton			Bldg. Age 63						
County (6) MERCER	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) BRISTOL ENVIRONMENTAL, LLC							
Street Address 1253 North Church Rd		Street Address 1123 BEAVER STREET							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Tim Pop	Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 02121						
Start Date (10) ON HOLD	Scheduled Completion Date (11) ON HOLD	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00AM-3:30PM</u> / ___ PM-___ AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input 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
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 Freehold Cartage		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL					
City, State Freehold, NJ		Disposal Date		City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scafiro		Title Estimator	Signature <i>Brian Scafiro</i>			Date 4/20/26			

ASB-41 MAY 11 BS210084

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

ACK

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

RECEIVED

APR 10 2026

Date of Notification (1) <u>4</u> / <u>7</u> / <u>26</u>		Name of Building Owner/Operator (2) PSE&G / Job #2603-6559		Check #17831
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 ON HOLD</u> <input type="checkbox"/> Emergency (including justification)	Street Address 4000 Hadley Road		
		City, State, Zip Code South Plainfield, NJ		
		Name of Contact Kyle McLaughlin	Telephone Number 732-216-1795	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PSEG Hamilton Gas M&R		Type of Facility (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 1052 Exton Avenue		Square Feet	# of Floors	Bldg. Age
City (5) Hamilton	County (6) Mercer	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Meter & Regulating Station	

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) <u>4</u> / <u>6</u> / <u>26</u>	Scheduled Completion Date (11) <u>4</u> / <u>8</u> / <u>26</u>	Name of OSHA Monitor IATL		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___AM-___PM/___PM-___AM		Street Address 9000 Commerce Pkwy. Suite B		
		City, State, Zip Code Mount Laurel, NJ 08054		

Scope of Work (Check all that apply)

<input 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 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 4/8/26	City, State Morrisville, PA	
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 	Date 4-7-26	

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

No. 11

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APR 13 2026

Job # 2603-6560 Check#17793

STATE CONTROL & LICENSING

Date of Notification (1) <u>4</u> / <u>8</u> / <u>26</u>		Name of Building Owner/Operator (2) Transcontinental Gas Pipe Line	
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 315 Cold Soil Rd.	
		City, State, Zip Code Princeton, NJ 08540	
		Name of Contact Kevin Schmidt	Telephone Number 610-755-8956

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Williams/Transco Dig #C 1013790-3		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 122 Laurel Avenue		Square Feet	# of Floors
City (5) Kingston		Bldg. Age	
County (6) Somerset	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Gas Pipe Line	
Name of Monitoring Firm Hired by Building Owner (8) NA		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.
Street Address		Street Address 30 Maple Ave. PO Box 25	
City, State, Zip Code		City, State, Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm		Telephone No. 609-265-2107	License No. 00529
Start Date (10) <u>4</u> / <u>8</u> / <u>26</u>	Scheduled Completion Date (11) <u>4</u> / <u>13</u> / <u>26</u>	Name of OSHA Monitor IATL Analytical	
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>Saturday</u> PM- _____ AM		Street Address 9000 Commerce Parkway Suite 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 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		City, State, Zip Code Mt Laurel, NJ 08054	

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 #C1013790-3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Coal Tar Wrap- 42" Line	22 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 12	Name of Registered Landfill Fairless Landfill	
City, State Lumberton, NJ		Disposal Date 4/13/26	City, State Morrisville, PA 19067		
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature		Date 4-8-26	

Not required

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

Date of Notification (1) <u>4</u> / <u>23</u> / <u>26</u>		Name of Building Owner/Operator (2) PSE&G / Job #2604-6571		Check #17905 RECEIVED
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 Oleg Krotoff	Telephone Number 201-306-7975	

FACILITY INFORMATION

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

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address		Street Address 30 Maple Ave. PO Box 25		
City, State, Zip Code		City, State, Zip Code Lumberton, NJ 08048		
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609-265-2107	License No. 00529	

Start Date (10) <u>5</u> / <u>4</u> / <u>26</u>	Scheduled Completion Date (11) <u>5</u> / <u>6</u> / <u>26</u>	Name of OSHA Monitor IATL		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 9000 Commerce Pkwy. Suite B		
		City, State, Zip Code Mount Laurel, NJ 08054		

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> 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
Exterior Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof FLashing/Tar	60 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 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 5/6/26	City, State Morrisville, PA		
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature <i>[Signature]</i>		Date 4-23-24	

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

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

RECEIVED

Date of Notification (1) 4-22-2026		Name of Building Owner/Operator (2) JBMDL/US Government Base at Fort Dix								
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 3021 McGuire Blvd. APR 27 2026								
		City, State, Zip Code Fort Dix, NJ 08068								
		Name of Contact Larry Holtz	Telephone Number (609)351-9976							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) JBMDL/Fort Dix		Type of Facility (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 Bldg. # 9649 JBMDL/Fort Dix		Square Feet 1000 Sq. Ft.	# of Floors 1							
City (5) Fort Dix		Bldg. Age 40+								
County (6) Burlington	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) VACANT								
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Audubon Environmental Inc.							
Street Address		Street Address 449 Oak Shade Rd.								
City, State, Zip Code		City, State, Zip Code Shamong, Nj 08088								
Project Manager for Monitoring Firm		Telephone No. (609)859-3652	License No. 02094							
Start Date (10) 5/11/2026	Scheduled Completion Date (11) 6/26/2026	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 type="checkbox"/> Other - Describe: _____		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Room #1+2 1st Floor			x	Black & Brown Floor Tiles 9x9 <i>FRIABLE</i>	1100 Sq. Foot	x				
Name of Registered Waste Hauler R & B Debris		NJDEP Waste Hauler ID No. 29439	Cubic Yards of Waste 4	Name of Registered Landfill Fairless Hills						
City, State Hainesport, Nj 08036			Disposal Date TBD	City, State Morrisville, Pa						
Completed by Nick Smarrito		Title Project Manager	Signature <i>[Signature]</i>			Date 4/29/26				

Well

3357630

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

Date of Notification (1) <u>03</u> / <u>20</u> / <u>26</u>		Name of Building Owner/Operator (2) City of East Orange Job Number: Check #N/A							
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 44 City Hall Plaza							
		City, State, Zip Code East Orange NJ 07018							
		Name of Contact Vidal Guzman Sanchez	Telephone Number 973-266-5330						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) East Orange Health Department		Type of Facility (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 44 City Hall Plaza		Square Feet 12,690	# of Floors 2						
City (5) East Orange		Bldg. Age 1929							
County (6) Essex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Public							
Name of Monitoring Firm Hired by Building Owner (8) Whitman		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.						
Street Address 100 Franklin Square Drive		Street Address 70 Stacy Haines Road							
City, State, Zip Code Somerset NJ 08873		City, State, Zip Code Lumberton NJ 08048							
Project Manager for Monitoring Firm Mark Costantino		Telephone No. 732-491-1620	Telephone No. 609-702-0400						
		License No. 00862							
Start Date (10) <u>03</u> / <u>30</u> / <u>26</u>	Scheduled Completion Date (11) <u>04</u> / <u>03</u> / <u>26</u>	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 U.S. Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> WRAP + CUT <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile and Mastic	500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Elbows/Fittings & Pipe Insulation	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Asbestos and Mold Services		NJDEP Waste Hauler ID No. 0035680	Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill					
City, State Lumberton NJ		Disposal Date 04/03/26		City, State Morrisville PA					
Completed By (Print or Type) Kaysi Gruner		Title Admin	Signature 			Date 4/2/26			

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APR 22 2026

ASBESTOS CONTROL & LICENSING

1000

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

Date of Notification (1) <u>03</u> / <u>20</u> / <u>26</u>		Name of Building Owner/Operator (2) State of NJ Dept of Property Mgmt / Job #2602-3490 Chk. #N/A	
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 33 West State Street
			City, State, Zip Code Trenton NJ 08625
			Name of Contact Rick Galante

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Woodbine Development Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 1175 Dehirsch Avenue		Square Feet TBD	# of Floors TBD
City (5) Woodbine		Bldg. Age TBD	
County (6) Cape May	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Developmental Center	

Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	
Street Address 344 West State Street		Street Address 70 Stacy Haines Road Suite 4		
City, State, Zip Code Trenton NJ 08618		City, State, Zip Code Lumberton NJ 08048		
Project Manager for Monitoring Firm William Weisgarber		Telephone No. 609-915-1140	Telephone No. 609-702-0400	License No. 00862
Start Date (10) <u>04</u> / <u>21</u> / <u>26</u>	Scheduled Completion Date (11) <u>04</u> / <u>22</u> / <u>26</u>		Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___AM-___PM/___PM-___AM		Street Address 200 U.S. Route 130 North		
		City, State, Zip Code Cinnaminson, NJ 08077		

Scope of Work (Check all that apply)

<input 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) <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
Admin Bldg-1 st Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile and Mastic	82 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"/>
Cottage #10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exterior Window Caulk	18 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"/>

Name of Registered Waste Hauler Asbestos and Mold Services Corp.		NJDEP Waste Hauler ID No. 0035680	Cubic Yards of Waste 5	Name of Registered Landfill CMCMUA	
City, State Lumberton NJ		Disposal Date 04/22/2026	City, State Cape May NJ		
Completed By (Print or Type) Kaysi Gruner	Title Office Coordinator	Signature 		Date 3/27/24	

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

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CHECK # 4634
APR 21 2026

Date of Notification (1) 4 / 16 / 26		Name of Building Owner/Operator (2) Flagship New Jersey Propco, LLC	
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 # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2 Mid America Plaza, Suite 450	
		City, State, Zip Code Oakbrook Terrace, IL 60181	
		Name of Contact Dayna Freeman	Telephone Number 973-626-6108

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former Mercer Marine Supply		Type of Facility (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 1117 Rt 33		Square Feet	# of Floors
City (5) Hamilton			Bldg. Age 63
County (6) MERCER	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) BRISTOL ENVIRONMENTAL, LLC	
Street Address 1253 North Church Rd		Street Address 1123 BEAVER STREET		
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm Tim Pop	Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 02121	

Start Date (10) 4 / 21 / 26	Scheduled Completion Date (11) 5 / 1 / 26	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.
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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: 7:00AM-3:30PM /____PM-____AM	Street Address 1123 BEAVER STREET
	City, State, Zip Code BRISTOL, PA 19007

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 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
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"/>
2 nd 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 Freehold Cartage		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL	
City, State Freehold, NJ		Disposal Date		City, State MORRISVILLE, PA 19067	
Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature <i>Brian Scafiro</i>		Date 4/16/26	

ASB-41
MAY 11 **BS24634**

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

8368

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

Date of Notification (1) 04/13/2026		Name of Building Owner/Operator (2) P&E DEMOLITION	
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 451 BRENTWOOD AVE	
		City, State, Zip Code TRENTON NJ 08755	
		Name of Contact	Telephone Number 732-236-5056

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APR 17 2026

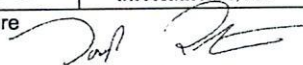
FACILITY INFORMATION

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 711 UNION AVE		Square Feet	# of Floors
City (5) UNION BEACH		Bldg. Age	
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) 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) 04/27/2026	Scheduled Completion Date (11) 04/30/2026	Name of OSHA Monitor AAA Lead Professionals	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address 6 White Dove Court	
		City, State, Zip Code Lakewood, NJ, 08701	

Scope of Work (Check All That Apply)

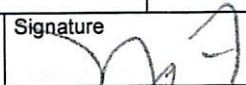
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input 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
Exterior				Roofing and flashing	2200 SF	<input checked="" type="checkbox"/>			
Interior				Ceiling	600 SF	<input checked="" type="checkbox"/>			
Interior				Floor tiles and mastic	2000 SF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No. 35103	Cubic Yards of Waste 30	Name of Registered Landfill IESI	
City, State Lakewood, NJ		Disposal Date 04/30/2026	City, State BETHLEHEM, PA		
Completed by JOSEPH PERLSTEIN	Title OWNER	Signature 	Date 04/13/2026		

50273

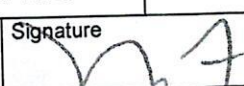
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 04 / 17 / 26		Name of Building Owner/Operator (2) New Horizon Properties		REC'D 50273					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 79 Route 520, Suite 200		APR 20 2026					
		City, State, Zip Code Englishtown, NJ 07726		Telephone Number 732-617-6593					
		Name of Contact Jeff Mendelson							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Building 2			Type of Facility (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 100 Pemberton-Browns Mills Road			Square Feet 12,000	# of Floors 1	Bldg. Age 80				
City (5) Pemberton		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Building 2					
County (6) Burlington		Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		Name of Abatement Contractor (9) Guardian Contracting, Inc.					
Street Address 1889 Route 9, Unit 61		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code Toms River, New Jersey 08755		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone No. 732-349-9932		License No. 00624					
Start Date (10) 04 / 20 / 26		Scheduled Completion Date (11) 05 / 11 / 26		Name of OSHA Monitor E.M.S.L. Analytical					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM			Street Address 1056 Stelton						
			City, State, Zip Code Piscataway, New Jersey 08854						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos roofing	12,000 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
interior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos floor tile & mastic	7000 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 Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 45	Name of Registered Landfill Fairless Landfill				
City, State Toms River, New Jersey		Disposal Date 05/11/26		City, State Morrisville, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 4/17/26			

50272

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

RECEIVED

Date of Notification (1) <u>04</u> / <u>17</u> / <u>26</u>		Name of Building Owner/Operator (2) New Horizon Properties							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 79 Route 520, Suite 200							
		City, State, Zip Code Englishtown, NJ 07726							
		Name of Contact Jeff Mendelson	Telephone Number 732-617-6593						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Building 1		Type of Facility (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 100 Pemberton-Browns Mills Road		Square Feet 10,000	# of Floors 1						
City (5) Pemberton		Bldg. Age 80							
County (6) Burlington	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Building 1							
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.	ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address 1889 Route 9, Unit 61		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code Toms River, New Jersey 08755		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm Nicholas Fernicola	Telephone No. 732-349-9932	Telephone No. 732-349-9932	License No. 00624						
Start Date (10) <u>04</u> / <u>20</u> / <u>26</u>	Scheduled Completion Date (11) <u>05</u> / <u>11</u> / <u>26</u>	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton							
		City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos roofing	10,000 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
interior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos floor tile & mastic	2200 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
interior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	wallboard	20 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 Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 45	Name of Registered Landfill Fairless Landfill					
City, State Toms River, New Jersey		Disposal Date 05/11/26	City, State Morrisville, Pennsylvania						
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 4/17/26						

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

RECEIVED

1186

Date of Notification (1) 03 / 20 / 26		Name of Building Owner/Operator (2) State of NJ Dept of Property Mgmt / Job #2602-3490 Chk. #4186	
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 33 West State Street	
		City, State, Zip Code Trenton NJ 08625	
		Name of Contact Rick Galante	Telephone Number 856-361-4990

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Woodbine Development Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 1175 Dehirsch Avenue		Square Feet TBD	# of Floors TBD
City (5) Woodbine		Bldg. Age TBD	
County (6) Burlington	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Developmental Center	

Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	
Street Address 344 West State Street		Street Address 70 Stacy Haines Road Suite 4		
City, State, Zip Code Trenton NJ 08618		City, State, Zip Code Lumberton NJ 08048		
Project Manager for Monitoring Firm William Weisgarber		Telephone No. 609-915-1140	Telephone No. 609-702-0400	License No. 00862

Start Date (10) 04 / 21 / 26	Scheduled Completion Date (11) 04 / 22 / 26	Name of OSHA Monitor EMSL Analytical, Inc.
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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 200 U.S. 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 type="checkbox"/> Full Containment with Negative Pressure	<input type="checkbox"/> Mini-Enclosure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<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
Admin Bldg-1st Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile and Mastic	82 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cottage #10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exterior Window Caulk	18 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"/>

Name of Registered Waste Hauler Asbestos and Mold Services Corp.		NJDEP Waste Hauler ID No. 0035680	Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill	
City, State Lumberton NJ		Disposal Date 04/22/2026	City, State Morrisville, PA 19067		
Completed By (Print or Type) Kaysi Gruner	Title Office Coordinator	Signature 		Date 3/26/26	

1190

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

RECEIVED

Date of Notification (1) <u>03</u> / <u>20</u> / <u>26</u>		Name of Building Owner/Operator (2) State of NJ Dept of Property Mgmt / Job #2602-3490 Chk. #4190	
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>3</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 33 West State Street	
	City, State, Zip Code Trenton NJ 08625		
	Name of Contact Rick Galante	Telephone Number 856-361-4990	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Woodbine Development Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 1175 Dehirsch Avenue		Square Feet TBD	# of Floors TBD
City (5) Woodbine		Bldg. Age TBD	
County (6) Cape May	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Developmental Center	

Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	
Street Address 344 West State Street		Street Address 70 Stacy Haines Road Suite 4		
City, State, Zip Code Trenton NJ 08618		City, State, Zip Code Lumberton NJ 08048		
Project Manager for Monitoring Firm William Weisgarber		Telephone No. 609-915-1140	Telephone No. 609-702-0400	License No. 00862
Start Date (10) <u>04</u> / <u>21</u> / <u>26</u>	Scheduled Completion Date (11) <u>04</u> / <u>22</u> / <u>26</u>		Name of OSHA Monitor EMSL Analytical, Inc.	

Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 U.S. Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

<input 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
Cottage #10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exterior Window Caulk	18 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 Asbestos and Mold Services Corp.		NJDEP Waste Hauler ID No. 0035680	Cubic Yards of Waste 5	Name of Registered Landfill CMCMUA	
City, State Lumberton NJ		Disposal Date 04/22/2026	City, State Cape May NJ		
Completed By (Print or Type) Kaysi Gruner	Title Office Coordinator	Signature 		Date 4/6/26	

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

13649

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

Check #

13649

B & G Project # 2026-56

Date of Notification (1) 04/17/2026		Name of Building Owner/Operator (2) Rutgers University	
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 33 Knightsbridge Road	
		City, State, Zip Code Piscataway, NJ 08854	
		Name of Contact Nestor Asuncion	Telephone Number 848-200-8027

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Rutgers University - Vivarium Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 176 Jones Avenue		Square Feet	# of Floors
City (5) New Brunswick, NJ 07901		Bldg. Age	
County (6) Middlesex	County Code (7) <i>(STATE USE ONLY)</i>	Current Use (Prior if being demolished) university hall	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address		Street Address 1234 Route 23	
City, State, Zip Code		City, State, Zip Code Butler, NJ 07405	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-696-6869	License No. 00378

Start Date (10) 04/28/2026	Scheduled Completion Date (11) 05/04/2026	Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address 1234 Route 23	
		City, State, Zip Code Butler, NJ 07405	

Scope of Work (Check All That Apply)			<input type="checkbox"/> Wrap and Cut	
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	<input type="checkbox"/> Mini-Enclosure	<input type="checkbox"/> Glovebag Procedure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<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
2nd floor			X	VAT & mastic	400 SF	X			
throughout the building			X	cementitious wall panels	1,000 SF	X			
throughout the building			X	lab tabletops	150 SF	X			

Name of Registered Waste Hauler B & G Restoration Inc.	NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 20	Name of Registered Landfill Fairless Landfill
City, State Butler, NJ	Disposal Date 05/05/2026	City, State Morrisville, PA	

Completed by Gordana Luna	Title Secretary / Treasurer	Signature <i>Gordana Luna</i>	Date 04/17/2026
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4635

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

Check # 4635
RECEIVED

Date of Notification (1) 4/16/26		Name of Building Owner / Operator (2) Macys Inc.	
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"/> Emergency <input type="checkbox"/> Cancellation	Street Address 7 West Seventh Street	
		City, State & Zip Code Cincinnati, OH 45202	
		Name of Contact Tia Wenrich	Telephone Number (513) 579-7241

APR 21 2026

ASBESTOS CONT...

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Macys 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 400 Quakerbridge Road			Square Feet	# of Floors	Bldg. Age
City (5) Lawrenceville	County (6) Mercer	County Code (7)	Current Use (Prior if being demolished) Retail		

Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc.		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, LLC		
Street Address 130 West 29th Street		Street Address 1123 Beaver Street			
City, State & Zip Code New York, NY 10001		City, State & Zip Code Bristol, PA 19007			
Project Manager for Monitoring Firm Allison Colatrisano		Telephone Number 212-239-7613	Telephone Number (215)788-6040	License Number 02121	

Scheduled Start Date (10) 4/27/26	Scheduled Completion Date (11) 4/28/26	Name of OSHA Monitor Bristol Environmental LLC			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - Describe: 10PM to 7AM <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 Beaver Street			
		City, State & Zip Code Bristol, PA 19007			

Scope of Work (Check all that apply)

<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 type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Storage Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile debris	18 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster column	8 SF	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Bristol Environmental, LLC	NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 1 Cu Yd	Name of Registered Landfill WM Morrisville	
City, State Bristol, PA		Disposal Date 4/28/26	City, State Morrisville, PA	
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>	Date 4/16/26

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8379



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

RECEIVED

8/1/2

Date of Notification (1) 04/16/2026		Name of Building Owner/Operator (2) BENCHMARK BUILDERS							
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		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		30 HIGH ST City, State, Zip Code LAKWOOD NJ 08701						
			Name of Contact		Telephone Number				
				845-826-4900					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial			Type of Facility (4)						
Street Address 900 SPRINGWOOD 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) ASBURY PARK			Square Feet	# of Floors	Bldg. Age				
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) 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.	License No.					
			732-719-5649	1200					
Start Date (10) 05/07/2026		Scheduled Completion Date (11) 05/14/2026		Name of OSHA Monitor AAA Lead Professionals					
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: _____			6 White Dove Court						
			City, State, Zip Code						
			Lakewood, NJ, 08701						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos 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				ROOFING	8000 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No. 35103	Cubic Yards of Waste 150	Name of Registered Landfill IESI					
City, State Lakewood, NJ		Disposal Date 05/14/2026		City, State BETHLEHEM, PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature 		Date 04/16/2026				

466

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

435'1065
 RECEIVED

Date of Notification (1) 03/31/2026		Name of Building Owner/Operator (2) 455 Jewel Group LLC		APR 13 2026	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 38 65th St		ASBESTOS CONTROL & LICENSING	
		City, State, Zip Code Jersey City, NJ 07302			
			Name of Contact Ezr Shouhter	Telephone Number 917-495-9158	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Jewel Electric			Type of Facility (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 455 3rd Street					
City (5) Jersey City		Square Feet 20,605SF	# of Floors 1	Bldg. Age 100	
County (6) Hudson County		County Code (7) <i>(STATE USE ONLY)</i>	Current Use (Prior if being demolished) Vacant		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Consulting & Management Serv		ASCM No. 28505	Name of Abatement Contractor (9) GI Solution Services LLC		
Street Address 10 Filmont Drive		Street Address 3 E Logan Rd			
City, State, Zip Code New City, NY		City, State, Zip Code Randolph, NJ, 07869			
Project Manager for Monitoring Firm Jeff Rutstein		Telephone No. 203-912-0165	Telephone No. 973-223-2391	License No. 02015	
Start Date (10) 04/13/25	Scheduled Completion Date (11) 06/30/25		Name of OSHA Monitor		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address		
			City, State, Zip Code		

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> 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
Roof		X		Transite panels	15,140SF	X			
Main office - Lobby		X		VAT (2 layers)	5,140SF	X			
Warehouse Storage		X		Interior transite panels	4,475SF	X			
Exterior		X		Cement Pipes / Windows	105 LF / 10u	X			

Name of Registered Waste Hauler CENTURY WASTE SERVICES		NJDEP Waste Hauler ID No. 100254	Cubic Yards of Waste 150c/y	Name of Registered Landfill Fairless Landfill	
City, State Elizabeth, NJ		Disposal Date NA		City, State Morrisville, PA	
Completed by William Mawyin		Title Project Manager	Signature <i>William Mawyin</i>		Date 03/31/2026


160 CK

Via email to : Thomas.Voorhees@dol.nj.gov, Radovan.Djurin@dol.nj.gov, Paul.Horner@doh.nj.gov, kurt.pizzullo@dol.nj.gov

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

Rev #1 dated 2/202/6
Rev #2 dated 4/28/26

RECEIVED

Date of Notification (1) Rev #2 <u>4</u> / <u>28</u> / <u>2026</u>		Name of Building Owner/Operator (2) Hakim International Trading and Larketing, Inc. and Hakim Enterprises, LLC								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <u>4/28/26</u> <input type="checkbox"/> Emergency (including <input type="checkbox"/> justification) Cancellation	Street Address 37 Hunting Dr								
		City, State, Zip Code Dumont, NJ 07628								
		Name of Contact Joseph Hakim								
		Telephone Number								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Block 1573 Lot 1.02 -- Site of Former Warehouse		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)								
Street Address 533 Whitehead Rd		Square Feet	# of Floors 50+							
City (5) Hamilton, NJ 08619		Bldg. Age								
County (6) Mercer	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.	Name of Abatement Contractor (9) Controlled Environmental Systems							
Street Address PO Box 365		Street Address 1121 N. Bethlehem Pike - Suite 60								
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Spring House, PA 19477								
Project Manager for Monitoring Firm James Proctor		Telephone No. 856-452-1311	Telephone No. 215 542 7000							
			License No. 00847							
Start Date (10) <u>12</u> / <u>19</u> / <u>2025</u>	Scheduled Completion Date (11) <u>6</u> / <u>30</u> / <u>2026</u>	Name of OSHA Monitor CES								
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00 AM- 3:30 PM</u> / <u> </u> PM- <u> </u> AM		Street Address 1121 N. Bethlehem Pike - Suite 60								
		City, State, Zip Code Spring House, PA 19477								
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	
Site of Former Warehouse	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACM Building Debris	800 Tons	<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 Horizon Disposal Services		NJDEP Waste Hauler ID No. 10416	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill						
City, State Spring House, PA 19477		Disposal Date		City, State Morrisville, PA 19067						
Completed By (Print or Type) Patricia Visco		Title Office Manager	Signature 				Date 4/28/26			

Change of Completion Date from 4/30/26 to 6/30/26

Rock

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

RECEIVED

APR 27 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 4/22/2026		Name of Building Owner/Operator (2) JBMDL/US Government Base At Fort Dix							
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 3021 McGuire Blvd.		City, State, Zip Code Fort Dix, Nj 08036					
		Name of Contact Larry Holtz		Telephone Number (609)351-9976					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) JBMDL/Fort Dix			Type of Facility (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 Bldg. #9650 JBMDL/Fort Dix			Square Feet 8300	# of Floors 2	Bldg. Age 40+				
City (5) Fort Dix		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Vacant					
County (6) Burlington		Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____					
Name of Abatement Contractor (9) Audubon Environmental Inc.		Street Address 449 Oak Shade Rd.							
Street Address		City, State, Zip Code Shamong, Nj 08088							
City, State, Zip Code		Telephone No. (609)859-3652		License No. 02094					
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor N/A					
Start Date (10) 5/11/2026		Scheduled Completion Date (11) 6/26/2026		Street Address					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				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
1st floor training room			x	glue dots	100sq. ft.	x			
basement			x	12x12 blue floor tiles	1100sq. ft.	x			
roof			x	all roof layers & flashing	8300sq.ft.	x			
Name of Registered Waste Hauler R & B Debris		NJDEP Waste Hauler ID No. 29439		Cubic Yards of Waste 50	Name of Registered Landfill Fairless Hills				
City, State Hainesport, Nj 08036				Disposal Date TBD	City, State Morrisville, Pa				
Completed by Nick Smarrito			Title Project Manager	Signature 	Date 4/22/26				

no ck

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

MAY - 4 2023

Date of Notification (1) 03 / 09 / 26		Name of Building Owner/Operator (2) THE VILLAGE CHARTER SCHOOL	
Agencies Notified [X] EPA [X] DOL [X] DOH [] DCA		Type of Notification [] Initial Notification [X] Amended Notification Amendment No. 01 [] Cancellation [] Emergency (inc. justification)	
Street Address 101 SULLIVAN WAY		City, State, Zip Code TRENTON, NJ 08628	
Name of Contact MR. GLENN RICHARDSON		Telephone Number 609-695-0110	

Name of Facility Where Abatement is Taking Place (3) THE VILLAGE CHARTER SCHOOL - FORMER DWELLINGS			Type of Facility (4) [] School (K-12) [] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 100 MILL ROAD (BLOCK 36301, LOT 1)			Square Feet 15000 +		
City (5) TRENTON		County (6) MERCER	County Code (7) (STATE USE ONLY)		Bldg. Age 50 +
Current Use (Prior if being demolished) Former Dwellings					

Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT INC.		ASCM 00112	Name of Abatement Contractor (9) J.R. CONTRACTING & ENVIRONMENTAL CONSULTING INC.		
Street Address 344 WEST STATE STREET		Street Address 1141 ROUTE 23	City, State, Zip WAYNE, NJ 07470		
Project Manager for Monitoring Firm WILLIAM WEISGARBER		Telephone Number 609-656-8101	Telephone Number 973 628-9500		License Number 00408
Scheduled State Date (10) 03 / 19 / 26		Scheduled Completion Date (11) 08 / 31 / 26	Name of OSHA Monitor J.R. CONTRACTING & ENVIRONMENTAL CONSULTING INC.		
Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility [] Hours - Describe: [] Other - Describe:		Street Address 1141 ROUTE 23	City, State, Zip Code WAYNE, NJ 07470		

Scope of Work (Check all that apply)

[] ≥ 3 sf or ≥ 3 lf
 [X] ≥ 160 sf or ≥ 260 lf

[X] Demolition
 [] Renovation

[X] Wet 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			R	E	N	E	M	O			
100-A Mill Road			X	Entire Structure	2,500 SF	X								
100-B Mill Road			X	Entire Structure	2,500 SF	X								
100-C Mill Road			X	Entire Structure	2,500 SF	X								
100-D Mill Road			X	Entire Structure	2,500 SF	X								
100-D Mill Road			X	Entire Structure	2,500 SF	X								
100-F Mill Road			X	Entire Structure	2,500 SF	X								

Name of Registered Waste Hauler J.R. Contracting & Environmental Consulting, Inc.		NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste 100	Name of Registered Landfill MCIA / Fairless Landfill		
City, State Wayne, NJ		Disposal Date TBD	City, State Ewing Township, NJ / Morrisville, PA			
Completed by (Print or Type) Jerry Bijelonic		Title Project Manager	Signature 		Date 04/29/26	

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

B & G Project # 2025-133

Check # **COMPLETED**

Date of Notification (1) 04/28/2026		Name of Building Owner/Operator (2) Hillsdale Board of Education							
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 checked="" type="checkbox"/> Amended Amendment # 5 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 32 Ruckman Road							
		City, State, Zip Code Hillsdale, NJ 07642							
		Name of Contact Sacha Pouliot		Telephone Number 201-664-4512					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) George G White Middle School - Sub 8			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 120 Magnolia Avenue			Square Feet 50,000+	# of Floors 3	Bldg. Age 100+				
City (5) Hillsdale, NJ 07642			Current Use (Prior if being demolished) Middle school						
County (6) Bergen		County Code (7) <i>(STATE USE ONLY)</i>							
Name of Monitoring Firm Hired by Building Owner (8) T & M Associates		ASCM No.		Name of Abatement Contractor (9) B & G Restoration, Inc.					
Street Address 11 Tindall Road			Street Address 1234 Route 23						
City, State, Zip Code Middletown, NJ 07748			City, State, Zip Code Butler, NJ 07405						
Project Manager for Monitoring Firm Kevin Burns		Telephone No. 908-347-4396		Telephone No. 973-696-6869	License No. 00378				
Start Date (10) 02/02/2026		Scheduled Completion Date (11) 04/27/2026 ** COMPLETED		Name of OSHA Monitor B & G Restoration, Inc.					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 1234 Route 23						
			City, State, Zip Code Butler, NJ 07405						
Scope of Work (Check All That Apply)									
<input 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"/> 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
COMPLETED 100%									
Name of Registered Waste Hauler B&G Restoration Inc.		NJDEP Waste Hauler ID No. 19563		Cubic Yards of Waste		Name of Registered Landfill Grand Central Landfill			
City, State Butler, NJ		Disposal Date 02/02/26 - 04/28/26		City, State Pen Argyl, PA					
Completed by Gordana Luna		Title Secretary / Treasurer		Signature <i>Gordana Luna</i>		Date 04/28/2026			

APR 30 2026

ASBESTOS CONTROL & LICENSING

NOck

B & G Project # 2026-54

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

RECEIVED
 Check # N/A

Date of Notification (1) 04/29/2026		Name of Building Owner/Operator (2) Hackensack Meridian Health		MAY - 1 2026					
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		2020 Sixth Avenue City, State, Zip Code Neptune, NJ 07753					
		Name of Contact Erika Seaver		Telephone Number (732)290-2217					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Neptune Professional Plaza			Type of Facility (4)						
Street Address 51-81 Davis 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) Neptune, NJ 07753			Square Feet	# of Floors	Bldg. Age				
County (6) Monmouth		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) hospital wing					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No. 0045	Name of Abatement Contractor (9) B & G Restoration, Inc.						
Street Address 64 Broad Street		Street Address 1234 Route 23							
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Butler, NJ 07405							
Project Manager for Monitoring Firm Thomas Greiger		Telephone No. 732-290-2217	Telephone No. 973-696-6869	License No. 00378					
Start Date (10) 05/04/2026		Scheduled Completion Date (11) 05/24/2026		Name of OSHA Monitor B & G Restoration, Inc.					
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: <u>shift: 5:00 pm - 1:00 am</u>			1234 Route 23 City, State, Zip Code Butler, NJ 07405						
Scope of Work (Check All That Apply)			<input type="checkbox"/> Wrap and Cut <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						
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof			X	Roof flashing materials	2,121 SF	X			
basement			X	waterproofing tar on block walls	3,688 SF	X			
basement			X	VAT & mastic	10,799 SF	X			
basement			X	VAT (no mastic)	440 SF	X			
Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 250	Name of Registered Landfill Fairless Landfill					
City, State Butler, NJ		Disposal Date 5/05/26-5/25/26		City, State Morrisville, PA					
Completed by Gordana Luna		Title Secretary / Treasurer		Signature <i>Gordana Luna</i>		Date 04/29/2026			

1949

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

RECEIVED

Date of Notification (1) 4/24/2026		Name of Building Owner/Operator Township of Union	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH	Notification Type <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended #1 <input checked="" type="checkbox"/> Emergency notification (including justification) <input type="checkbox"/> Cancelled		Street Address 2369 Morris Ave
			City, State, Zip Code Union NJ 07083
		Name of Contact Anthony Cirella	Telephone Number 973-699-8871

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Battle Hill Elementary School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) Subchapter 8 <input type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 2600 Killian Place			Sq. Feet: Approximately 77,000 SF # of Floors: 2 Bldg. Age: 1987 Current Use (prior if being demolished):	
City (5) Union NJ	County (6) Union	County Code (7) (State Use Only)		
Name of Monitoring Firm Hired by Bldg. Owner Westchester Environmental LLC		ASCM No.	Name of Contractor (9) BL Contracting Inc.	
1248 Wrights Lane			Street Address 5 Marguerite Lane	
West Chester PA 19380			City, State, Zip Code Towaco NJ 07082	
Project Manager for Monitoring Firm Philip Conte	610-431-7545		Telephone Number 973-901-0153	License Number 01265
Scheduled Start Date (10) 5/01/2026	Scheduled Completion Date 5/02/2026	Name of OSHA Monitoring BL Contracting Inc		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input type="checkbox"/> Facility occupied During Abatement <input checked="" type="checkbox"/> Other - Describe: Monday - Saturday 7 am - 4pm			Street Address 5 Marguerite Lane	
			City, State, Zip Code Towaco NJ 07082	

Source of Work (Check all that apply)

≥ 3 sf or ≥ 3 lf
 ≥ 160 sf or ≥ 260 lf

Renovation
 Demolition

Wrap & Cut Procedure
 Full Containment
 Tent & Glove-bag Procedure
 Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Main/Custodial Staff (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)	Abatement Type			
				Remove	Repair	Encap	Enclos
Gym	<input checked="" type="checkbox"/>	Pipe Insulation	13 LF				

Name of Reg. Waste Hauler BL Contracting Inc	NJDEP Waste Hauler ID # 0036784	Cubic Yards of Waste 2	Name of Registered Landfill T.R.R..F
		Disposal Date 5/20/2026	City, State Tully town, PA
Completed by (Print or Type) Nedo Vasilic	Title Project Manager	Signature <i>Nedo Vasilic</i>	Date 4/24/2026

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

APR 8 2026

Date of Notification (1) 04/03/2026		Name of Building Owner/Operator (2) NJ Office of Design and Construction	
Agencies Notified	Type Notification	Street Address	
	<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	33 West State Street, 9th Fl
		City, State, Zip Code	
		Trenton, NJ 08625	
		Name of Contact	Telephone Number
		William Domijan	609.468.3755

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4)	
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)	
225 Opossum Road		Square Feet	# of Floors
City (5) Montgomery		920+	1+
County (6) Somerset County		Bldg. Age	50+
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence
ASCM No.		Name of Abatement Contractor (9) Unicorn Contracting Corp.	
Street Address		14 Willow Street	
P.O.Box 354		City, State, Zip Code	
South Orange, NJ 07079		Bloomfield, NJ 07003	
Project Manager from Monitoring Firm		Telephone No.	License No.
Sarah Calandra		201.349.2666	01331
Start Date (10) 3/31/2026		Scheduled Completion Date (11) 4/07/2026	Name of OSHA Monitor Envirovision Consultants, Inc.
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: <u>8 AM - 4:30</u>		20-21 Wagaraw Rd., Bldg. 35-E	
		City, State, Zip Code	
		Fair Lawn, NJ 07410	

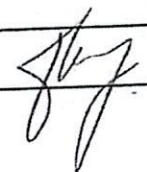
Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥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
Unsafe House				Entire Structure to be treated as RACM		X			

Name of Registered Waste Hauler Century Waste Services, LLC.	NJDEP Waste Hauler ID No. 0032797	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Landfill
City, State TBD	Disposal Date TBD	Signature 	City, State Pen Argyl, PA
Completed by Blazhe Grozdanov	Title Project Manager	Date 04/03/26	

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

Date of Notification (1) 3/27/2026		Name of Building Owner/Operator (2) NJ Office of Design and Construction						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 33 West State Street, 9th Fl						
		City, State, Zip Code Trenton, NJ 08625						
		Name of Contact William Domijan	Telephone Number 609.468.3755					
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 225 Opossum Road		Square Feet 920+	# of Floors 1+					
City (5) Montgomery		Bldg. Age 50+						
County (6) Somerset County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence						
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.	Name of Abatement Contractor (9) Unicorn Contracting Corp.					
Street Address P.O. Box 354		Street Address 14 Willow Street						
City, State, Zip Code South Orange, NJ 07079		City, State, Zip Code Bloomfield, NJ 07003						
Project Manager from Monitoring Firm Sarah Calandra		Telephone No. 201.349.2666	Telephone No. 973-333-9176					
Start Date (10) 3/31/2026		Scheduled Completion Date (11) 4/2/2026	License No. 01331					
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>8 AM - 4:30</u>		Name of OSHA Monitor Envirovision Consultants, Inc.						
		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"/> ≥3 sf or ≥3 lf		<input type="checkbox"/> Renovation						
<input checked="" 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) <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
Unsafe House			Entire Structure to be treated as RACM		X			
Name of Registered Waste Hauler Century Waste Services, LLC.		NJDEP Waste Hauler ID No. 0032797	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Landfill				
City, State TBD		Disposal Date TBD	City, State Pen Argyl, PA					
Completed by Blazhe Grozdanov		Title Project Manager	Signature 			Date 3/27/26		

15311

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Print Form

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

RECEIVED
15311

APR 7 2026

Date of Notification (1) 4/02/2026		Name of Building Owner/Operator (2) APR 7 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 1979 Atlas Street	
		City, State, Zip Code Columbus, Ohio 43228	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Ashland Chemical, Building 2599		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 50 Hercules Veterans Way		Square Feet 55,000	# of Floors 6
City (5) Parlin		Bldg. Age 75	
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Manufacturing / Vacant	

Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		ASCM No. 0030	Name of Abatement Contractor (9) Precision Environmental Company	
Street Address 120 North Warren St.		Street Address 5500 Old Brecksville Road		
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Independence, Ohio, 44131		
Project Manager for Monitoring Firm Rollie Jones		Telephone No. 609-392-4200	Telephone No. 2166426040	License No. 01212

Start Date (10) 04/21/2026	Scheduled Completion Date (11) 7/17/2026	Name of OSHA Monitor Precision Environmental Company	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address 5500 Old Brecksville Road	
		City, State, Zip Code Independence, Ohio, 44131	

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 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
Please see attached									

Name of Registered Waste Hauler Champion Disposal Services		NJDEP Waste Hauler ID No. 32707	Cubic Yards of Waste 220	Name of Registered Landfill Waste Management Fairless Hills	
City, State Haines Port, New Jersey		Disposal Date 7/17/26		City, State Morrisville, PA 19067	
Completed by Tyler Jasinski		Title EH&S Director	Signature 		Date 4/02/2026

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

- Building 2599

Location of Asbestos-Containing Materials (ACM)	Description of Asbestos-Containing Materials (ACM)	Amount	Abatement Type
Second Floor	Floor Tile Mastic associated with 12x12 White Floor Tile	1,224 SF	Removal
Exterior - Roof 1	Roof Material - 1" Built-up	10,400 SF	Removal
Exterior - Roof 1	Roof Flashing	800 LF	Removal
Exterior - Roof 2	Roof Material - 6" Built-up over Fiberboard	4,000 SF	Removal
Exterior - Roof 2	Roof Flashing	260 LF	Removal
Exterior - Roof 2	Mechanical Flashing	120 LF	Removal
Exterior - Roof 1 & 2	Roof Tar Paper	14,400 LF	Removal
Exterior	Tar Paper associated with Exterior Tank Pipeline	25 LF	Removal
Interior & Exterior	Window Glazing	990 LF	Removal
3rd Floor PB Washer Column	PB Washer Column Nose Cone Insulation	200 SF	Removal

- 1 Exterior Work Area
- 1 Second Floor Work Area
- 1 Third Floor Work Area

23/2

4353804

RECEIVED

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

APR 9 2026

Date of Notification (1) 04/07/2026		Name of Building Owner/Operator (2) ASBESTOS CONSULTANTS, INC.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 103 38th Street	
		City, State, Zip Code Irvington, NJ 07111	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)		
Street Address 103 38th Street		Square Foot 1,100	# of Floors 2	Bldg. Age 55+
City (5) Irvington, NJ 07111		Current Use (Prior if being demolished)		
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Name of Abatement Contractor (9) Unicorn Contracting Corp.		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Street Address 14 Willow Street	
Street Address		City, State, Zip Code Bloomfield, NJ 07003		
City, State, Zip Code		Telephone No. 973-333-9176	License No. 01331	
Project Manager fo Monitoring Firm	Telephone No.	Name of OSHA Monitor Envirovision Consultants, Inc.		
Start Date (10) 04/08/2026	Scheduled Completion Date (11) 04/08/2026	Street Address 20-21 Wagaraw Rd., Bldg. 35-E		
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8am-4:30pm		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) 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 boiler room		X		TSI	20 LF	X			

Name of Registered Waste Hauler Unicorn Contracting Corp.	NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 1+	Name of Registered Landfill Fairless Hills Landfill
City, State Bloomfield, New Jersey		Disposal Date TBD	City, State Morrisville, PA
Completed by Blazhe Grozdanov	Title Project Manager	Signature <i>EG</i>	Date 04/07/2026

15310

4355054

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

15310

Date of Notification (1) 4/02/2026		Name of Building Owner/Operator (2) Ashland Chemical		APR 7 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1979 Atlas Street		Telephone Number 614-981-3990					
			City, State, Zip Code Columbus, Ohio 43228							
		Name of Contact Trey Richardson								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Ashland Chemical, Building 2600			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 50 Hercules Veterans Way			Square Feet 39,000	# of Floors 5	Bldg. Age 75					
City (5) Parlin		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Manufacturing / Vacant						
County (6) Middlesex		ASCM No. 0030		Name of Abatement Contractor (9) Precision Environmental Company						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.			Street Address 5500 Old Brecksville Road							
Street Address 120 North Warren St.			City, State, Zip Code Independence, Ohio, 44131							
City, State, Zip Code Trenton, NJ 08608		Telephone No. 609-392-4200		Telephone No. 2166426040	License No. 01212					
Project Manager for Monitoring Firm Rollie Jones		Scheduled Completion Date (11) 7/17/2026		Name of OSHA Monitor Precision Environmental Company						
Start Date (10) 04/21/2026		Street Address 5500 Old Brecksville Road								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Independence, Ohio, 44131								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Please see attached										
Name of Registered Waste Hauler Champion Disposal Services		NJDEP Waste Hauler ID No. 32707		Cubic Yards of Waste 85	Name of Registered Landfill Waste Management Fairless Hills					
City, State Haines Port, New Jersey		Disposal Date 7/17/26		City, State Morrisville, PA 19067						
Completed by Tyler Jasinski		Title EH&S Director		Signature 				Date 4/02/2026		

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

- Building 2600

Location of Asbestos-Containing Materials (ACM)	Description of Asbestos-Containing Materials (ACM)	Amount	Abatement Type
Exterior Roof	Roof Material - 2" Built-up over Fiberboard	7,800 SF	Removal
Exterior Roof	Roof Flashing	760 LF	Removal
Exterior Roof	Mechanical Flashing	160 LF	Removal
7th Floor East Wall	Pipe Insulation	16 LF total	Removal

1 Exterior Work Area

1 Seventh Floor Work Area <160sf -260lf

15307

4355055
15307

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

Date of Notification (1) 4/02/2026		Name of Building Owner/Operator (2) Ashland Chemical		APR 7 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 1979 Atlas Street							
				City, State, Zip Code Columbus, Ohio 43228							
		Name of Contact Trey Richardson		Telephone Number 614-981-3990							
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Ashland Chemical, Building 8107			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 50 Hercules Veterans Way			Square Feet 6,000	# of Floors 1	Bldg. Age 75						
City (5) Parlin		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Manufacturing / Vacant							
County (6) Middlesex		Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.	ASCN No. 0030	Name of Abatement Contractor (9) Precision Environmental Company							
Street Address 120 North Warren St.			Street Address 5500 Old Brecksville Road								
City, State, Zip Code Trenton, NJ 08608			City, State, Zip Code Independence, Ohio, 44131								
Project Manager for Monitoring Firm Rollie Jones		Telephone No. 609-392-4200	Telephone No. 2166426040	License No. 01212							
Start Date (10) 04/21/2026		Scheduled Completion Date (11) 7/17/2026		Name of OSHA Monitor Precision Environmental Company							
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 5500 Old Brecksville Road								
			City, State, Zip Code Independence, Ohio, 44131								
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
Please see attached											
Name of Registered Waste Hauler Champion Disposal Services		NJDEP Waste Hauler ID No. 32707	Cubic Yards of Waste 65	Name of Registered Landfill Waste Management Fairless Hills							
City, State Haines Port, New Jersey		Disposal Date 7/17/26		City, State Morrisville, PA 19067							
Completed by Tyler Jasinski		Title EH&S Director		Signature 		Date 4/02/2026					

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

- Building 8107

Location of Asbestos-Containing Materials (ACM)	Description of Asbestos-Containing Materials (ACM)	Amount	Abatement Type
Exterior - Roof	Roof Material - 2" Built-up over Fiberboard	6,000 SF	Removal

1 Exterior Work Area

15306

4355050

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

PAID

15306

Date of Notification (1) 4/02/2026		Name of Building Owner/Operator (2) Ashland Chemical		APR 7 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1979 Atlas Street		Telephone Number 614-981-3990				
			City, State, Zip Code Columbus, Ohio 43228						
		Name of Contact Trey Richardson							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ashland Chemical, Building 9319			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 50 Hercules Veterans Way			Square Feet 20,000	# of Floors 1	Bldg. Age 75				
City (5) Parlin		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Manufacturing / Vacant					
County (6) Middlesex		ASCM No. 0030		Name of Abatement Contractor (9) Precision Environmental Company					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		Street Address 120 North Warren St.		Street Address 5500 Old Brecksville Road					
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Independence, Ohio, 44131							
Project Manager for Monitoring Firm Rollie Jones		Telephone No. 609-392-4200		Telephone No. 2166426040	License No. 01212				
Start Date (10) 04/21/2026		Scheduled Completion Date (11) 7/17/2026		Name of OSHA Monitor Precision Environmental Company					
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 5500 Old Brecksville Road						
			City, State, Zip Code Independence, Ohio, 44131						
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
Please see attached									
Name of Registered Waste Hauler Champion Disposal Services		NJDEP Waste Hauler ID No. 32707		Cubic Yards of Waste 220	Name of Registered Landfill Waste Management Fairless Hills				
City, State Haines Port, New Jersey		Disposal Date 7/17/26		City, State Morrisville, PA 19067					
Completed by Tyler Jasinski		Title EH&S Director		Signature 			Date 4/02/2026		

- Building 9319

Location of Asbestos-Containing Materials (ACM)	Description of Asbestos-Containing Materials (ACM)	Amount	Abatement Type
Exterior - Roof 1	Roof Flashing - Silver	80 LF	Removal
	Roof Material - Rubber		
Exterior - Roof 2	Roof over 2" Built-up	20,000 SF	Removal
Exterior - Roof 2	Roof Flashing - Black	1,000 SF	Removal
Exterior - Roof 2	Roof Flashing - Silver	1,000 SF	Removal
Exterior - Roof 2	Overhang Caulk	18 LF	Removal

1 Exterior Work Area

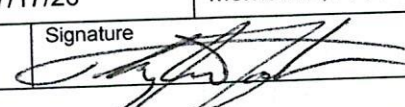
15308

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

435505 /

Print Form

15308

Date of Notification (1) 4/02/2026		Name of Building Owner/Operator (2) Ashland Chemical		APR 7 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1979 Atlas Street		City, State, Zip Code Columbus, Ohio 43228						
		Name of Contact Trey Richardson		Telephone Number 614-981-3990						
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Ashland Chemical, Building 9318			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 50 Hercules Veterans Way			Square Feet 9,000	# of Floors 1	Bldg. Age 75					
City (5) Parlin		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Manufacturing / Vacant						
County (6) Middlesex		Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		ASCM No. 0030						
Street Address 120 North Warren St.		Name of Abatement Contractor (9) Precision Environmental Company								
City, State, Zip Code Trenton, NJ 08608		Street Address 5500 Old Brecksville Road								
Project Manager for Monitoring Firm Rollie Jones		Telephone No. 609-392-4200		City, State, Zip Code Independence, Ohio, 44131						
Telephone No. 2166426040		Telephone No. 01212		License No. 01212						
Start Date (10) 04/21/2026		Scheduled Completion Date (11) 7/17/2026		Name of OSHA Monitor Precision Environmental Company						
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 5500 Old Brecksville Road							
			City, State, Zip Code Independence, Ohio, 44131							
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	
Please see attached										
Name of Registered Waste Hauler Champion Disposal Services		NJDEP Waste Hauler ID No. 32707		Cubic Yards of Waste 100		Name of Registered Landfill Waste Management Fairless Hills				
City, State Haines Port, New Jersey		Disposal Date 7/17/26		City, State Morrisville, PA 19067						
Completed by Tyler Jasinski		Title EH&S Director		Signature 		Date 4/02/2026				

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

- Building 9318

Location of Asbestos-Containing Materials (ACM)	Description of Asbestos-Containing Materials (ACM)	Amount	Abatement Type
Exterior - Roof 1	Roof Material - Rubber	9,000 SF	Removal
Exterior - Roof 1	Roof over 2" Built-up	520 LF	Removal
Exterior - Roof 1	Roof Flashing	55 LF	Removal
Exterior - Ground Level	Transite Drain Pipe	1,000 SF	Removal
Exterior - East Wall	Wall Panels (Corrugated Transite)		


1 Exterior Work Area

15309

4352010

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

15309
 APR 7 2026

Date of Notification (1) 4/02/2026		Name of Building Owner/Operator (2) Ashland Chemical					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1979 Atlas Street				
			City, State, Zip Code Columbus, Ohio 43228				
		Name of Contact Trey Richardson	Telephone Number 614-981-3990				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Ashland Chemical, Building 8250		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 50 Hercules Veterans Way		Square Feet 18,000	# of Floors 1				
City (5) Parlin		Bldg. Age 75					
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Manufacturing / Vacant					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		ASCM No. 0030	Name of Abatement Contractor (9) Precision Environmental Company				
Street Address 120 North Warren St.		Street Address 5500 Old Brecksville Road					
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Independence, Ohio, 44131					
Project Manager for Monitoring Firm Rollie Jones		Telephone No. 609-392-4200	Telephone No. 2166426040				
		License No. 01212					
Start Date (10) 04/21/2026	Scheduled Completion Date (11) 7/17/2026	Name of OSHA Monitor Precision Environmental Company					
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 5500 Old Brecksville Road					
		City, State, Zip Code Independence, Ohio, 44131					
Scope of Work (Check All That Apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Abatement Type			
	Yes	No	N/A	Removal	Repair	Encapsulate	Enclosure
Please see attached							
Name of Registered Waste Hauler Champion Disposal Services		NJDEP Waste Hauler ID No. 32707	Cubic Yards of Waste 200	Name of Registered Landfill Waste Management Fairless Hills			
City, State Haines Port, New Jersey		Disposal Date 7/17/26	City, State Morrisville, PA 19067				
Completed by Tyler Jasinski		Title EH&S Director	Signature 			Date 4/02/2026	

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

- Building 8250

Location of Asbestos-Containing Materials (ACM)	Description of Asbestos-Containing Materials (ACM)	Amount	Abatement Type
Open Area Exterior - Roof Lab Records Shack	Window Glazing	256 LF	Removal
Open Area Exterior - Roof Lab Records Shack	Roof Material - 2" Built-up over Fiberboard	18,000 SF	Removal
Open Area Exterior - Roof Lab Records Shack	Roof Flashing	600 LF	Removal
Open Area Exterior - Roof Lab Records Shack	Mechanical Flashing	50 LF	Removal
Open Area Exterior - Roof Lab Records Shack	Pipe Insulation	27 LF	Removal

1 Exterior Work Area

6394
 CK # 6394

PAID

4354960
 RECEIVED

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

APR 8 2026

Date of Notification (1) 4-4-26		Name of Building Owner/Operator (2) HALLIDAY & LEONARD					
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 700 HAVEN AVE					
		City, State, Zip Code OCEAN CITY N.J 08226					
		Name of Contact SCOTT	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 3213 BAYLAND DR		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) N/A	ASCM No.	Name of Abatement Contractor (9) KLEMCO INC.					
Street Address		Street Address 369 S SPRUCE AVE					
City, State, Zip Code		City, State, Zip Code MAPLE SHADE N.J 08052					
Project Manager for Monitoring Firm		Telephone No. 856-779-0472	License No. 01371				
Start Date (10) 4-14-26	Scheduled Completion Date (11) 4-24-26	Name of OSHA Monitor N/A					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement. <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address					
		City, State, Zip Code					
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥ 3 sf or ≥ 3 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			
				Removal	Repair	Encapsulate	Enclosure
SIDING	Yes No N/A X	TRANSITE	1500 SF	X			
Name of Registered Waste Hauler KLEMCO INC		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 4	Name of Registered Landfill C MCMVA			
City, State MAPLE SHADE N.J 08053		Disposal Date	City, State WOODBINE NJ				
Completed By MIKE KLEMM		Title PRESIDENT	Signature <i>Mike Klemm</i>	Date 4-4-26			

* Do not use this form for asbestos licensure exempted activities

6394
CK# 6394

4355064

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

RECORDED

APR 8 2026

Date of Notification (1) 4-4-26		Name of Building Owner/Operator (2) TOM WELSH BUILDER	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> BOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 661 POMONIA AVE	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code HADDONFIELD N.J 08033	
		Name of Contact TOM	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 325 99th ST		Square Feet 1000
City (5) STONE HARBOR		# of Floors 1
County (6) CAPE MAY		Bldg Age 50+
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) VACANT

Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) KLEMCO INC	
Street Address		Street Address 369 S SPRUCE AVE		City, State, Zip Code MAPLE SHADE N.J 08052	
City, State, Zip Code		Telephone No. 856-779-0472		License No. 01371	
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor N/A	

Start Date (10) 4-15-26		Scheduled Completion Date (11) 4-25-26	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			

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) IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos 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	
SIDING			X	TRANSITE	2250 SF	X				

Name of Registered Waste Hauler KLEMCO INC		NJDEP Waste Hauler ID No. 17904		Cubic Yards of Waste 3		Name of Registered Landfill C.M.C.M.U.A	
City, State MAPLE SHADE N.J		Disposal Date		City, State WOODBINE		Date 4-4-26	
Completed By MICHAEL KLEMM		Title SUP.		Signature <i>[Signature]</i>		Date 4-4-26	

1257

4355061

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

RECEIVED

Date of Notification (1) 4/3/2026		Name of Building Owner/Operator (2) Englewood Hospital		APR 8 2026					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 350 Engle Street		City, State, Zip Code Englewood NJ 07631				
			Name of Contact Garfield McFarlane			Telephone Number garfield.mcfarlane@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, Hallway 2200 & Rooms			Square Feet	# of Floors	Bldg. Age				
City (5) Englewood		County (6) Bergen		County Code (7) (STATE USE ONLY) NJ					
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					
Start Date (10) 04/14/2026		Scheduled Completion Date (11) 04/14/2027		License No. 02023					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Name of OSHA Monitor Empire Environmental Ltd.						
			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"/> ≥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
2nd Floor, Hallway 2200 & Rooms			VAT/mastic	180 SF					
2nd Floor			Pipe insulation	85 LF					
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 Elizabeth, NJ 07201		Disposal Date		City, State Brthlehem, PA					
Completed by Stepan Kryzhanovskyy		Title president		Signature 		Date 04/03/2026			

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

10452

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

4355060

Print Form

APR 8 2026

Date of Notification (1) 4/6/26		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 17 Hepburn Lane	
		City, State, Zip Code Willingboro NJ 08046	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 17 Hepburn Lane		Square Feet 1000+	# of Floors 2	Bldg. Age 50+
City (5) Willingboro NJ 08046		Current Use (Prior if being demolished)		
County (6) Burlington	County Code (7) (STATE USE ONLY)			
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) 4/16/26	Scheduled Completion Date (11) 4/22/26	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"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input 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
Master Bedroom & Closet			X	Floor Tile Only	252 SF	X			
Half The Living Room			X	Floor Tile Only	117 SF	X			

Name of Registered Waste Hauler Pernaco Inc		NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Hills	
City, State West Berlin NJ			Disposal Date 4/22/26	City, State Morrisville PA 10067	
Completed by Anthony T Perna		Title President	Signature 		Date 4/6/26

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4355064

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

APR 8 2026

Date of Notification (1) 4/2/2026		Name of Building Owner/Operator (2) Sterling Properties	
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 50 E Mt Pleasant Avenue	
		City, State, Zip Code Livingston, NJ 07039	
		Name of Contact Rob Wyder	Telephone Number 908-797-8748

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former Chase Bank		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 22-01 Fair Lawn Avenue		Square Feet	# of Floors
City (5) Fair Lawn		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) NorthEast Management LLC	
Street Address		Street Address 41 Madison Avenue	
City, State, Zip Code		City, State, Zip Code Rochelle Park, NJ 07662	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-577-1381	License No. 02008

Start Date (10) 4/13/2026	Scheduled Completion Date (11) 5/13/2026	Name of OSHA Monitor NorthEast Management LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 41 Madison Avenue	
		City, State, Zip Code Rochelle Park, NJ 07662	

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> 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 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
2nd Floor			X	Joint Compound	2,416SF	X			
2nd Floor Boiler Room			X	Duct Insulation	210SF	X			
2nd Floor			X	Floor Tile	980SF	X			
1st Floor			X	Floor Tile	2,852SF	X			

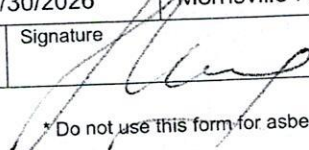
Name of Registered Waste Hauler Century Waste	NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill
City, State Elizabeth, NJ	Disposal Date	City, State Morrisville, PA	
Completed by Sonja Dimovska	Title Owner	Signature 	Date 4/2/2026

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11166

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

RECEIVED
 APR 8 2026

Date of Notification (1) 04/03/2026		Name of Building Owner/Operator (2) Nancy Rivera								
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 481 Main Ave							
			City, State, Zip Code Passaic NJ 07055							
		Name of Contact Nancy Rivera	Telephone Number 973-932-9808							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Commercial -Auto Service		Type of Facility (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 481 Main Ave		Square Feet N/A	# of Floors N/A							
City (5) Passaic NJ 07055		Bldg. Age N/A								
County (6) Pssaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial-Auto Service								
Name of Monitoring Firm Hired by Building Owner (8) Iris Laboratories		ASCM No.	Name of Abatement Contractor (9) Teal Management							
Street Address 2333 US-22		Street Address 24 Morley Drive								
City, State, Zip Code Union NJ 07083		City, State, Zip Code Woodland Park NJ 07424								
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 908-206-0073	Telephone No. 862-243-1471							
		License No. 02063								
Start Date (10) 04/13/2026	Scheduled Completion Date (11) 04/30/2026		Name of OSHA Monitor Teal Management							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 24 Morley Drive								
		City, State, Zip Code Woodland Park NJ 07424								
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) <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	clean up	600 SF	X				
Basement			X	pipe insulation	20 LF	X				
Name of Registered Waste Hauler Teal Management		NJDEP Waste Hauler ID No. 40229	Cubic Yards of Waste 30 CY	Name of Registered Landfill Fairless Hills Landfill						
City, State Woodland Park NJ 07424		Disposal Date 04/30/2026		City, State Morrisville PA						
Completed by Tome Maslarkov		Title Project Manager		Signature 				Date 04/03/2026		

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2938

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

RECEIVED

Proj. #: 26-60

APR 9 2026

Date of Notification (1) 10/31/13 11/12/16		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 #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 263 Woodlawn Avenue	
	City, State, Zip Code Jersey City, NJ 07305		Telephone Number
	Name of Contact		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 263 Woodlawn Avenue			Square Feet 1,900 SF	# of Floors 02	Bldg. Age 121
City (5) Jersey City, NJ 07305	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) 04/15/2026	Sched. Completion Date (11) 04/17/2026		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	225 LF	X			

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 03/31/2026
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2938

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

RECEIVED

Proj. #: 26-58

APR 9 2026

Date of Notification (1) 10/31/2026		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 #: _____	Street Address 24 Carolin Road	
	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Montclair, NJ 07043	
		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 24 Carolin Road			Square Feet 2,200 SF	# of Floors 02	Bldg. Age 102
City (5) Montclair, NJ 07043	County (6) Essex	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) 04/10/2026	Sched. Completion Date (11) 04/14/2026		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 type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

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

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 03/31/2026	

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

1361

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

RECEIVED
 APR 10 2026

Date of Notification (1) 3/31/2026		Name of Building Owner/Operator (2) 938 LAKE STREET NEWARK. 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 938 LAKE STREET								
			City, State, Zip Code NEWARK NJ. 07104								
			Name of Contact Eric Torres	Telephone Number 862.881.2961							
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 938 LAKE STREET		Square Feet ---	# of Floors 1								
City (5) NEWARK NJ. 07104		Bldg. Age ---									
County (6) ESSEX		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) YES								
Name of Monitoring Firm Hired by Building Owner (8) EMPIRE ENVIRONMENTAL LTD		ASCM No. _____	Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.								
Street Address 150 RIVER RD. SUITE F4		Street Address 52 FIELD ROAD,									
City, State, Zip Code MONTVILLE NJ. 07045		City, State, Zip Code CLIFTON NJ. 07013									
Project Manager for Monitoring Firm MICHAEL BOGGI		Telephone No. 973-334-5641	Telephone No. 201-776-0642								
			License No. 01300								
Start Date (10) 4/9/2026	Scheduled Completion Date (11) 4/13/2026		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 RD. SUITE F4									
		City, State, Zip Code MONTVILLE NJ. 07045									
Scope of Work (Check All That Apply)											
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type					
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure		
GROUND FLOOR		X		PIPE INSULATION	300 LF	X					
Main entrance		X		VAT Floor tile 9x9.	90 SF,	X					
Name of Registered Waste Hauler TRI STATE TRANSFER		NJDEP Waste Hauler ID No. 19954	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE INC							
City, State BRONX NY.		Disposal Date TBD	City, State WAYNESBURG OHIO.								
Completed by CARLOS ESQUIVEL		Title manager	Signature 					Date 3/31/2026			

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1366

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

RECEIVED

Date of Notification (1) 3/31/2026		Name of Building Owner/Operator (2) SDS Environmental Services		APR 1 2026					
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	<input type="checkbox"/> Amended		115 Route 46, Bldg E-37,					
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amendment #	<input checked="" type="checkbox"/> Emergency (including justification)		City, State, Zip Code					
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Name of Contact		Telephone Number					
<input checked="" type="checkbox"/> DOH		John Spagnola		973-402-9246					
<input type="checkbox"/> DCA		FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) PRIVATE			Type of Facility (4)						
Street Address			<input type="checkbox"/> School (K-12)						
4050 TREMLEY POINT ROAD,			<input type="checkbox"/> Subchapter 8 (Other than K-12)						
City (5)			<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
LINDEN NJ. 07036			Square Feet	# of Floors	Bldg. Age				
County (6)			N/A	N/A	N/A				
UNION			Current Use (Prior if being demolished) N/A						
Name of Monitoring Firm Hired by Building Owner (8) EMPIRE ENVIRONMENTAL LTD		ASCM No.	Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.						
Street Address		Street Address							
150 RIVER RD. SUITE F4		52 FIELD ROAD,							
City, State, Zip Code		City, State, Zip Code							
MONTVILLE NJ. 07045		CLIFTON NJ. 07013							
Project Manager for Monitoring Firm		Telephone No.	Telephone No.	License No.					
MICHAEL BOGGI		973-334-5641	201-776-0642	01300					
Start Date (10)	Scheduled Completion Date (11)		Name of OSHA Monitor						
4/1/2026	4/6/2026		EMPIRE ENVIRONMENTAL LTD						
Occupancy Status During Abatement (Check Only One)			Street Address						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			150 RIVER RD. SUITE F4						
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			City, State, Zip Code						
Other - Describe: _____			MONTVILLE NJ. 07045						
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 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
UNDERGROUND		X		PIPES LINE	70. LF	X			
OUT DOOR				TAR COATING BLACK					
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill					
TRI STATE TRANSFER		19954	TBD	MINERVA ENTERPRISE INC					
City, State		Disposal Date	City, State						
BRONX NY.		TBD	WAYNESBURG OHIO.						
Completed by		Title	Signature	Date					
CARLOS ESQUIVEL		PRESIDENT		3/31/2026					

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

APR 11 2026

Date of Notification (1) 04/03/2026		Name of Building Owner/Operator (2) South Orange Village								
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 76 South Orange Ave								
		City, State, Zip Code South Orange NJ 07079								
		Name of Contact Hassan Latif	Telephone Number 201-362-9828							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) South Orange Vilage Library-Connect 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 65 Scotland Road		Square Feet N/A	# of Floors N/A							
City (5) South Orange New Jersey 07079		Bldg. Age N/A								
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) South Orange Village Library								
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates Inc		ASCM No. 0012	Name of Abatement Contractor (9) Teal Management							
Street Address 560 Sylvan Ave Suite 3065		Street Address 24 Motrley Drive								
City, State, Zip Code Englewood Cliffs NJ 07632		City, State, Zip Code Woodland Park NJ 07424								
Project Manager for Monitoring Firm Stephen A. Jaraczewski		Telephone No. 201-569-6708	Telephone No. 862-243-1471							
		License No. 02063								
Start Date (10) 04/21/2026	Scheduled Completion Date (11) 04/28/2026		Name of OSHA Monitor Teal Management							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 24 Morley Drive								
		City, State, Zip Code Woodland Park NJ 07424								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 If <input checked="" type="checkbox"/> ≥160 sf or ≥260 If		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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	
Connect Bldg Pipe Floor Trench			X	PIPE INSULATION	20 LF	X				
Connect Bldg Old Boiler Room			X	Ceiling and Wall Plaster	150 SF	X				
Connect Bldg			X	Small Exhaust Chimney	5 SF					
Name of Registered Waste Hauler Teal Management		NJDEP Waste Hauler ID No. 40229	Cubic Yards of Waste 15 CY	Name of Registered Landfill Fairless Hills Landfill						
City, State Woodland Park NJ 07424		Disposal Date 04/28/2026		City, State Morrisville PA						
Completed by Tome Maslarkov		Title Project Manager		Signature 				Date 04/03/2026		

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OFF HOLD
STARTING 04/07/2026

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

PAGE 7 OF 2

Date of Notification (1)
04/06/2026

Name of Building Owner/Operator (2)
Sterling Properties

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

Type Notification
 Initial
 Amended
 Amendment # 1
 Emergency (including justification)
 Cancellation

Street Address
50 E Mt. Pleasant Avenue

City, State, Zip Code
Livingston, NJ 07039

Name of Contact
Rob Wyder

Telephone Number
908-797-8748

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Commercial Building

Street Address
22-03 Fair Lawn Avenue

City (5)
FairLawn

County (6)
Bergen

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)

Name of Monitoring Firm Hired by Building Owner (8)
ASCM No.

Name of Abatement Contractor (9)
NorthEast Management LLC

Street Address
41 Madison Ave

City, State, Zip Code
Rochelle Park, NJ 07662

Project Manager for Monitoring Firm
Telephone No.
201-577-1381

License No.
02008

Start Date (10)
02/23/2026

Scheduled Completion Date (11)
05/23/2026

Name of OSHA Monitor
NorthEast Management LLC

Street Address
41 Madison Ave

City, State, Zip Code
Rochelle Park, NJ 07662

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

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
Exterior			X	Roof Tar/Caulk/Flashing	17,150SF	<			
Restaurant			X	Duct Tar	240SF	<			
Basement			X	Floor Tile	50SF	<			
Basement			X	Pipe Insulation/Fitting	66LF	<			

Name of Registered Waste Hauler
Century Waste

NJDEP Waste Hauler ID No.
32797

Cubic Yards of Waste
TBD

Name of Registered Landfill
Fairless Landfill

City, State
Elizabeth, NJ

Disposal Date
TBD

City, State
Morrisville, PA

Completed by
Sonja Dimovska

Title
Owner

Signature
S. Dimovska

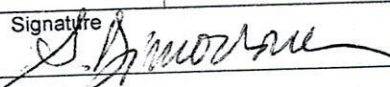
Date
04/06/2026

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OFF #DLD
STARTING 04/07/2026

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

PAGE 2 OF 2

Date of Notification (1) 04/06/2026		Name of Building Owner/Operator (2) Sterling Properties								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 50 E Mt. Pleasant Avenue								
		City, State, Zip Code Livingston, NJ 07039								
		Name of Contact Rob Wyder	Telephone Number 908-797-8748							
FACILITY INFORMATION										
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 22-03 Fair Lawn Avenue		Square Feet	# of Floors							
City (5) FairLawn		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) NorthEast Management LLC							
Street Address		Street Address 41 Madison Ave								
City, State, Zip Code		City, State, Zip Code Rochelle Park, NJ 07662								
Project Manager for Monitoring Firm		Telephone No. 201-577-1381	License No. 02008							
Start Date (10) 02/23/2026	Scheduled Completion Date (11) 05/23/2026	Name of OSHA Monitor NorthEast Management LLC								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 41 Madison Ave								
		City, State, Zip Code Rochelle Park, NJ 07662								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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			X	Floor Tiles	9,422SF	X				
Railroad Tavern Kitchen			X	Popcorn Ceiling	1,400SF	X				
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill						
City, State Elizabeth, NJ		Disposal Date TBD		City, State Morrisville, PA						
Completed by Sonja Dimovska		Title Owner	Signature 				Date 04/06/2026			

10483

* Emergency *

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

CK 10483

APR 10 2026

Date of Notification (1) 4/7/26		Name of Building Owner/Operator (2) Shore Medical Center	
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 100 Medical Center Way	
		City, State, Zip Code Somers Point NJ 08244	
		Name of Contact Robert Robertson	Telephone Number 609-653-4607

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Shore Medical Center Whitby 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 100 Medical Center Way		Square Feet 1000+	# of Floors 5	Bldg. Age 50+
City (5) Somers Point NJ 08244		Current Use (Prior if being demolished)		
County (6) Atlantic	County Code (7) (STATE USE ONLY)			
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.	
Street Address		Street Address PO Box 329		
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 856-753-9800	License No. 00727
Start Date (10) 4/9/26	Scheduled Completion Date (11) 4/13/26	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: After 4 PM		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 checked="" type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Batrooms 2nd Floor			X	Pipe Elbows	14 LF	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 West Berlin NJ		Disposal Date 4/13/26		City, State Egg Harbor Township NJ	
Completed by Anthony T Perna	Title President	Signature 		Date 4/7/26	

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NOCK

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

Date of Notification (1) 04/10/2026		Name of Building Owner/Operator (2) Sterling Properties	
ON HOLD- 04/13/2026		Street Address 50 E Mt Pleasant Avenue	
Agencies Notified	Type Notification	City, State, Zip Code Livingston, NJ 07039	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Rob Wyder	Telephone Number 908-797-8748

APR 12 2026

Name of Facility Where Abatement is Taking Place (3) Former Chase Bank			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 22-01 Fair Lawn Avenue			Square Feet	# of Floors	Bldg. Age
City (5) Fair Lawn			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) NorthEast Management LLC		
Street Address			Street Address 41 Madison Avenue		
City, State, Zip Code			City, State, Zip Code Rochelle Park, NJ 07662		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-577-1381	License No. 02008	
Start Date (10) 4/13/2026		Scheduled Completion Date (11) 5/13/2026		Name of OSHA Monitor NorthEast Management LLC	
Occupancy Status During Abatement (Check Only One)			Street Address 41 Madison Avenue		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			City, State, Zip Code Rochelle Park, NJ 07662		

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> 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 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) In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos 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			X	Joint Compound	2,416SF	X			
2nd Floor Boiler Room			X	Duct Insulation	210SF	X			
2nd Floor			X	Floor Tile	980SF	X			
1st Floor			X	Floor Tile	2,852SF	X			

Name of Registered Waste Hauler Century Waste	NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill
City, State Elizabeth, NJ	Disposal Date	City, State Morrisville, PA	
Completed by Sonja Dimovska	Title Owner	Signature <i>S. Dimovska</i>	Date 04/10/2026

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

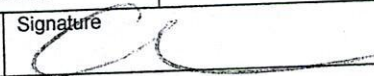
10489

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

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Print Form

APR 13 2026


Date of Notification (1) 4/9/26		Name of Building Owner/Operator (2) APR 13 2026							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1479 Coles Mill rd						
			City, State, Zip Code Williamstown NJ 08094						
			Name of Contact	Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 1479 Coles Mill rd			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 1479 Coles Mill rd		Square Feet 1000+	# of Floors 1	Bldg. Age 50+					
City (5) Williamstown NJ 08094		Current Use (Prior if being demolished) House							
County (6) Gloucester		County Code (7) (STATE USE ONLY) _____		Name of Abatement Contractor (9) Pernaco Inc.					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Street Address PO Box 329					
Street Address		City, State, Zip Code West Berlin NJ 08091		Telephone No. 856-753-9800					
City, State, Zip Code		License No. 00727		Name of OSHA Monitor Same					
Project Manager for Monitoring Firm		Telephone No.		Start Date (10) 4/18/26					
Scheduled Completion Date (11) 4/22/26		Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____							
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	500 SF	X			
Name of Registered Waste Hauler Pernaco Inc		NJDEP Waste Hauler ID No. 21787		Cubic Yards of Waste 2		Name of Registered Landfill Fairless Hills			
City, State West Berlin NJ		Disposal Date 4/22/26		City, State Morrisville PA 10067					
Completed by Anthony T Perna		Title President		Signature 		Date 4/9/26			

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

2311

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

RECEIVED
 APR 13 2026

Date of Notification (1) 04/07/2026		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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 184 Fulton Place							
		City, State, Zip Code Paterson, NJ 07501							
		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 184 Fulton Place			Square Foot 1,400	# 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 Abatement Contractor (9) Unicorn Contracting Corp.						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Street Address 14 Willow Street						
Street Address		City, State, Zip Code Bloomfield, NJ 07003							
Project Manager fo Monitoring Firm		Telephone No.	Telephone No. 973-333-9176	License No. 01331					
Start Date (10) 04/09/2026		Scheduled Completion Date (11) 04/09/2026		Name of OSHA Monitor Envirovision Consultants, Inc.					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8am-4:30pm			Street Address 20-21 Wagaraw Rd., Bldg. 35-E						
			City, State, Zip Code Fair Lawn, NJ 07410						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 20 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement boiler room		X		TSI		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			Signature 		
Completed by Blazhe Grozdanov		Title Project Manager		Date 04/07/2026					

2941

Proj. #: 26-63

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

RECEIVED

APR 13 2026

Date of Notification (1)
10 | 14 | / | 10 | 18 | / | 2 | 16 |

Name of Building Owner/Operator (2)

Street Address
731 Boulevard

City, State, Zip Code
Westfield, NJ 07090

Name of Contact _____ Telephone Number _____

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

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

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Residential

Street Address
731 Boulevard

City (5) Westfield, NJ 07090 County (6) Union County Code (7) (State use only)

Type of Facility (4)
 School (K - 12)
 Subchapter 8 (Other than K-12)
 Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet 3,000 SF # of Floors 02 Bldg. Age 107

Current Use (Prior if being demolished)
Residential

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

Street Address _____

City, State, Zip Code _____

Project Manager for Monitoring Firm _____ Phone Number _____

Start Date (10) 04/20/2026 Sched. Completion Date (11) 04/22/2026

Occupancy Status During Abatement (Check only one)
 Facility closed/vacated during entire period of abatement.
 Abatement performed outside of normal facility hours- Describe: _____
 Other-Describe: Normal Hours

Name of Abatement Contractor (9)
KLOMAX, LLC

Street Address
144 US Highway 46

City, State, Zip Code
Budd Lake, NJ 07828

Telephone Number 833-455-6629 License Number 02007

Name of OSHA Monitor
KLOMAX, LLC

Street Address
144 US Highway 46

City, State, Zip Code
Budd Lake, NJ 07828

Scope of Work (check all that apply)
 >3 sf or >3 lf
 ≥160 sf or ≥260 lf
 Renovation
 Demolition

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		X		Pipe Insulation	165 LF	X			

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
04/08/2026

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

2941

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

RECORDED

Proj. #: 26-64

APR 13 2026

Date of Notification (1)
10 | 14 | 1 | 0 | 18 | 1 | 2 | 6 |

Name of Building Owner/Operator (2)

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

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

Street Address
718 Norman Place

City, State, Zip Code
Westfield, NJ 07090

Name of Contact _____ Telephone Number _____

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Residential

Street Address
718 Norman Place

City (5)
Westfield, NJ 07090

County (6)
Union

County Code (7) (State use only)
Union

Type of Facility (4)
 School (K - 12)
 Subchapter 8 (Other than K-12)
 Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet
2,600 SF

of Floors
02

Bldg. Age
86

Current Use (Prior if being demolished)
Residential

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

Street Address _____

City, State, Zip Code _____

Project Manager for Monitoring Firm _____ Phone Number _____

Start Date (10)
05/04/2026

Sched. Completion Date (11)
05/08/2026

Occupancy Status During Abatement (Check only one)
 Facility closed/vacated during entire period of abatement.
 Abatement performed outside of normal facility hours- Describe: _____
 Other-Describe: Normal Hours

Name of Abatement Contractor (9)
KLOMAX, LLC

Street Address
144 US Highway 46

City, State, Zip Code
Budd Lake, NJ 07828

Telephone Number
833-455-6629

License Number
02007

Name of OSHA Monitor
KLOMAX, LLC

Street Address
144 US Highway 46

City, State, Zip Code
Budd Lake, NJ 07828

Scope of Work (check all that apply)
 >3 sf or >3 lf
 ≥160 sf or ≥260 lf
 Renovation
 Demolition

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		X		VAT + Mastic	300 SF	X			

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

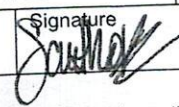
Date
04/08/2026

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

11014

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

APR 13 2026

Date of Notification (1) 04/06/2026		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 25 N. Main Street		Telephone Number					
			City, State, Zip Code Farmingdale, NJ 07727							
			Name of Contact							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3)			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 25 N. Main Street			Square Feet 1,136	# of Floors 2	Bldg. Age 66					
City (5) Farmingdale		County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence						
Name of Monitoring Firm Hired by Building Owner (8) 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 Maple Shade, NJ 08052						
City, State, Zip Code Chesterfield, NJ 08515		Project Manager for Monitoring Firm Nora Pearce	Telephone No. 609-298-4070	Telephone No. 856-755-0099	License No. 00842					
Start Date (10) 04/08/2026	Scheduled Completion Date (11) 04/10/2026		Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 200 Route 130 North							
			City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Garage			X	Transite Panel	10 SF	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 04/10/2026		City, State Morgantown, PA						
Completed by Samantha Brown		Title Operations Coordinator	Signature 	Date 04/06/2026						

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27265

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

Date of Notification (1) 04/07/2026		Name of Building Owner/Operator (2) AMBIENT CAPITAL PARTNERS		APR 10 2026					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 220 NORTH GREEN STREET		City, State, Zip Code CHICAGO, IL 60607				
			Name of Contact JACK MILLER		Telephone Number 847-922-6342				
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) WAREHOUSE			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 505 MANOR AVENUE			Square Feet	# of Floors	Bldg. Age				
City (5) HARRISON			Current Use (Prior if being demolished)						
County (6) HUDSON		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. 149	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address N/A			Street Address 11 VREELAND AVENUE						
City, State, Zip Code N/A			City, State, Zip Code TOTOWA, NJ 07512						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-956-8700	License No. 00494					
Start Date (10) 04/20/2026		Scheduled Completion Date (11) 05/15/2026		Name of OSHA Monitor SAME AS (9) ABOVE					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: UNOCCUPIED			Street Address City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
INTERIOR WAREHOUSE		X		WINDOW GLAZING	3,300 SF	X			
LOADING DOCK		X		CEMENTITIOUS TRANSITE	800 SF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING, INC.		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 40+/-	Name of Registered Landfill WASTE MANAGEMENT					
City, State TOTOWA, NJ 07512		Disposal Date 05/15/2026		City, State MORRISVILLE, PA					
Completed by ELIZABETH MLADENOVIC		Title VP OF OPERATIONS		Signature <i>Elizabeth Mladenovic</i>		Date 04/07/2026			

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1087

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

APR 13 2026

Date of Notification (1) 4/10/2026		Name of Building Owner/Operator (2) Xebec Realty	
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 101 Hudson Street, Suite 2177	
		City, State, Zip Code Jersey City NJ 07302	
		Name of Contact Jeff Hoffman	Telephone Number 908-295-5388

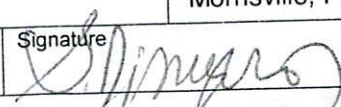
FACILITY INFORMATION

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 711 Lidgerwood Avenue		Square Feet	# of Floors
City (5) Elizabeth		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)		ASCM No.	Name of Abatement Contractor (9) NorthEast Management LLC
Street Address		Street Address 41 Madison Avenue	
City, State, Zip Code		City, State, Zip Code Rochelle Park, NJ 07662	
Project Manager for Monitoring Firm		Telephone No. 201-577-1381	License No. 02008
Start Date (10) 4/20/2026	Scheduled Completion Date (11) 6/20/2026	Name of OSHA Monitor NorthEast Management LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 41 Madison Avenue	
		City, State, Zip Code Rochelle Park, NJ 07662	

Scope of Work (Check All That Apply)

<input 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 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
Exterior			X	Roof flashing	2,200SF	X			
Throughout			X	Floor tile	550SF	X			
Main Warehouse			X	Pipe insulation	1,000SF	X			

Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill	
City, State Elizabeth, NJ		Disposal Date		City, State Morrisville, PA	
Completed by Sonja Dimovska		Title Owner	Signature 		Date 4/10/2026

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

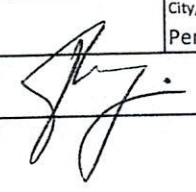
2313

PAID

RECORDED

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

APR 13 2026

Date of Notification (1) 04/09/2026		Name of Building Owner/Operator (2) Lyndhurst Board of Education							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 420 Fern Avenue							
		City, State, Zip Code Lyndhurst, NJ 07071							
		Name of Contact James Hyman	Telephone Number 201.438.5683						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Lyndhurst High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) Sub-8 Occupied <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)							
Street Address 400 Weart Avenue		Square Feet: 120,000	# of Floors 2						
City (5) Lyndhurst, NJ 07071		55+							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services LLC		ASCM No. 00118	Name of Abatement Contractor (9) Unicorn Contracting Corp.						
Street Address 464 Valley Brook Avenue		Street Address 14 Willow street							
City, State, Zip Code Lyndhurst, NJ 08736		City, State, Zip Code Bloomfield, NJ 07003							
Project Manager for Monitoring Firm Jarred Panecki		Telephone No. 732.552.9615	Telephone No. 973-333-9176						
		License No. 01331							
Start Date (10) 04/20/26		Scheduled Completion Date (11) 05/11/26							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 3.30 pm - 12am		Name of OSHA Monitor Envirovision Consultants, Inc.							
		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"/> ≥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 Boiler Room		x		Boilers & associated insulation	1300 SF	x			
		x		Flange Gasket & Boiler Components	2300 SF	x			
Return Tank Room		x		Pipe Fitting Insulation	45 LF	x			
Name of Registered Waste Hauler Century Waste Services, LLC		NJDEP Waste Hauler ID No. 0032797		Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Landfill				
City, State Elizabeth, New Jersey		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Blazhe Grozdanov		Title Project manager		Signature 					
				Date: 04/09/2026					

NGK

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

APR 12 2026

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) <u>NJ</u>	Current Use (Prior if being demolished)	

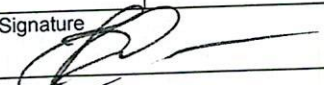
Name of Monitoring Firm Hired by Building Owner (8) IRIS Environmental Laboratories		ASCM No.	Name of Abatement Contractor (9) SK Improvements Corp	
Street Address 2333 Route 22West		Street Address 1275 Bloomfield Ave, Bldg 15 Unit 142		
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Fairfield, 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 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"/> ≥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 checked="" type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

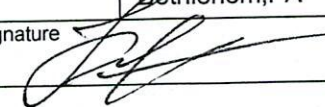
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or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

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 Elithabeth, NJ 07201		Disposal Date		City, State Bethlehem, PA	
Completed by Stepan Kryzhanovskyy		Title president	Signature 		Date 04/10/2026

1263

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

APR 13 2026

Date of Notification (1) 04/10/2026		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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <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 Basement MER room		Square Feet	# of Floors									
City (5) Englewood		Bldg. Age										
County (6) Bergen	County Code (7) (STATE USE ONLY) <u>NJ</u>	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 22 West		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 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) 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) 125LF	Abatement Type						
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure			
Basement MER room				ACPI					<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				

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

4600

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

Check # 4600
 APR 13 2026

Date of Notification (1) 4 / 9 / 26		Name of Building Owner/Operator (2) City of Atlantic City	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input 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 1301 Bacharach Blvd	
	City, State, Zip Code Atlantic City NJ 08401		Telephone Number 609-300-5000
	Name of Contact Facilities		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Chelsea Heights Rec Bldg.		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 500 North Annapolis Ave		Square Feet 1,500	# of Floors 1
City (5) Atlantic City		Bldg. Age 50	
County (6) Atlantic	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) recreational	
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Group, Inc.	ASCM No. 00073	Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.	
Street Address PO Box 316		Street Address 923 Haws Ave.	
City, State, Zip Code West Deptford, NJ 08086		City, State, Zip Code Norristown, PA 19401	
Project Manager for Monitoring Firm Steve Flanigan	Telephone No. (856) 848-0800	Telephone No. 610-239-9920	License No. 00398
Start Date (10) 4 / 27 / 26	Scheduled Completion Date (11) 5 / 8 / 26	Name of OSHA Monitor Plymouth Environmental Co., Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/ ___ PM- ___ AM		Street Address 923 Haws Ave	
		City, State, Zip Code Norristown, PA 19401	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> 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
main room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	floor tile and mastic	350SF	<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 Waste Management	NJDEP Waste Hauler ID No. 39126	Cubic Yards of Waste 10CY	Name of Registered Landfill G.R.O.W.S North Landfill/Fairless Landfill
City, State Camden, NJ	Disposal Date 5/8/2026	City, State Morrisville, PA	
Completed By (Print or Type) James M. Kelly	Title Vice President	Signature 	Date 4/9/2026

10489

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

APR 13 2026

Date of Notification (1) 4/9/26		Name of Building Owner/Operator (2)	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 West 14th Street	
		City, State, Zip Code Beach Haven NJ 08008	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 15 West 14th 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) Beach Haven NJ 08008		Square Feet 1000+	# of Floors 2
County (6) Ocean		Bldg. Age 50+	
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) House	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) 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) 4/21/26	Scheduled Completion Date (11) 4/27/26	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 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	1800 SF	x			

Name of Registered Waste Hauler Pernaco Inc		NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste 4	Name of Registered Landfill Fairless Hills	
City, State West Berlin NJ		Disposal Date 4/27/26		City, State Morrisville PA 10067	
Completed by Anthony T Perna		Title President	Signature 		Date 4/9/26

2942

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

RECEIVED

Proj. #: 26-62

APR 13 2026

Date of Notification (1) 10 4 1 0 8 1 12 6		Name of Building Owner/Operator (2)	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 57 Pine Street	
		City, State, Zip Code Millburn, NJ 07041	
		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 57 Pine Street			Square Feet 1,700 SF	# of Floors 02	Bldg. Age 103
City (5) Millburn, NJ 07041	County (6) Essex	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) 04/08/2026	Sched. Completion Date (11) 04/10/2026		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	22 LF	X			

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 04/08/2026
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27267

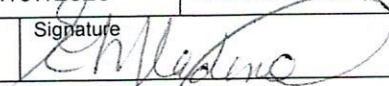
PAID

Print Form

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

RECORDED

APR 15 2026

Date of Notification (1) 04/09/2026		Name of Building Owner/Operator (2) LINDENWOLD BOARD OF EDUCATION							
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 801 EGG HARBOR ROAD City, State, Zip Code LINDENWOLD, NJ 08021 Name of Contact CHRIS BECICA Telephone Number 609-577-3595						
	FACILITY INFORMATION								
	Name of Facility Where Abatement is Taking Place (3) SCHOOL 4 Street Address 900 EAST GIBBSBORO ROAD City (5) LINDENWOLD County (6) CAMDEN		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.) Square Feet # of Floors Bldg. Age County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) HORIZON ENVIRONMENTAL GROUP Street Address PO BOX 316 City, State, Zip Code WEST DEPTFORD, NJ 08086		ASCM No. _____ Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC. Street Address 11 VREELAND AVENUE City, State, Zip Code TOTOWA, NJ 07512 Telephone No. 856-848-0800 Telephone No. 973-956-8700 License No. 00494							
Project Manager for Monitoring Firm STEVE Start Date (10) 06/19/2026		Scheduled Completion Date (11) 07/07/2026 Name of OSHA Monitor SAME AS (9) ABOVE							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed OUTSIDE of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIED		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 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
ROOMS 105 - 110		X		SINK UNDERCOATING	18 SF	X			
ROOMS 200 - 215		X		SINK UNDERCOATING	48 SF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING, INC.		NJDEP Waste Hauler ID No. 18743		Cubic Yards of Waste 5+/-		Name of Registered Landfill WASTE MANAGEMENT			
City, State TOTOWA, NJ 07512		Disposal Date 07/07/2026		City, State MORRISVILLE, PA					
Completed by ELIZABETH MLADENOVIC		Title VP OF OPERATIONS		Signature 		Date 04/09/2026			

NOCK

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

JOB #6445

CHECK #6340

APR 15 2026

Date of Notification (1) 04-08-26		Name of Building Owner/Operator (2) The Port Authority of NJ & NY	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4 World Trade Center, 150 Greenwich Street, 18th Floor
			City, State, Zip Code New York, NY 10007
		Name of Contact William Glynn	Telephone Number 646-745-7494

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Air Train EWR Replacement Program- Guideway and Stations Project		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address ATTN: EWR TPOG, Building 351, 3 Brewster Road, PO BOX 2050		Square Feet See Attached	# of Floors n/a
City (5) Newark		Bldg. Age 88 years	
County (6) Union/Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Station	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations, Inc		ASCM No. N/A	Name of Abatement Contractor (9) Pinnacle Environmental Corp.
Street Address 655 West Shore Trail		Street Address 200 Broad Street	
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Carlstadt, NJ 07072	
Project Manager for Monitoring Firm JP Von Doehren		Telephone No. 973-729-5649	Telephone No. 201-939-6565
			License No. 00756
Start Date (10) 04-02-25 (1) HOLD	Scheduled Completion Date (11) 04-01-27	Name of OSHA Monitor Testor Technology Environmental Services	
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 10-59 Jackson Avenue	
		City, State, Zip Code Long Island City, NY 11101	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Under Ground Piping			X	Transite	100	X			
Under ground Duct Banks				Transite	200	X			
Under ground Duct banks				TAR	300	X			

Name of Registered Waste Hauler Cardella	NJDEP Waste Hauler ID No. 01191	Cubic Yards of Waste TBD	Name of Registered Landfill WM Fairless
City, State 2400 Tonnelle Ave, New Jersey 07047		Disposal Date TBD	City, State 1400 Bordentown Dr. Morrisville PA
Completed by Kevin Moriarty	Title Project Manager	Signature <i>Kevin Moriarty</i>	Date 04-08-2026

1387

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

RECEIVED

Date of Notification (1) 04/08/2026		Name of Building Owner/Operator (2)	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 149 KNOLLWOOD DR	
		City, State, Zip Code WATCHUNG, NJ 07069	
		Name of Contact	Telephone Number

APR 15 2026

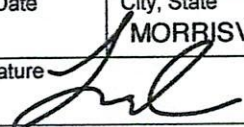
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL 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 149 KNOLLWOOD DR		Square Feet 1000	# of Floors 2
City (5) WATCHUNG,		Bldg. Age +50	
County (6) SOMERSET	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RESIDENTIAL HOUSE	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) MALCO ENVIRONMENTAL LLC
Street Address		Street Address 24 LINCOLN AVE W	
City, State, Zip Code		City, State, Zip Code CRANFORD, NJ 07016	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 5133487	License No. 02113
Start Date (10) 04/17/2026	Scheduled Completion Date (11) 04/19/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> 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		POPCORN CEILING	725SF	X			

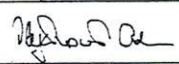
Name of Registered Waste Hauler CENTURY WASTE	NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste	Name of Registered Landfill United States
City, State 623 DOWD AVE ELIZABETH, NJ 07201	Disposal Date	City, State MORRISVILLE, PA	
Completed by JENNIFER GOMES	Title PRESIDENT	Signature 	Date 4/08/2026

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

1063

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

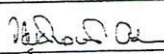
APR 19 2026
 Check No. 4063

Date of Notification (1) 04/09/2026		Name of Building Owner/Operator (2) Little Silver Board of Education							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 124 Willow Drive							
		City, State, Zip Code Little Silver, New Jersey 07739							
		Name of Contact Rogelio Weekly	Telephone Number 732-741-7112						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Markham 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 & commercial buildings, homes, etc.)							
Street Address 95 Markham Place		Square Feet 20000	# of Floors 2						
City (5) Little Silver, New Jersey 07739		Bldg. Age 50+							
County (6) Monmouth	County Code (7) (STATE USE ONLY) _	Current Use (Prior if being demolished) Public School							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 120 North Warren Street		Street Address 246 Union Boulevard							
City, State, Zip Code Trenton, New Jersey 08608		City, State, Zip Code Totowa, New Jersey 07512							
Project Manager for Monitoring Firm Mike Moore		Telephone No. 609-392-4200	Telephone No. 973-225-8400						
			License No. 01104						
Start Date (10) 04/10/2026	Scheduled Completion Date (11) 04/14/2026	Name of OSHA Monitor Iris Environmental Laboratories, LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedure / 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
Classrooms (14,18,19)		X		Pipe Insulation	9LF	X			
Name of Registered Waste Hauler Century Waste Services		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 April/2026		City, State Morrisville, PA					
Completed by Adriana Olejarova		Title President		Signature 			Date 04/09/2026		

4062

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

RECORDED
 APR 15 2026
 Check No. 4062

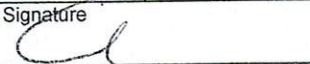
Date of Notification (1) 04/09/2026		Name of Building Owner/Operator (2) Dave Rangel								
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 735 Greens Avenue City, State, Zip Code Long Branch, New Jersey 07740 Name of Contact Dave Rangel							
			Telephone Number 917-447-1814							
	FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Apartment Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 735 Greens Avenue		Square Feet 20,000	# of Floors 2							
City (5) Long Branch, New Jersey 07740		Bldg. Age 50+								
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Building								
Name of Monitoring Firm Hired by Building Owner (8) Lis Consulting Services, LLC.		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation							
Street Address 3 B Cottage Court		Street Address 246 Union Boulevard								
City, State, Zip Code Whiting, NJ 08759		City, State, Zip Code Totowa, New Jersey 07512								
Project Manager for Monitoring Firm Barbara Lis		Telephone No. 732-735-2788	Telephone No. 973-225-8400							
		License No. 01104								
Start Date (10) 04/13/2026	Scheduled Completion Date (11) 04/18/2026		Name of OSHA Monitor Iris Environmental Laboratories, LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West								
		City, State, Zip Code Union, NJ 07083								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 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"/> 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	
Unit 19 B		X		Wall joint compound	120 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 Fairless Landfill						
City, State Yaphank, New York		Disposal Date April/2026		City, State Morrisville, PA						
Completed by Adriana Olejarova		Title President	Signature 		Date 04/09/2026					

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

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Date of Notification (1) 4/13/26		Name of Building Owner/Operator (2) City of Atlantic City		APR 15 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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1301 Bacharach Blvd.		City, State, Zip Code Atlantic City NJ 08401					
			Name of Contact Anthony R. Cox		Telephone Number 609-347-5660					
	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 117 N Maryland Ave			Square Feet 1400+	# of Floors 2	Bldg. Age 35+					
City (5) Atlantic City NJ 08401			Current Use (Prior if being demolished) House							
County (6) Atlantic		County Code (7) (STATE USE ONLY) _____		Name of Abatement Contractor (9) Pernaco Inc.						
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services Inc			ASCM No. _____		Street Address PO Box 329					
Street Address PO Box 365			City, State, Zip Code West Berlin NJ 08091							
City, State, Zip Code Berlin NJ 08009			Telephone No. 856-753-9800		License No. 00727					
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 609-839-2432		Name of OSHA Monitor Same						
Start Date (10) 4/27/26		Scheduled Completion Date (11) 5/1/26		Street Address						
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 <input type="checkbox"/> Other - Describe: _____			City, State, Zip Code							
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input 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	
House Demo RACM			x	House Demo RACM	1400 SF	x				
Name of Registered Waste Hauler Winzinger		NJDEP Waste Hauler ID No. 02210		Cubic Yards of Waste TBD		Name of Registered Landfill Atlantic County MUA				
City, State Hainesport NJ				Disposal Date Daily		City, State Egg Harbor Township NJ 08234				
Completed by Anthony T Perna			Title President		Signature 		Date 4/13/26			

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4060

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

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APR 15 2026

Check No. 4060

Date of Notification (1) 04/07/2026		Name of Building Owner/Operator (2) Julia Ciaglia	
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 735 Greens Avenue	
		City, State, Zip Code Long Branch, New Jersey 07740	
		Name of Contact Julia Ciaglia	Telephone Number 732-962-3428

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Apartment Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 735 Greens Avenue		Square Feet 20,000	# of Floors 2
City (5) Long Branch, New Jersey 07740		Bldg. Age 50+	
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Building	
Name of Monitoring Firm Hired by Building Owner (8) Lis Consulting Services, LLC		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation
Street Address 3 B Cottage Court		Street Address 246 Union Boulevard	
City, State, Zip Code Whiting, NJ 08759		City, State, Zip Code Totowa, New Jersey 07512	
Project Manager for Monitoring Firm Barbara Lis		Telephone No. 732-735-2788	Telephone No. 973-225-8400
License No. 01104			
Start Date (10) 04/20/2026	Scheduled Completion Date (11) 04/30/2026	Name of OSHA Monitor Iris Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West	
		City, State, Zip Code Union, NJ 07083	

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 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"/> Glove Bag Procedure / Limited Containment & Tent
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF of LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Unit 19 A		X		Wall & Ceiling joint compound	2000 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 Fairless Landfill	
City, State Yaphank, New York		Disposal Date April/2026		City, State Morrisville, PA	
Completed by Adriana Olejarova		Title President	Signature 		Date 04/07/2026

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2314



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

APR 15 2026

Date of Notification (1) 04/13/2026		Name of Building Owner/Operator (2) NJ Office of Design and Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 33 West State Street, 9th Fl							
		City, State, Zip Code Trenton, NJ 08625							
		Name of Contact William Domijan	Telephone Number 609.468.3755						
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 167 Riveredge Road		Square Feet 920+	# of Floors 1+ Bldg. Age 50+						
City (5) Lincoln Park	County (6) Morris County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence						
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.	Name of Abatement Contractor (9) Unicorn Contracting Corp.						
Street Address P.O.Box 354		Street Address 14 Willow Street							
City, State, Zip Code South Orange, NJ 07079		City, State, Zip Code Bloomfield, NJ 07003							
Project Manager from Monitoring Firm Sarah Calandra		Telephone No. 201.349.2666	Telephone No. 973-333-9176 License No. 01331						
Start Date (10) 04/15/2026		Scheduled Completion Date (11) 04/20/2026							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00am - 4:30pm		Name of OSHA Monitor Envirovision Consultants, Inc.							
		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"/> ≥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
Unsafe House				Entire structure to be treated as RACM		X			
						X			
						X			
Name of Registered Waste Hauler Century Waste Services, LLC		NJDEP Waste Hauler ID No. 0032797		Cubic Yards of Waste TBD		Name of Registered Landfill Grand Central Landfill			
City, State Elizabeth, NJ				Disposal Date TBD		City, State Pen Argyl, PA			
Completed by Blazhe Grozdanov		Title Project Manager		Signature 		Date 04/13/26			

37043

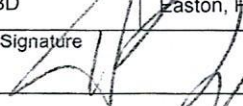
PAID

1526289

Print Form

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

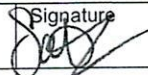
APR 15 2026

Date of Notification (1) 04/13/26 ck #37043		Name of Building Owner/Operator (2) Newark Board of Education							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 765 Broad Street, 3rd Floor City, State, Zip Code Newark, NJ 07102						
	Name of Contact Christophe Caponegro		Telephone Number 973-733-7220						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Peshine 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 & commercial buildings, homes, etc.)							
Street Address 433 Peshine Avenue		Square Feet n/a	# of Floors 4						
City (5) Newark		Bldg. Age unknown							
County (6) Essex		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		Name of Abatement Contractor (9) Panoramic Window & Door Systems, Inc.							
Street Address 1253 North Church St		Street Address 712 Sergeantsville Rd							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Stockton, NJ 08559							
Project Manager for Monitoring Firm Jim Gagliani		Telephone No. 856-840-8800							
Start Date (10) 04/22/26		License No. 01237							
Scheduled Completion Date (11) 07/17/26		Name of OSHA Monitor Panoramic Window & Door Systems, Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement 6/29/26-7/17/26 7am-3pm <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours 4/22/26-6/26/26 3pm-11pm <input type="checkbox"/> Other - Describe: _____		Street Address 712 Sergeantsville Rd							
		City, State, Zip Code Stockton, NJ 08559							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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			Renoval	Repair	Encapsulate	Enclosure
windows			X	perimeter caulk	8440 LF	X			
Name of Registered Waste Hauler Panoramic Window & Door Systems, Inc.		NJDEP Waste Hauler ID No. 0036057		Cubic Yards of Waste TBD		Name of Registered Landfill Chrin Bros Sanitary Landfill			
City, State Stockton, NJ		Disposal Date TBD		City, State Easton, PA					
Completed by Paul Nagy		Title VP		Signature 		Date 04/13/26			

11025

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

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Date of Notification (1) 04/10/2026		Name of Building Owner/Operator (2) 528 Station Avenue, LLC		APR 16 2026					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 308 Barrington Avenue, Unit A		ASBESTOS CONTROL & TESTING				
			City, State, Zip Code Barrington, NJ 08007						
			Name of Contact Jessica Sheridan		Telephone Number 908-419-5910				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Bank			Type of Facility (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 528 Station Avenue			Square Feet 7,437	# of Floors 2	Bldg. Age 101				
City (5) Haddon Heights		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Former Bank					
County (6) Camden									
Name of Monitoring Firm Hired by Building Owner (8) Management & Environmental Consulting Serv		ASCM No. _____	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address PO Box 341		Street Address 623 Cutler Avenue							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Nora Pearce		Telephone No. 609-298-4070	Telephone No. 856-755-0099	License No. 00842					
Start Date (10) 04/20/2026		Scheduled Completion Date (11) 05/01/2026		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 200 Route 130 North						
			City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input 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
Rear Office Closet		X		Floor Tile	9 SF	X			
Basement		X		Duct Paper	1 SF	X			
1st Floor		X		Floor Tile & Mastic	1,740 SF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 12	Name of Registered Landfill Conestoga Landfill					
City, State Freehold, NJ		Disposal Date 05/01/2026		City, State Morgantown, PA					
Completed by Samantha Brown		Title Operations Coordinator		Signature 		Date 04/10/2026			

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

6395

CL# 6395

PAID

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

APR 16 2026

Date of Notification (1) 4-10-26		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 P.O. Box 198		City, State, Zip Code CAPE MAY COURT HOUSE							
Name of Contact:		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address 1202 MARYLAND AVE		Square Feet: 1500	# of Floors 2						
City (5) CAPE MAY		Bldg Age 50+							
County (6) CAPE MAY		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT						
Name of Monitoring Firm Hired by Building Owner (8) N.A.		ASCM No.	Name of Abatement Contractor (9) KLEWCO INC						
Street Address		Street Address 369 S. SPRUCE AVE							
City, State, Zip Code		City, State, Zip Code MAPLE SHADE, N.J. 08052							
Project Manager for Monitoring Firm		Telephone No. 856-779-0472	License No. -01371						
Start Date (10) 4-24-26		Scheduled Completion Date (11) 5-4-26							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor							
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		Street Address							
City, State, Zip Code		City, State, Zip Code							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos 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
SWING			X	TRANSITE	1500 SF	X			
Name of Registered Waste Hauler KLEWCO INC		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 3	Name of Registered Landfill C M C M U A					
City, State MAPLE SHADE NJ		Disposal Date	City, State WOODBINE						
Completed By MICHAEL KLEWCO		Title SUP.	Signature [Signature]	Date 4-10-26					

6395

CK # 6395

PAID

RECEIVED

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

APR 16 2026

Date of Notification (1): 4-10-26

Name of Building Owner/Operator (2): MITCHELL NICHOLS

Street Address: 23 KING ST

City, State, Zip Code: RIO GRANDE N.J. 08242

Name of Contact: SAME

Agencies Notified: EPA, DEP, DOL, DOH, DCA

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

Telephone Number: _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENCE

Street Address: 142 W SPENCER AVE

City (5): WILDWOOD

County (6): CAPE MAY

County Code (7) STATE USE ONLY: _____

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

Square Feet: 1500, # of Floors: 2, Bldg Age: 50+

Current Use (Prior if being demolished): VACANT

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

Street Address: _____

City, State, Zip Code: _____

Name of Abatement Contractor (9): KLEM CO INC

Street Address: 369 S SPRUCE AVE

City, State, Zip Code: MAPLE SHADE N.J.

Telephone No: 856 779-0472, License No: 01371

Project Manager for Monitoring Firm: _____, Telephone No: _____

Start Date (10): 4-20-26, Scheduled Completion Date (11): 4-30-26

Name of OSHA Monitor: W/A

Street Address: _____

City, State, Zip Code: _____

Occupancy Status During Abatement (Check only one): Facility Closed/Vacated During Entire Period of Abatement, Abatement Performed Outside of Normal Facility Hours, Other - Describe: _____

Scope of Work (Check all that apply): ≥ 3 sf or ≥ 3 ft, ≥ 160 sf or ≥ 260 ft, Renovation, Demolition, Full Containment with Negative Pressure, Mini-Enclosure, Glovebag Procedure, Non-Exempted (*) and Non-Enforce 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
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>2500 SF</u>	<u>X</u>			

Name of Registered Waste Hauler: KLEMCO INC

City, State: MAPLE SHADE N.J.

NJDEP Waste Hauler ID No: 12904

Cubic Yards of Waste: 3 yds

Disposal Date: _____

Name of Registered Landfill: C.M.C.M.U.A

City, State: WOODBINE N.J.

Completed By: MICHAEL KLEMM, Title: SUP.

Signature: Michael Klemm, Date: 4-10-26

1620

State of New Jersey

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

PAID

4356445

APR 16 2026

Date of Notification (1) <u>04</u> / <u>15</u> / <u>26</u>		Name of Building Owner/Operator (2) TROGON DEVELOPMENT LLC								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address RD 3, KM 19.9							
			City, State, Zip Code CANOVAVAS, PR 00729							
			Name of Contact JESSE FROH	Telephone Number (314) 580-6736						
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) FORMER GENON SAYREVILLE POWER PLANT		Type of Facility (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 7702 RIVER ROAD		Square Feet 420,375	# of Floors 5							
City (5) SAYREVILLE		Bldg. Age 50+/-								
County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT								
Name of Monitoring Firm Hired by Building Owner (8) FINOG ENVIRONMENTAL, INC.		ASCM No.	Name of Abatement Contractor (9) PEPPER ENVIRONMENTAL SERVICES, INC.							
Street Address 617 STOKES ROAD-STE. 4-318		Street Address 2251 FRALEY STREET								
City, State, Zip Code MEDFORD, NJ 08055		City, State, Zip Code PHILADELPHIA, PA 1917								
Project Manager for Monitoring Firm MARK RUBNITZ		Telephone No. (888) 715-2211	Telephone No. (215) 533-5155							
License No. 01166		Name of OSHA Monitor FINOG ENVIRONMENTAL, INC.								
Start Date (10) <u>04</u> / <u>27</u> / <u>26</u>	Scheduled Completion Date (11) <u>10</u> / <u>30</u> / <u>26</u>									
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 617 STOKES ROAD-STE. 4-318								
		City, State, Zip Code MEDFORD, NJ 08055								
Scope of Work (Check all that apply)										
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
ABATEMENT PRIOR TO DEMO										
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	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SEE ATTACHED		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 VOYAGER TRUCKING		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT						
City, State NEWARK, NJ		Disposal Date	City, State FAIRLESS HILLS, PA							
Completed By (Print or Type) DENISE M. NIVEN		Title ADMIN. ASST.	Signature <i>Denise M. Niven</i>				Date 4.15.26			

LOCATION OF ASBESTOS CONTAMINATION (LOCAL TO THE FACILITY)	IN LOCATION USED SOLELY BY MAINTENANCE/ CUSTOMER STAFF?	DESCRIPTION OF ASBESTOS MATERIALS (E.G. THERMAL SYSTEMS INSULATION, SURFACING, VAT, OR OTHER MATERIALS)	APPROXIMATE AMOUNT OF OR LFL	REMOVAL	REPAIR	ENCLOSURE	ABATEMENT TYPE
1930'S SECTION-OLD PLANT (BRICK BUILDING) BASEMENT AT FREIGHT ELEVATOR	N/A	ERONY ELECTRICAL BOARDS	350 SF	YES	NO	NO	NO
1930'S SECTION-OLD PLANT (BRICK BUILDING) BASEMENT AT FREIGHT ELEVATOR	N/A	FIBROUS PANEL ASSOCIATED WITH GEAR SWITCHES	24 SF	YES	NO	NO	NO
1930'S SECTION-OLD PLANT (BRICK BUILDING) BASEMENT AT FREIGHT ELEVATOR	N/A	TRANSITE PANELS ASSOCIATED WITH TRANSFORMERS	50 SF	YES	NO	NO	NO
1930'S SECTION-OLD PLANT (BRICK BUILDING) BASEMENT AT FREIGHT ELEVATOR & BOILER #6	N/A	WHITE BLOCK INSULATION	700 SF	YES	NO	NO	NO
1930'S SECTION-OLD PLANT (BRICK BUILDING) BASEMENT	N/A	WHITE BLOCK BREECHING INSULATION	6,400 LF	YES	NO	NO	NO
1930'S SECTION-MEZZANINES ABOVE BOILERS 5 & 6	N/A	WHITE BLOCK BREECHING INSULATION	150 LF	YES	NO	NO	NO
1930'S SECTION-NORTH BASEMENT	N/A	WHITE BLOCK BREECHING INSULATION	8,500 LF	YES	NO	NO	NO
1930'S SECTION-CATWALK IN OLD PLANT BASEMENT	N/A	HEAT EXCHANGER INSULATION	350 SF	YES	NO	NO	NO
1930'S SECTION-OLD PLANT (BRICK BUILDING) BASEMENT AT FREIGHT ELEVATOR	N/A	CEMENT BOARD DEBRIS	150 SF	YES	NO	NO	NO
1930'S SECTION-OLD PLANT BASEMENT BOILER #5	N/A	CEMENTITIOUS PACKING BETWEEN BOILER TUBES	575 LF	YES	NO	NO	NO
1930'S SECTION-BOILERS 5/6	N/A	WHITE & GREY ACCESS HATCH INSULATION	480 LF	YES	NO	NO	NO
1930'S SECTION-BOILERS 5/6	N/A	BOILER RIB CEMENT	6,000 SF	YES	NO	NO	NO
1930'S SECTION-THROUGHOUT BASEMENT	N/A	FIRE DOOR INSULATION	650 SF	YES	NO	NO	NO
1930'S SECTION-MEZZANINES AT BOILERS 1-4	N/A	BOILER HEADER INSULATION	180 LF	YES	NO	NO	NO
1930'S SECTION-BOILERS 1-4	N/A	GREY PACKING MATERIAL BELOW METAL BOILER SKIN	8,400 SF	YES	NO	NO	NO
1930'S SECTION-BOILERS 1-4	N/A	WHITE PACKING ASSOCIATED WITH HA 01 BELOW METAL BOILER SKIN	8,400 SF	YES	NO	NO	NO
1930'S SECTION-BOILERS 1-4	N/A	CEMENTITIOUS PACKING	3,600 SF	YES	NO	NO	NO
1930'S SECTION-BOILERS 1-4	N/A	ROPE GASKET BELOW CEMENTITIOUS PACKING	3,600 SF	YES	NO	NO	NO
1930'S SECTION-BOILERS 1-4	N/A	INSULATION BELOW BOILER BROCK COATING	6,160 SF	YES	NO	NO	NO
1930'S SECTION-BOILERS 1-4	N/A	PACKING BETWEEN BOILER BRICKS & METAL COLUMNS	2,200 SF	YES	NO	NO	NO
1930'S SECTION-BOILERS 5-6	N/A	ROPE GASKET	600 LF	YES	NO	NO	NO
1930'S SECTION-EAST ELEVATION	N/A	WINDOW PUTTY	815 SF	YES	NO	NO	NO
1930'S SECTION-EAST ELEVATION	N/A	WINDOW CAULKING	512 LF	YES	NO	NO	NO
1930'S SECTION-ROOF #9	N/A	ROOFING MEMBRANE & LOWER ROOF AGAINST 1950'S BUILDING	23,720 SF	YES	NO	NO	NO
1930'S SECTION-ROOF #9	N/A	PARAPET WALL FLASHING	1,500 SF	YES	NO	NO	NO
1930'S SECTION-ROOF #9	N/A	EXHAUST UNIT FAN	35 SF	YES	NO	NO	NO
1930'S SECTION-ROOF #12	N/A	CANVAS WRAP AT INTERIOR WALLS	1,050 SF	YES	NO	NO	NO
1930'S SECTION-ROOF #12	N/A	PARAPET WALL FLASHING	500 SF	YES	NO	NO	NO

10492

4356951

Print Form



PAID

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

Date of Notification (1) 4/14/26		Name of Building Owner/Operator (2) APR 16 2026								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 313 North 42nd Street,								
		City, State, Zip Code Pennsauken, NJ, 08110								
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 313 North 42nd Street,		Square Feet 1000+	# of Floors 2							
City (5) Pennsauken, NJ, 08110		Bldg. Age 50+								
County (6) Camden	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) 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) 4/23/26	Scheduled Completion Date (11) 4/29/26	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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Kitchen			X	Floor Tile	150 SF	X				
Name of Registered Waste Hauler Pernaco Inc		NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Hills						
City, State West Berlin NJ		Disposal Date 4/29/26		City, State Morrisville PA 10067						
Completed by Anthony T Perna		Title President	Signature 				Date 4/14/26			

5439

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

Check # 5939

APR 16 2026

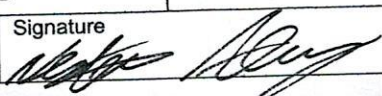
Project #

Date of Notification (1) 04/13/2026		Name of Building Owner/Operator (2) Manville School District						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1100 Brooks Blvd						
		City, State, Zip Code Manville, 08835						
		Name of Contact Keith Gardener	Telephone Number 908-231-8544					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Alexander Batcho School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 100 N 13 Ave		Square Feet	# of Floors					
City (5) Manville, 08835		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) Aero Environmental Services		ASCM No.	Name of Abatement Contractor (9) Nick Restoration LLC					
Street Address 275 Rt 10 East		Street Address 72 Brookside Rd						
City, State, Zip Code Succasunna, NJ 07876		City, State, Zip Code Randolph, NJ 07869						
Project Manager for Monitoring Firm Michael Berta	Telephone No. 973-920-9061	Telephone No. 973933-2550	License No. 01358					
Start Date (10) 05/15/2026	Scheduled Completion Date (11) 05/17/2026	Name of OSHA Monitor Nick Restoration 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: 4pm		Street Address 72 Brookside Rd						
		City, State, Zip Code Randolph, NJ 07869						
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) 30 LF	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
GYM		X	Wrap & cut pipe insulation					
Name of Registered Waste Hauler Century		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S				
City, State Elizabeth, NJ		Disposal Date TBD		City, State Tullytown, Pa				
Completed by Nikica Mrda		Title President	Signature <i>Nikica Mrda</i>		Date 04/13/2026			

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

Date of Notification (1) 04/10/2026		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 184 Seeley Avenue								
		City, State, Zip Code Kearny, New Jersey, 07032								
		Name of Contact		Telephone Number						
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Home			Type of Facility (4)							
Street Address 184 Seeley 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) Kearny		Square Feet 1,218 SF	# of Floors 2	Bldg. Age 1925						
County (6) Hudson County		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) True Star Contracting							
Street Address		Street Address 54 Hedden Terrace								
City, State, Zip Code		City, State, Zip Code North Arlington, New Jersey 07031								
Project Manager for Monitoring Firm		Telephone No.	Telephone No. (201) 790-4530	License No. 02047						
Start Date (10) 04/19/2026	Scheduled Completion Date (11) 04/21/2026		Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)			Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			City, State, Zip Code							
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) 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	Thermal Systems Insulation	60 LF	X				
Name of Registered Waste Hauler True Star Contracting		NJDEP Waste Hauler ID No. 0041405	Cubic Yards of Waste 1	Name of Registered Landfill Chrin Bro Landfill						
City, State North Arlington, New Jersey			Disposal Date TBD	City, State Easton, PA						
Completed by Nestor M. Alvez		Title Project Manager	Signature 				Date 04/10/2026			

13947

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43947

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

Date of Notification (1)
4 / 14 /26

Name of Building Owner/Operator (2)
VERIZON

Street Address
1 VERIZON WAY

City, State, Zip Code
BASKING RIDGE, NEW JERSEY 07920

Name of Contact
CHARLES MESSING

Telephone Number
917-992-1356

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

APR 17 2026

FACILITY INFORMATION

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

Type of Facility (4)

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

Street Address
208-214 LOCUST STREET

Square Feet
36,505

of Floors
2

Bldg. Age
65+

City (5)
ROSELLE PARK

County (6)
UNION

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
Pharm. Lab. COMMUNICATION BUILDING

Name of Monitoring Firm Hired by Building Owner (8)
RBS ENVIRONMENTAL

ASCM No.
17

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
24 VETERANS SQUARE

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SUFFERN, NEW YORK 10901

City, State, Zip Code
MEDIA, PA 19063

Project Manager for Monitoring Firm
MIKE STOCKU

Telephone Number
609-304-3969

Telephone Number
845-369-7500

License Number
1101

Expected State Date (10)
4 / 27 /26

Sched. Completion Date (11)
5 / 30 /26

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: MON. - FRI. - 7AM-3:30PM

Street Address
1376 ROUTE 9

City, State, Zip Code
WAPPINGERS FALL, NEW YORK 12590

Scope of Work (Check all that apply)

<input type="checkbox"/>	Demolition	<input checked="" type="checkbox"/>	Renovation
<input checked="" type="checkbox"/>	>3SF OR LF		
<input type="checkbox"/>	>160 SF OR 260 LF		

<input type="checkbox"/>	Full Containment with Negative Pressure
<input type="checkbox"/>	Mini-Encl ,
<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
EXTERIOR WINDOWS (ALL)			x	WINDOW CAULK	110 SF	X			

Name of Registered Waste Hauler
NEWARK CARTING

NJDEP Waste Hauler ID No.
913

Cubic Yards of Waste
10

Name of Registered Landfill
GRAND CENTRAL SANITARY

City, State
NEWARK, NEW JERSEY

Disposal Date
4/27-5/30/26

City, State
PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
VICE PRESIDENT, OPERATIONS

Signature
[Signature]

Date
4-14-26

13948

4356982

43948

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

Date of Notification (1)

4 / 14 /2026

Name of Building Owner/Operator (2)

TRANSCONTINENTAL GAS PIPE LINE CO. LLC

Street Address

1 WILLIAMS CENTER

City, State, Zip Code

TULSA, OKLAHOMA 74172

Name of Contact

MIKE MABEN

Telephone Number

609-865-1929

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Type of Facility (4)

- School (K-12)
- Subchapter 8 (Other than K-12)
- 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
Month Day Year

Sched. Completion Date (11)

6 / /30 /2026
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

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-Encl.
- 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
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

4/14/26

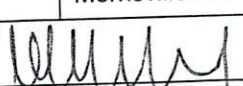
1030

PAID

4357012

Print Form

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

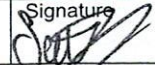
Date of Notification (1) 04/12/2026		Name of Building Owner/Operator (2) APR 17 2026									
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	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 10 Balston Dr City, State, Zip Code Verona, NJ 07044 Name of Contact _____ Telephone Number _____								
	FACILITY INFORMATION										
	Name of Facility Where Abatement is Taking Place (3) private house Street Address 10 Balston Dr City (5) Verona County (6) Essex		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet _____ # of Floors _____ Bldg. Age _____ Current Use (Prior if being demolished) _____								
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) MHM Restoration LLC Street Address 164 Meriline Ave Apt C City, State, Zip Code Woodland Park NJ 07424 Telephone No. 862-386-8433 License No. 02090								
Start Date (10) 04/21/2026		Scheduled Completion Date (11) 04/25/2026									
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor MHM Restoration LLC Street Address 164 Meriline Ave Apt C City, State, Zip Code Woodland Park NJ 07424									
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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) basement	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A *			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) VAT and mastic	Amount (Specify SF or LF) 400SF	Abatement Type Removal Repair Encapsulate Enclosure					
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> </tr> <tr> <td style="text-align: center;">*</td> <td></td> <td></td> <td></td> </tr> </table>									*	
*											
Name of Registered Waste Hauler MHM Restoration LLC		NJDEP Waste Hauler ID No. 0042035	Cubic Yards of Waste N/A	Name of Registered Landfill Fairless City, State Morrisville PA							
City, State Woodland Park NJ		Disposal Date TBD		Signature 		Date 04/12/2026					
Completed by Mike Hadzic		Title owner									

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

11026

4357014


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

Date of Notification (1) 04/13/2026		Name of Building Owner/Operator (2) Runnemede Board of Education		APR 17 2026					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification		Street Address						
	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		24 N. Black Horse Pike, 2nd Floor						
			City, State, Zip Code						
			Name of Contact		Telephone Number				
		Frank Hines		856-931-5353 x 224					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Mary E. Volz Elementary School			Type of Facility (4)						
Street Address 505 W. 3rd Avenue			<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) Runnemede			Square Feet 50,000	# of Floors 2	Bldg. Age 70				
County (6) Camden		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) Atlas Technical Consultants, LLC		ASCM No. 098	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 3 Terri Lane			Street Address 623 Cutler Avenue						
City, State, Zip Code Burlington, NJ 08016			City, State, Zip Code Maple Shade, NJ 08052						
Project Manager for Monitoring Firm John Lutz		Telephone No. 609-386-8800	Telephone No. 856-755-0099	License No. 00842					
Start Date (10) 06/24/2026		Scheduled Completion Date (11) 07/31/2026		Name of OSHA Monitor EMSL Analytical, Inc.					
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: <u>Subchapter 8 Occupied Procedures</u>			200 Route 130 North						
			City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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
1st Floor Corridors		X		Plaster Ceiling	2,800 SF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 120	Name of Registered Landfill Conestoga Landfill					
City, State Freehold, NJ			Disposal Date 07/31/2026	City, State Morgantown, PA					
Completed by Samantha Brown		Title Operations Coordinator	Signature 		Date 04/13/2026				

11029

4357018

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

Date of Notification (1) 04/15/2026		Name of Building Owner/Operator (2) APR 20 2026							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input 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 11 Budhollow Lane		City, State, Zip Code Willingboro, NJ 08046				
			Name of Contact Telephone Number						
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Street Address 11 Budhollow Lane			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Willingboro		Square Feet 1,966	# of Floors 2	Bldg. Age 67					
County (6) Burlington		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence						
Name of Monitoring Firm Hired by Building Owner (8) Management & Environmental Consulting Serv		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address PO Box 341		Street Address 623 Cutler Avenue		City, State, Zip Code Maple Shade, NJ 08052					
City, State, Zip Code Chesterfield, NJ 08515		Telephone No. 609-298-4070		Telephone No. 856-755-0099	License No. 00842				
Project Manager for Monitoring Firm Nora Pearse		Start Date (10) 04/28/2026		Scheduled Completion Date (11) 05/08/2026					
Name of OSHA Monitor EMSL Analytical, Inc.		Street Address 200 Route 130 North							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd Floor & Under the Stairs			X	Floor Tile	490 SF	X			
Throughout			X	Joint Compound/Sheetrock	2,875 SF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 23	Name of Registered Landfill Conestoga Landfill					
City, State Freehold, NJ		Disposal Date 05/08/2026		City, State Morgantown, PA					
Completed by Samantha Brown		Title Operations Coordinator		Signature 		Date 04/15/2026			

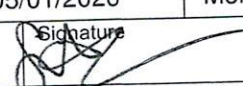
* Do not use this form for asbestos licensure exempted activities.

11028

4118169

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

APR 20 2026

Date of Notification (1) 04/14/2026		Name of Building Owner/Operator (2) City of Burlington Board of Education						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 518 Locust Avenue					
			City, State, Zip Code Burlington, NJ 08016					
		Name of Contact Richard Booth	Telephone Number 609-387-5877					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Burlington City High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 100 Blue Devil Way		Square Feet 50,000	# of Floors 2					
City (5) Burlington		Bldg. Age 75						
County (6) Burlington		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting, LLC		ASCM No. _____	Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address 304 Harper Drive, Suite 207		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 Rafael Torres		Telephone No. 856-581-9055	Telephone No. 856-755-0099					
		License No. 00842						
Start Date (10) 04/15/2026	Scheduled Completion Date (11) 05/01/2026		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 200 Route 130 North					
			City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Auditorium		X	Floor Tile & Mastic	6,000 SF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 40	Name of Registered Landfill Conestoga Landfill				
City, State Freehold, NJ		Disposal Date 05/01/2026		City, State Morgantown, PA				
Completed by Samantha Brown		Title Operations Coordinator			Signature 		Date 04/14/2026	

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

1908

4351498

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

APR 20 2026

Date of Notification (1) <u>04</u> / <u>06</u> / <u>26</u>		Name of Building Owner/Operator (2)								
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 317 Chelton Parkway								
		City, State, Zip Code Cherry Hill, NJ 08034								
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)								
Street Address 317 Chelton Parkway		Square Feet 20000	# of Floors 2							
City (5) Cherry Hill		Bldg. Age +/- 90								
County (6) Camden	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) VAcant Residence								
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		ASCM No.	Name of Abatement Contractor (9) USA Environmental Management, Inc.							
Street Address 301 9th Street		Street Address 8436 Enterprise Avenue								
City, State, Zip Code Deptford, NJ 08086		City, State, Zip Code Philadelphia, PA 19153								
Project Manager for Monitoring Firm Steve Flanigan		Telephone No. 856-848-0800	Telephone No. 215-365-5810							
License No. 1156		Name of OSHA Monitor USA Environmental Management, Inc								
Start Date (10) <u>04</u> / <u>18</u> / <u>26</u>	Scheduled Completion Date (11) <u>04</u> / <u>30</u> / <u>26</u>	Street Address 8436 Enterprise Avenue								
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00</u> AM- <u>11:30</u> PM- <u>11:30</u> PM- <u>AM</u>		City, State, Zip Code Philadelphia, PA 19153								
Scope of Work (Check all that apply)										
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Siding	1050 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 USA Environmental Management, Inc.		NJDEP Waste Hauler ID No. 32610	Cubic Yards of Waste 200 +/-	Name of Registered Landfill Cumberland County Landfill						
City, State Philadelphia, PA		Disposal Date 04/30/2026	City, State Newburg, PA							
Completed By (Print or Type) Tracy Smith		Title President	Signature <i>For: T. Smith</i>				Date 4-6-26			

CK# 6397

4357025

PAID

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

APR 20 2026

Date of Notification (1) 4-15-26		Name of Building Owner/Operator (2) CLARKE EDWARD DEVELOPEMENT	
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 E 9TH ST 3RD FLOOR	
		City, State, Zip Code OCEAN CITY N.J. 08226	
		Name of Contact:	Telephone Number

FACILITY INFORMATION		
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)
Street Address 1406 PROSPECT AVE		Square Feet # of Floors Bldg Age 1500 2 50+
City (5) OCEAN CITY		Current Use (Prior if being demolished) VACANT
County (6) CAPE MAY		County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) KLEMCO INC
Street Address 369 S. SPRUCE AVE		Street Address
City, State, Zip Code		City, State, Zip Code MAPLE SHADE NJ 08052
Project Manager for Monitoring Firm	Telephone No.	Telephone No. License No. 856-779-0472 # 1371

Start Date (10) 4-25-26	Scheduled Completion Date (11) 5-5-26	Name of OSHA Monitor N/A
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		City, State, Zip Code

Location of Asbestos-Containing Material (ACM) IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos 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
SIDING TO BE ABATED			X	TRANSITE	2000 SF	X			

Name of Registered Waste Hauler KLEMCO INC	NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 5	Name of Registered Landfill C M C M U A
City, State MAPLE SHADE N.J. 08052	Disposal Date	City, State WOODBINE NJ	
Completed By MICHAEL KLEMM	Title PRES.	Signature <i>[Signature]</i>	Date 4-15-26

CK# 6397

4357027

PAID

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

APR 20 2026

Date of Notification (1) 4-15-26

Name of Building Owner/Operator (2) MASE ENTERPRISES

Street Address 552 LEEDS RD

City, State, Zip Code ABSECON N.J 08201

Name of Contact ANDY Telephone Number _____

Agencies Notified: EPA, DEP, DOL, DOH, DCA

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

FACILITY INFORMATION

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

Street Address 809 N DERBY AVE

City (5) VENTNOR HEIGHTS

County (6) ATLANTIC 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 1500 # of Floors 2 Bldg. Age 50+

Current Use (Prior if being demolished) VACANT

Name of Monitoring Firm Hired by Building Owner (8) N/A ASCM No. _____

Name of Abatement Contractor (9) KLEWCO INC

Street Address 369 S SPRUCE AVE

City, State, Zip Code MAPLE SHADE N.J 08052

Telephone No. 856-779-0472 License No. # 01371

Project Manager for Monitoring Firm _____ Telephone No. _____

Name of OSHA Monitor N/A

Start Date (10) 4-26-26 Scheduled Completion Date (11) 5-6-26

Occupancy Status During Abatement (Check only one): Facility Closed/Vacated During Entire Period of Abatement, Abatement Performed Outside of Normal Facility Hours, Other - Describe _____

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
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>1500 SF</u>	<u>X</u>			

Name of Registered Waste Hauler KLEWCO INC NJDEP Waste Hauler ID No. 17904 Cubic Yards of Waste 4 Name of Registered Landfill ACVA

City, State MAPLE SHADE N.J Disposal Date _____ City, State PLEASANTVILLE NJ

Completed By MICHAEL KLEWCO Title PRES Signature [Signature] Date 4-15-26


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

100
CK

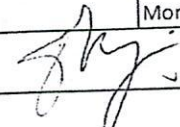
4353720

APR 20 2026

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

Date of Notification (1) 04/16/2026		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 checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1601 North Stiles Street						
			City, State, Zip Code Linden, NJ 07036						
			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 1601 North Stiles Street, Linden		Square Foot 1,600	# of Floors 2						
City (5) Linden		Bldg. Age 55+							
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) 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. 973-333-9176	License No. 01331						
Start Date (10) 4/17/2026	Scheduled Completion Date (11) 4/17/2026	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>10am-6:30pm</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 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) 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) 15 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		TSI		X			
Name of Registered Waste Hauler Unicorn Contracting Corp.		NIDEP 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 04/16/2026						

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)							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1601 North Stiles Street City, State, Zip Code Linden, NJ 07036						
			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 1601 North Stiles Street, Linden			Square Foot 1,600	# of Floors 2	Bldg. Age 55+				
City (5) Linden		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
County (6) Union		Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.					
		Name of Abatement Contractor (9) Unicorn Contracting Corp.							
Street Address		Street Address 14 Willow Street							
City, State, Zip Code		City, State, Zip Code Bloomfield, NJ 07003							
Project Manager fo Monitoring Firm		Telephone No. 973-333-9176		License No. 01331					
Start Date (10) TBD		Scheduled Completion Date (11) TBD		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 type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		TSI	15 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 4/10/2026			

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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 / 16 /2026

Name of Building Owner/Operator (2)
HMH CARRIER CLINIC

Street Address
252 COUNTY ROAD 601

City, State, Zip Code
BELLE MEAD, NEW JERSEY 08502

Name of Contact
BRUCE JENSEN

Telephone Number
908-297-2919

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 #3
<input type="checkbox"/>	Cancellation
<input type="checkbox"/>	On Hold
<input type="checkbox"/>	EMERGENCY NOTIFICATION

APR 20 2026

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
HMH CARRIER CLINIC

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
252 COUNTY ROAD 601

Square Feet
4,880

of Floors
1

Bldg. Age
45

City (5)
BELLE MEAD

County (6)
SOMERSET

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
Pharm. Lab. COMMERCIAL

Name of Monitoring Firm Hired by Building Owner (8)
PARTNER ENGINEERING & SCIENCE

ASCM No.
17

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
611 INDUSTRIAL WAY

City, State, Zip Code
EATONTOWN, NEW JERSEY 07724

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm
MICHELLE NAGY

Telephone Number
732-380-1700

Telephone Number
845-369-7500

License Number
1101

Expected State Date (10)
3 / 23 /26

Sched. Completion Date (11)
4 / 16 /26

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-12 AM

Street Address
1376 ROUTE 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

Full Containment

Mini-Encl.

Glovebag Procedure

Non-Friable Procedure

Renovation

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
1st FLOOR GYM			x	FLOOR TILE & MASTIC	4,880 SF	X			

Name of Registered Waste Hauler
NEWARK CARTING

NJDEP Waste Hauler ID No.
913

Cubic Yards of Waste
80

Name of Registered Landfill
GRAND CENTRAL SANITARY

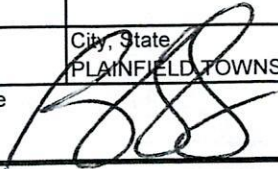
City, State
NEWARK, NEW JERSEY

Disposal Date
3/10/26-9/30/2026

City, State
PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
VICE PRESIDENT, OPERATIONS

Signature


Date
4-16-26