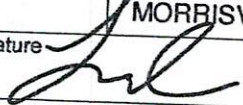


PAID
 State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

4358750
 1397

Date of Notification (1) 05/06/2026		Name of Building Owner/Operator (2) MAY 8 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 PO BOX 5277					
		City, State, Zip Code NEWARK, NJ 07105		Name of Contact					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) HOME			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 25 EDGEMERE RD			Square Feet 1000	# of Floors 1	Bldg. Age +50				
City (5) LIVINGSTON		County (6) ESSEX		County Code (7) (STATE USE ONLY) _____					
				Current Use (Prior if being demolished) RESIDENTIAL					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) MALCO ENVIRONMENTAL						
Street Address		Street Address 24 LINCOLN AVE W			City, State, Zip Code CRANFORD, NJ 07016				
City, State, Zip Code		Telephone No.	Telephone No. 7325133487	License No. 02113					
Project Manager for Monitoring Firm		Telephone No.	Name of OSHA Monitor						
Start Date (10) 05/18/2026		Scheduled Completion Date (11) 05/20/2026							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address						
			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure	<input type="checkbox"/> Mini-Enclosure				
				<input checked="" type="checkbox"/> Glovebag Procedure	<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR		X		SIDING	1000 SF	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 05/06/2026				

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

1396

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

4355751
1396
MAY 8 2026

Date of Notification (1) 05/06/2026		Name of Building Owner/Operator (2)							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address PO BOX 5277		City, State, Zip Code NEWARK, NJ 07105				
				Name of Contact	Telephone Number				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) TUDOR 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 525 NORTHFIELD AVE			Square Feet 4000	# of Floors 2	Bldg. Age +50				
City (5) WEST ORANGE			Current Use (Prior if being demolished) RESIDENTIAL						
County (6) ESSEX		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) MALCO ENVIRONMENTAL						
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. 7325133487	License No. 02113					
Start Date (10) 05/22/2026		Scheduled Completion Date (11) 05/31/2026		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 type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
REAR STORAGE ROOM		X		CEILING	100SF	X			
BASEMENT		X		PIPE INSULATION	20LF	X			
2ND FL		X		DUCT INSULATION	15LF	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 05/06/2026				

1396

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

1396

Date of Notification (1) 05/06/2026		Name of Building Owner/Operator (2) GOMES & GOMES DEVELOPMENT	
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 PO BOX 5277 City, State, Zip Code NEWARK, NJ 07105 Name of Contact SANDRO GOMES Telephone Number 9083803064
			MAY 8 2026

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) TUDOR 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 525 NORTHFIELD AVE		Square Feet 4000	# of Floors 2
City (5) WEST ORANGE		Bldg. Age +50	
County (6) ESSEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RESIDENTIAL	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) MALCO ENVIRONMENTAL	
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. 7325133487	License No. 02113

Start Date (10) 05/20/2026	Scheduled Completion Date (11) 05/22/2026	Name of OSHA Monitor		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address		
		City, State, Zip Code		

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> 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
EXTERIOR		X		ROOF	3000SF	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 05/06/2026

21508

PAID
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 AND 12:120)

3940094
RECEIVED

MAY 8 2026

Date of Notification (1) 5/4/2026		Name of Building Owner/Operator (2) Bloomfield 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		Notification Type <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 155 Broad St		City, State, Zip Code Bloomfield, NJ 07003	
Name of Contact Vicky Guo		Tel Number 973 680-8501	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Demarest 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 465 Broughton Ave,		City (5) Bloomfield	
County (6) Essex		County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Briggs Associates		ASCM No. 00004	
Name of Contractor (9) MTM Metro Corporation		Street Address 135-137 McBride Ave	
Street Address 3 Crosswicks St		City State, ZipCode Paterson, NJ 07501	
City, State, Zip Code Bordentown, NJ 08505		Telephone Number 973-742-5030	
Project Manager for Monitoring Firm Mike Hoodak		License Number 00809	
Telephone Number 609.298.5520		Name of OSHA Monitor MTM Metro Corporation	
Scheduled Start Date (10) 05/15/2026		Scheduled Completion Date (11) 06/07/2026	
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 135-137 McBride Avenue	
Source of Work (Check all that apply) <input type="checkbox"/> > 3 sf or > 3 lf <input checked="" type="checkbox"/> > 160 sf or > 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Non-Exempted(*) & Non-Friable Procedure <i>w/WRAP/CUT METHOD</i> <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure		City, State, Zip Code Paterson, NJ 07501	
Location of Asbestos-Containing Material (ACM) in Facility (13) Bsmnt, 1st floor & 2nd floor		Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO N/A X	
Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) Pipe insulation		Amount (Specify SF or LF) 704 LF	
Abatement Type Rem. Rep. Encap Enclose X X			
Name of Reg. Waste Hauler MTM Metro Corporation		NJDEP Waste Hauler ID # 26552	
Cubic Yards of Waste 40		Name of Reg. Landfill Tullytown	
City, State 135-137 McBride Ave		Disp. Date 06/8/2026	
City, State Tullytown, PA			
Completed by (Print or Type) Mike Damevski		Title Project manager	
Signature <i>Mike Damevski</i>		Date 05/04/2026	

ASB-41

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

OK 2948

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

4357119

Proj. #: 26-67

MAY 7 2026

Date of Notification (1) 10 4 1 2 9 1 2 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 #: _____	Street Address 231 Montgomery Street	
	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bloomfield, NJ 07003	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 231 Montgomery Street			Square Feet 2,000 SF	# of Floors 02	Bldg. Age 146
City (5) Bloomfield, NJ 07003	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) 04/30/2026	Sched. Completion Date (11) 05/01/2026		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	85 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

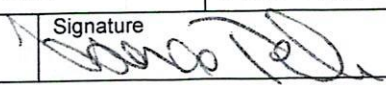
Registered Waste Hauler KLOMAX, LLC	NJDEP Hauler ID# 0038241	Cubic Yards of Waste 1/2 CYD.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY		
City, State Budd Lake, NJ 07828	Disposal Date TBD	City, State TULLYTOWN, PA			
Completed by (Print or Type) Gordana Stojanovska	Title Secretary	Signature 		Date 04/29/2026	

5358

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

4175464

RECEIVED

Date of Notification (1) 05/05/2026		Name of Building Owner/Operator (2) Institute of Music for Children							
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 780 Salem Avenue							
		City, State, Zip Code Elizabeth, NJ 07208							
		Name of Contact Ross Richards	Telephone Number (201) 410-1314						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Institute of Music for Children		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 780 Salem Avenue		Square Feet 12,660 SF	# of Floors 3						
City (5) Elizabeth		Bldg. Age 75							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Music School							
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Services LLC		ASCM No. 00120	Name of Abatement Contractor (9) United Safety LLC						
Street Address 280 Huyler Street		Street Address 101 Alexander Ave Unit 4							
City, State, Zip Code S. Hackensack, NJ		City, State, Zip Code Pompton Plains, NJ 07444							
Project Manager for Monitoring Firm Rey Montes de Oca		Telephone No. 201-489-8700x140	Telephone No. 973-276-0099						
		License No. 01317							
Start Date (10) 5/26/26	Scheduled Completion Date (11) 6/19/26	Name of OSHA Monitor United Safety 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 101 Alexander Ave Unit 4							
		City, State, Zip Code Pompton Plains, NJ 07444							
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 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
Classroom 304		X		Carpet Glue	1,160 SF	X			
Classroom 204		X		VAT/Mastic	532 SF	X			
MER	X			TSI	710 LF	X			
Corridor		X		VAT/Mastic	100 SF	X			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Landfill					
City, State Elizabeth, NJ		Disposal Date TBD		City, State Penn Argyl, PA					
Completed by Vanco Petkov		Title Project Manager		Signature 			Date 5/05/26		

1472

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

3966411
RECEIVED
Checks #

Date of Notification (1) April 27, 2026		Name of Building Owner / Operator (2) Bank of America	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Cancellation	Street Address One Lincoln Center, Suite 300	
		City, State & Zip Code Syracuse NY 13202	
		Name of Contact Thomas Ashman	Telephone Number 516 972 8809
		MAY 7 2026	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Bank of America		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address 1 Deerfield Place		Square Feet 2000	# of Floors 1
City (5) Flanders		Bldg. Age 50	
County (6) Morris		Current Use (Prior if being demolished) Bank	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) Arcadis US, Inc.		ASCM No.	
Street Address 27-01 Queens Plaza North, Suite 800		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code Long Island City, NY 11101		Street Address 1432 Route 539	
Project Manager for Monitoring Firm Troy Ray		Telephone Number 631-338-4944	License Number 00817
Scheduled Start Date (10) May 8, 2026	Scheduled Completion Date (11) July 15, 2026	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1432 Route 539	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 50 lf	<input checked="" type="checkbox"/> 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 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
First Floor - landing			x	Mastic	30 SF	X			
First Floor-stairs			X	Mastic	39 SF	X			

Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill
City, State Little Egg Harbor, NJ 08087	Disposal Date July 16, 2026	City, State Morrisville, PA	
Completed By Erica Vanarelli	Title Finance/Office Executive	Signature <i>Erica Vanarelli</i>	Date April 27, 2026

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

1449

4358 172

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

Check # [REDACTED]

Date of Notification (1) March 24, 2026		Name of Building Owner / Operator (2) P. Agnes	
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"/> Cancellation	Street Address 2101 Penrose Avenue	
		City, State & Zip Code Philadelphia PA 19101	
		Name of Contact Gene Slaughter	Telephone Number 215-755-6900

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) JFK Health and Fitness 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 & commercial buildings, home, etc.)	
Street Address 70 James Street		Square Feet	# of Floors
City (5) Edison NJ		Bldg. Age 48 Years	
County (6) Middlesex		County Code (7) USE ONLY	
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting, Inc.		ASCM No.	
Street Address 1600 Route 22 East, Ste 107		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code Union, NJ 07083		Street Address 829 Radio Road	
Project Manager for Monitoring Firm Stephen Cherepany		Telephone Number 908-688-7800	License Number 00817
Scheduled Start Date (10) April 20th, 2026	Scheduled Completion Date (11) July 15th, 2026	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input checked="" type="checkbox"/> Other - Describe: Work area is vacated <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 50 lf	<input checked="" type="checkbox"/> 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 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	Encapsul	Enclosure
Rehab Room - Gym Flooring			X	ACM black felt	5,000 SF	X			

Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 8	Name of Registered Landfill Fairless Landfill	
City, State Little Egg Harbor, NJ 08087		Disposal Date July 16th, 2026		City, State Morrisville, PA	
Completed By Erica Vanarelli	Title Executive Administrator	Signature <i>Erica Vanarelli</i>		Date March 24, 2026	

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

6410

CK# 6410

PAID

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 9:60 and 12:100)

MAY 7 2026

Date of Notification: 5-1-26

Name of Building Owner/Operator: JONATHAN H AND EXCAVATING

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

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

Street Address: PO BOX 198

City/State/Zip Code: CAPE MAY COURT HOUSE

Name of Contact: JOHN Telephone Number: 856-780-3814

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: RESIDENCE

Street Address: 10516 GOLDEN GATE DR

City: STONE HARBOR

County: CAPE MAY

Type of Facility: Other (i.e. private & commercial buildings, homes, etc.)

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

County Code: USE ONLY STATE: CA Current Use (Prior if being demolished): VACANT

Name of Monitoring Firm Hired by Building Owner: N/A ASCM No: _____

Name of Abatement Contractor: 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

Start Date: 5-10-26 Scheduled Completion Date: 5-24-26

Occupancy Status During Abatement (Check only one): Facility Closed/Vacated During Entire Period of Abatement

Project Manager for Monitoring Firm: _____ Telephone No: _____

Name of OSHA Monitor: _____

Street Address: _____

City/State/Zip Code: _____

Scope of Work (Check all that apply):

> 23 sf or 23 ft > 160 sf or 2250 ft

Renovation Demolition

Full Containment with Negative Pressure Min. Enclosure Glovebag Procedure Non-Exempted and Non-Enable Procedure

Location of Asbestos-Containing Material (ACM) IN Facility (3)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VA, 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>2000 SF</u>	<u>X</u>			

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: 5-1-26

6410 CK#6410

PAID

4558754

PROTECTED

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

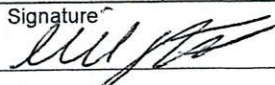
MAY 7 2026

Date of Notification (1) 5-1-26		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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 817 LAFAYETTE BLVD								
		City, State, Zip Code BRIGANTINE								
		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 817 LAFAYETTE BLVD		Square Feet 1500	# of Floors 2							
City (5) BRIGANTINE		Bldg. Age 50+								
County (6) ATLANTIC	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT								
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) KLEMCO INC								
Street Address		Street Address 369 S. SPRUCE AVE								
City, State, Zip Code		City, State, Zip Code MAPLE SHADE NJ 08052								
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856-779-0472	License No. #1371							
Start Date (10) 5-11-26	Scheduled Completion Date (11) 5-21-26	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) <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	
SIDING			X	TRANSITE	1000 SF	X				
Name of Registered Waste Hauler KLEMCO INC		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 5	Name of Registered Landfill ACUA						
City, State MAPLE SHADE N.J 08052		Disposal Date	City, State PLEASANTVILLE NJ							
Completed By MICHAEL KLEMM	Title PRES.	Signature <i>[Signature]</i>	Date 5-1-26							

42581

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

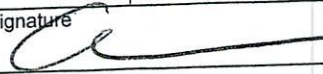
4358 (15)
25 W Erie Ave

Date of Notification (1) 5/4/26		Name of Building Owner/Operator (2) First Energy								
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 56 Hampton House Rd City, State, Zip Code Newton NJ Name of Contact Peter Lewis							
			Telephone Number 848-236-7814							
	FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 56 Hampton House Rd		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
City (5) Newton	County (6) Sussex	County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished)	Square Feet # of Floors Bldg. Age							
Name of Monitoring Firm Hired by Building Owner (8) Colden		ASCM No.	Name of Abatement Contractor (9) LEM CONSTRUCTION LLC							
Street Address 630 Century Parkway Suit 110		Street Address 25 W ERIE AVE								
City, State, Zip Code Bluebell PA 19422		City, State, Zip Code RUTHERFORD NJ 07070								
Project Manager for Monitoring Firm		Telephone No. 215-496-9237	Telephone No. 201-500-9896 License No. 02004							
Start Date (10) 5/18/26	Scheduled Completion Date (11) 5/24/26	Name of OSHA Monitor								
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>Partially closed off building</u>		Street Address City, State, Zip Code								
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" 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	
bathroom corridor & office space				Tiles and Mastic	250 SF	x				
Name of Registered Waste Hauler LEM CONSTRUCTION LLC		NJDEP Waste Hauler ID No. 02004	Cubic Yards of Waste TBD	Name of Registered Landfill TBD						
City, State TBD		Disposal Date TBD		City, State TBD						
Completed by Michael Urbizagastegui		Title Owner	Signature 				Date 5/4/26			

10530

4358758

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

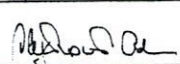
Date of Notification (1) 5/5/26		Name of Building Owner/Operator (2) Stockton University									
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 101 Vera King Farris Drive									
		City, State, Zip Code Galloway NJ 08205									
		Name of Contact Jeffrey Gross	Telephone Number 609-833-5600								
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Stockton University Building 30 CC105 Mechanical Room		Type of Facility (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 101 Vera King Farris Drive		Square Feet 1500+	# of Floors 1								
City (5) Galloway NJ 08205		Bldg. Age 50+									
County (6) Atlantic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)									
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services Inc		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.								
Street Address PO Box 365		Street Address PO Box 329									
City, State, Zip Code Berlin NJ 08009		City, State, Zip Code West Berlin NJ 08091									
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 609-839-2432	Telephone No. 856-753-9800								
		License No. 00727									
Start Date (10) 5/18/26	Scheduled Completion Date (11) 5/22/26	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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type					
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure		
Mechanical Room			X	Pipe Insulationn	27 LF	X					
				Wet Wrap & Cut							
Name of Registered Waste Hauler Pernaco Inc		NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste 3	Name of Registered Landfill Atlantic County Landfill							
City, State Berlin NJ		Disposal Date 5/22/26	City, State Egg Harbor Twp NJ								
Completed by Anthony T Perna		Title President	Signature 					Date 5/5/26			

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

4081

4344375

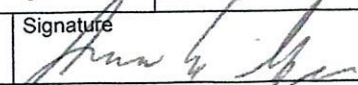
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 05/01/2026		Name of Building Owner/Operator (2) Borough of Beach Heaven		Check No. 4081 MAY 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 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 30 Engleside Ave		Telephone Number 609 633-2648					
			City, State, Zip Code Beach Heaven, New Jersey 08008							
			Name of Contact Ronald A. Sebring Associates, LLC Architect							
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 420 Pelham Avenue			Square Feet 20000	# of Floors 2	Bldg. Age 50+					
City (5) Beach Haven, New Jersey 08008			Current Use (Prior if being demolished) Commercial							
County (6) Ocean		County Code (7) (STATE USE ONLY) _		Name of Abatement Contractor (9) Lilich Corporation						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc			ASCM No.		Street Address 120 North Warren Street					
Street Address 420 Pelham Avenue			Street Address 246 Union Boulevard							
City, State, Zip Code Trenton, NJ 0860			City, State, Zip Code Totowa, New Jersey 07512							
Project Manager for Monitoring Firm Roland C. Jones, CIH		Telephone No 609-392-4200		Telephone No. 973-225-8400	License No. 01104					
Start Date (10) 05/11/2026		Scheduled Completion Date (11) 05/14/2026		Name of OSHA Monitor LIS CONSULTING SERVICES, LLC						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 3 B Cottage Court							
			City, State, Zip Code Whiting, New Jersey							
Scope of Work (Check All That Apply)										
<input 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"/> 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	
Electrical Rm Galley		X		Cement Board Panel	32SF	X				
Name of Registered Waste Hauler Century Waste Services			NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 1		Name of Registered Landfill Grand Central Landfill			
City, State Elizabeth, New Jersey			Disposal Date May/2026		City, State Waynesburg, Ohio, PA					
Completed by Adriana Olejarova			Title President		Signature 			Date 05/01/2026		

1480 CK # 1480

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

3934747
 RECEIVED

Date of Notification (1) 05 / 08 / 26		Name of Building Owner/Operator (2) RWJ Barnabas Health		MAY 11 2026	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 94 Old Short Hills Road		City, State, Zip Code West Orange, NJ 07502	
		Name of Contact Ron Carvalho as agent		Telephone Number 908-208-3060	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Clara Maass Medical Center			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
Street Address 1 Clara Maass Drive			Square Feet 40,000	# of Floors 4	Bldg. Age 68 + yrs.
City (5) Belleville		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Hospital	
County (6) Essex		Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		Name of Abatement Contractor (9) SafeAir Solutions	
ASCM No. N/A		Street Address 64 Broad Street		Street Address P.O. Box 11	
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Cedar Grove, NJ 07009		Telephone No. 973-868-3323	
Project Manager for Monitoring Firm Tom Geiger		Telephone No. 732-290-2217		License No. 02115	
Start Date (10) 05 / 20 / 26		Scheduled Completion Date (11) 05 / 31 / 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 - Describe Time of Abatement: _____ AM-_____ PM/ _____ PM-_____ AM <input checked="" type="checkbox"/> Unoccupied Under Construction Space			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 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)	
		Yes No N/A		Amount (Specify SF or LF)	
4th Floor East, L&D Waiting Area		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Linoleum/Floor Tile/Mastic	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		525 SF	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 5 yds.	
City, State Elizabeth, NJ		Name of Registered Landfill Fairless Landfill		Disposal Date May 2026	
City, State Morrisville, PA		Signature 		Date 5-8-26	
Completed By (Print or Type) James E Unger		Title President			

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

2958

4357667

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

Proj. #: 26-72

MAY 11 2026

Date of Notification (1) 10 15 1/10 17 1/2 16 1		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 133 W. 9th Street	
		City, State, Zip Code Bayonne, NJ 07002	
		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 133 W. 9th Street			Square Feet 2,400 SF	# of Floors 02	Bldg. Age 106
City (5) Bayonne, NJ 07002	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) 05/08/2026	Sched. Completion Date (11) 05/11/2026				
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- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: Normal Hours					
Name of OSHA Monitor KLOMAX, LLC			Street Address 144 US Highway 46		
			City, State, Zip Code Budd Lake, NJ 07828		

Scope of Work (check all that apply)

<input 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 + Elbows Cleanup	20 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 05/07/2026
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2959

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

4355765

RECEIVED

Proj. #: 26-78

MAY 11 2026

Date of Notification (1) 10 5 1 0 7 1 2 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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2 Hickory Street	
	City, State, Zip Code Cranford, NJ 07016		
	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 2 Hickory Street			Square Feet 2,100 SF	# of Floors 02	Bldg. Age 85
City (5) Cranford, NJ 07016	County (6) Union	County Code (7) (State use only)	Current Use (Prior if being demolished) Residential		

Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) KLOMAX, LLC		
Street Address		Street Address 144 US Highway 46			
City, State, Zip Code		City, State, Zip Code Budd Lake, NJ 07828			
Project Manager for Monitoring Firm	Phone Number	Telephone Number 833-455-6629		License Number 02007	
Start Date (10) 05/26/2026	Sched. Completion Date (11) 05/28/2026	Name of OSHA Monitor KLOMAX, LLC			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: Normal Hours		Street Address 144 US Highway 46			
		City, State, Zip Code Budd Lake, NJ 07828			

Scope of Work (check all that apply)

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		Pipe Insulation	68 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler KLOMAX, LLC	NJDEP Hauler ID# 0038241	Cubic Yards of Waste 1/2 CYD.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY		
City, State Budd Lake, NJ 07828	Disposal Date TBD	City, State TULLYTOWN, PA			
Completed by (Print or Type) Gordana Stojanovska	Title Secretary	Signature 		Date 05/07/2026	

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

2959

4358763

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

RECEIVED

Proj. #: 26-74

MAY 11 2026

Date of Notification (1) 10 15 1/10 17 1/12 16 1		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 21 Valhalla Way	
		City, State, Zip Code Verona, NJ 07044	
		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 21 Valhalla Way			Square Feet 1,700 SF	# of Floors 02	Bldg. Age 97
City (5) Verona, NJ 07044	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) 05/19/2026		Sched. Completion Date (11) 05/21/2026			
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- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: Normal Hours					

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 w/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)	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	562 SF	X			

Registered Waste Hauler KLOMAX, LLC	NJDEP Hauler ID# 0038241	Cubic Yards of Waste 1 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 05/07/2026

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

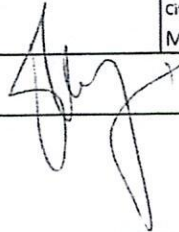
2330

43558766

PAID

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

MAY 11 2026

Date of Notification (1) 05/06/2026		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"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 78 Smith 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 78 Smith Street			Square Foot 1,300						
City (5) Irvington			# of Floors 2		Bldg. Age 55+				
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.		Name of Abatement Contractor (9) Unicorn Contracting Corp.				
Street Address			Street Address 14 Willow Street						
City, State, Zip Code			City, State, Zip Code Bloomfield, NJ 07003						
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-333-9176					
				License No. 01331					
Start Date (10) 05/08/2026		Scheduled Completion Date (11) 05/08/2026		Name of OSHA Monitor Envirovision Consultants, Inc.					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8am-4:30pm</u>			Street Address 20-21 Wagaraw Rd., Bldg. 35-E						
			City, State, Zip Code Fair Lawn, NJ 07410						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <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		20 LF	X				
Name of Registered Waste Hauler Unicorn Contracting Corp.			NJDEP Waste Hauler ID No. 0035844		Cubic Yards of Waste 1+		Name of Registered Landfill Fairless Hills Landfill		
City, State Bloomfield, New Jersey			Disposal Date TBD		City, State Morrisville, PA				
Completed by Blazhe Grozdanov			Title Project Manager		Signature 			Date 05/06/2026	

1473

1175184

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

Checks # 1175184

Date of Notification (1) April 28, 2026		Name of Building Owner / Operator (2) DPMC Motor Vehicle Commission Agency	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Cancellation	Street Address 228 Frelinghuysen Avenue	
		City, State & Zip Code Newark, NJ 07114	
		Name of Contact Nicholas Fareri	Telephone Number 609-292-6500

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) DPMC Motor Vehicle Commission Agency		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address 228 Frelinghuysen Avenue		Square Feet 26,000	# of Floors 1
City (5) Newark		Bldg. Age 61	
County (6) Essex		Current Use (Prior if being demolished) DMV	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		ASCM No.	
Street Address 8436 Enterprise Avenue		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code Philadelphia PA 19153		Street Address 1432 Route 539	
Project Manager for Monitoring Firm William Weisgarber		Telephone Number 215-365-5810	License Number 00817
Telephone Number 609-296-6916		Name of OSHA Monitor Synatech, Inc.	
Scheduled Start Date (10) May 11, 2026	Scheduled Completion Date (11) July 11, 2026	Street Address 1432 Route 539	
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 Hours <input checked="" type="checkbox"/> Other - Describe: Work area vacated <input type="checkbox"/> Facility Occupied During Abatement		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 50 lf	<input 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 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
Roof			x	Black tar	16,000 SF	X			

Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 80	Name of Registered Landfill Fairless Landfill
City, State Little Egg Harbor, NJ 08087	Disposal Date July 16, 2026	City, State Morrisville, PA	
Completed By Erica Vanarelli	Title Finance/Office Executive	Signature <i>Erica Vanarelli</i>	Date April 28, 2026

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

2950

D&S Proj. #: 26-73

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

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MAY 11 2026

Date of Notification (1) 10 5 1 10 16 1 2 16		Name of Building Owner/Operator (2)	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 18 St Charles Ave		City, State, Zip Code West Caldwell, NJ 07006	
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 18 St Charles Ave			Square Feet 1,200 SF	# of Floors 02	Bldg. Age 70
City (5) West Caldwell, NJ 07006	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) 05/15/2026	Sched. Completion Date (11) 05/18/2026		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 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						
Attic		X		Chimney Insulation	20 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 <i>Gordana S. Stojanovska</i>		Date 05/06/2026	

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

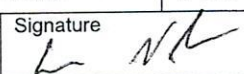
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Print Form

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

Date of Notification (1) 05/04/26		Name of Building Owner/Operator (2) CNC Cabinetry								
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 101 Kentile Rd City, State, Zip Code South Plainfield NJ 07080 Name of Contact Scott Kurtz Telephone Number 718-416-3853							
	FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) CNC Cabinetry Street Address 101 Kentile Rd City (5) South Plainfield County (6) Middlesex County			Type of Facility (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 40,000 sf. # of Floors 1 Bldg. Age 66 Yrs. Current Use (Prior if being demolished) Warehouse						
	Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address City, State, Zip Code Project Manager for Monitoring Firm Telephone No. Start Date (10) 05/18/26 Scheduled Completion Date (11) 06/17/26		Name of Abatement Contractor (9) Lesco Services Inc. Street Address 156 Maple Ave City, State, Zip Code Wallington, NJ 07057 Telephone No. 862-221-9092 License No. 01107 Name of OSHA Monitor Leslaw Nalodka							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 156 Maple Ave City, State, Zip Code Wallington NJ 07057								
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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 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 warehouse	 	 	*	elbows /fittings	430 lf.	*	 	 	 	
Name of Registered Waste Hauler Century Waste Services LLC		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 50 cy	Name of Registered Landfill GCSL						
City, State Elizabeth, NJ		Disposal Date 06/18/26		City, State Pen Argyl, PA						
Completed by Leslaw Nalodka		Title President		Signature 			Date 05-04-26			

3527

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

APR 28 2026

Date of Notification (1) 4/27/2026		Name of Building Owner/Operator (2) USPS Elizabeth Branch										
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 310 N Broad street										
		City, State, Zip Code Elizabeth NJ 07208										
		Name of Contact Carlos Vega	Telephone Number 908-820-8490									
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) USPS ELIZABETH BRANCH		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)										
Street Address 310 N. Broad Street		Square Feet 25000	# of Floors 1									
City (5) Elizabeth		Bldg. Age 60+										
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) USPS										
Name of Monitoring Firm Hired by Building Owner (8) ECS Mid Atlantic LLC		ASCM No. _____	Name of Abatement Contractor (9) PRISM Response									
Street Address 52 Grumbachar RD		Street Address 4000 Triangle Lane, Suite 160										
City, State, Zip Code York PA 17406		City, State, Zip Code Export, PA 15632										
Project Manager for Monitoring Firm Cody S Wagner		Telephone No. 717-767-4788	Telephone No. 570-708-7776									
License No. _____												
Start Date (10) 05/08/2026	Scheduled Completion Date (11) 09/08/2026	Name of OSHA Monitor Prism Response										
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 70 Hillside drive										
		City, State, Zip Code Drums PA 18222										
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) <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					
Work Station Room			X	VAT & Mastic	8200 SF	X						
			X			X						
			X			X						
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill								
City, State Central New Jersey			Disposal Date	City, State Morrisville, Pennsylvania								
Completed by Jessica Wolfe		Title Administrative Support	Signature <i>Jessica Wolfe</i>				Date 4/27/2026					

* 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)

1548

Date of Notification (1)
 5/14/26

Name of Building Owner/Operator (2)
 Mount Holy Municipal Utilities Authority

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

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

Street Address
 1 Park Drive

City, State, Zip Code
 Mt Holly NJ 08060

Name of Contact
 Pat

Telephone Number
 609-381-0563

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 MAY 18 2026
 ASBESTOS CONTROL LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
 Mount Holy Municipal Utilities Authority

Street Address
 37 Washington Street

City (5)
 Mt Holly NJ 08060

County (6)
 Burlington

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
 1000+

of Floors
 2

Bldg. Age
 50+

Current Use (Prior if being demolished)
 Office Building

Name of Abatement Contractor (9)
 Pernaco Inc.

Street Address
 PO Box 329

City, State, Zip Code
 West Berlin NJ 08091

Telephone No.
 856-753-9800

License No.
 00727

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

ASCM No.

Project Manager for Monitoring Firm

Telephone No.

Name of OSHA Monitor
 Same

Street Address

City, State, Zip Code

Start Date (10)
 5/28/26

Scheduled Completion Date (11)
 6/5/26

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
Upper Roof			x	Flashing	220 LF	x			
Lower Roof			x	Roofing	270 SF	x			

Name of Registered Waste Hauler
 Pernaco Inc

NJDEP Waste Hauler ID No.
 21787

Cubic Yards of Waste
 5

Name of Registered Landfill
 Fairless Hills

City, State
 Berlin NJ

Disposal Date
 6/5/26

City, State
 Morrisville PA 19067

Completed by
 Anthony T Perna

Title
 President

Signature

Date
 5/14/26

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

11205

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

MAY 4 2026

Date of Notification (1) 3/02/2026		Name of Building Owner/Operator (2) Bridgewater Raritan Regional School District	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 836 Newans Ln
			City, State, Zip Code BRIDGEWATER NJ 08807-0030
		Name of Contact Slobodan Spirkoski	Telephone Number 201-421-8675

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Bridgewater Middle School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 128 Merriwood Drive		Square Feet N/A	# of Floors N/A
City (5) Bridgewater NJ 08807		Bldg. Age N/A	
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School	

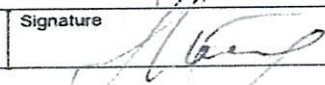
Name of Monitoring Firm Hired by Building Owner (8) BRIGGS ASSOCIATES	ASCM No. 0004	Name of Abatement Contractor (9) Teal Management	
Street Address 3 Crosswicks Street		Street Address 24 Morley Drive	
City, State, Zip Code Bordentown, New Jersey 08505		City, State, Zip Code Woodland Park NJ 07424	
Project Manager for Monitoring Firm Michael Hoodak	Telephone No. (609) 298-5520	Telephone No. 862-243-1471	License No. 02063

Start Date (10) 3/30/2026	Scheduled Completion Date (11) 8/25/2026	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 checked="" type="checkbox"/> Other - Describe: <u>Wrap & Cut</u>		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"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) 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
Boys & Girls Locker rooms			x	pipe insulation/fittings-wrap & cut	140 LF	x			
Boys & Girls Team Room			x	pipe insulation/fittings-wrap & cut	142 LF	x			
Archery Storage			x	elbow-wrap & cut	20 units	x			

Name of Registered Waste Hauler Teal Management	NJDEP Waste Hauler ID No. 40229	Cubic Yards of Waste 20CY	Name of Registered Landfill Fairless Hills Landfill
City, State Woodland Park NJ 07424		Disposal Date 8/25/2026	City, State Morrisville PA
Completed by Tome Maslarkov	Title Project Manager	Signature 	Date 3/02/2026

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

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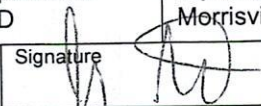
4231109

Print Form

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

Job#6486

Check # 6343

Date of Notification (1) 04-29-26		Name of Building Owner/Operator (2) United States Postal Service								
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 #3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 80 County Rd								
		City, State, Zip Code Jersey City, NJ 07307								
		Name of Contact Dwayne Price	Telephone Number 202-701-5782							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) United States Postal 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 80 County Rd		Square Feet 574,000	# of Floors 1							
City (5) Jersey City		Bldg. Age 50								
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Federal Government - US Post Office								
Name of Monitoring Firm Hired by Building Owner (8) Empire Environmental		ASCM No. 00154	Name of Abatement Contractor (9) Pinnacle Environmental Corp.							
Street Address 150 River Rd		Street Address 200 Broad Street								
City, State, Zip Code Monteville, NJ 07045		City, State, Zip Code Carlstadt, NJ 07072								
Project Manager for Monitoring Firm Michael Boggi		Telephone No. 973-334-5641	Telephone No. 201-939-6565							
		License No. 00756								
Start Date (10) 07-01-25	Scheduled Completion Date (11) 07-01-26	Name of OSHA Monitor Even-Air Inc.								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 10-59 Jackson Avenue								
		City, State, Zip Code Long Island City, NY 11101								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Ground Floor			x	Transite Panels	150,000 SF	x			x	
Ground Floor			x	Floor Tile & Mastic	1,400 SF	x			x	
(3)Ground Floor			x	Transite	41,300 SF	x				
Name of Registered Waste Hauler Century Waste Services, LLC		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS North Landfill						
City, State North Bergen, NJ 07047 / Freehold, NJ 07728			Disposal Date TBD	City, State Morrisville, PA						
Completed by Joseph Patrick		Title Project Manager	Signature 				Date 04-29-26			

10542

4363437

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

RECEIVED

MAY 11 2026

Date of Notification (1) 5/7/26		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 811 Edge Park Drive	
		City, State, Zip Code Haddonfield NJ 08033	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Sweeney Living Trust		Type of Facility (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 811 Edge Park Drive		Square Feet 1000+	# of Floors 1
City (5) Haddonfield NJ 08033		Bldg. Age 50+	
County (6) Camden	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.	Telephone No. 856-753-9800	License No. 00727

Start Date (10) 5/19/26	Scheduled Completion Date (11) 5/25/26	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
Basement			X	Floor Tile	345 SF	X			
Basement Windows			X	Caulk	12 LF	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 Berlin NJ		Disposal Date 5/25/26		City, State Morrisville PA 19067	
Completed by Anthony T Perna		Title President	Signature 		Date 5/7/26

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

10541

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Emergency

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

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Date of Notification (1) 5/7/26		Name of Building Owner/Operator (2) MAY 11 2026							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 110 Canterbury Cove		City, State, Zip Code Sicklerville NJ 08081					
		Name of Contact		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 110 Canterbury Cove			Type of Facility (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) Sicklerville NJ 08081		Square Feet 1000+	# of Floors 2	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.		Telephone No. 856-753-9800	License No. 00727				
Start Date (10) 5/8/26		Scheduled Completion Date (11) 5/12/26		Name of OSHA Monitor Same					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement 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
Kitchen			X	Floor Tile	345 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 Berlin NJ		Disposal Date 5/12/26		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 5/7/26		

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

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Print Form

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

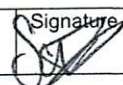
RECEIVED

Date of Notification (1) 05/07/2026		Name of Building Owner/Operator (2) MAY 13 2026									
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1300 Bear Tavern Road City, State, Zip Code Titusville, NJ 08560 Name of Contact Sophie Purgavie Telephone Number								
	FACILITY INFORMATION										
	Name of Facility Where Abatement is Taking Place (3) Street Address 25 Elm Ridge Road City (5) Pennington County (6) Mercer		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet 2,800 # of Floors 2 Bldg. Age 276 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 623 Cutler Avenue City, State, Zip Code Maple Shade, NJ 08052								
Street Address PO Box 341 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		Name of OSHA Monitor EMSL Analytical, Inc.									
Start Date (10) 05/21/2026		Scheduled Completion Date (11) 05/26/2026		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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							
Basement		X		Pipe Insulation/Fittings		50 LF		x			
Crawlspace behind Steps		X		Pipe Insulation		23 LF		x			
Crawlspace by Washer/Dryer		X		Pipe Insulation & Debris		10 LF		x			
Name of Registered Waste Hauler Shade Environmental, LLC		NJDEP Waste Hauler ID No. 32426		Cubic Yards of Waste 1		Name of Registered Landfill Fairless Landfill					
City, State Maple Shade, NJ				Disposal Date 05/26/2026		City, State Morrisville, PA					
Completed by Samantha Brown				Title Operations Coordinator		Signature 		Date 05/07/2026			

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

Date of Notification (1) 05/07/2026		Name of Building Owner/Operator (2) MAY 13 2026							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1 Morgan Avenue		City, State, Zip Code Palmyra, NJ 08065				
			Name of Contact		Telephone Number				
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Street Address 1 Morgan Avenue			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Palmyra		Square Feet 5,180	# of Floors 2	Bldg. Age 95					
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 Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Nora Pearse		Telephone No. 609-298-4070	Telephone No. 856-755-0099	License No. 00842					
Start Date (10) 05/18/2026		Scheduled Completion Date (11) 05/22/2026		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Lower-Level Rear Rooms			X	Floor Tile	400 SF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 3	Name of Registered Landfill Conestoga Landfill					
City, State Freehold, NJ		Disposal Date 05/22/2026		City, State Morgantown, PA					
Completed by Samantha Brown		Title Operations Coordinator		Signature 					
				Date 05/07/2026					

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4355768

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

MAY 13 2026

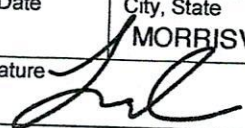
Date of Notification (1) 05-06-2026		Name of Building Owner / Operator (2) The Catholic Diocese of Trenton							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 701 Lawrenceville Road, P.O. Box 5147							
		City, State & Zip Code Lawrence Township, Trenton, NJ 08648							
		Name of Contact Cori Scott	Telephone Number 732-363-0139						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Holy Family Facility, 1143 East County Line Road 1143 East County Line 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) Lakewood,		County (6) Ocean	County Code (7)						
		Square Feet 8,194	# of Floors 1						
		Bldg. Age 71							
		Current Use (Prior if being demolished) Church/Religious							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.	Name of Abatement Contractor (9) Resource Management Group, LLC						
Street Address P.O. Box 365		Street Address 2115 Hamilton Ave, Suite 202							
City, State & Zip Code Berlin, NJ 08009		City, State & Zip Code Trenton, NJ 08619							
Project Manager for Monitoring Firm Mr. Jim Proctor		Telephone Number 609-839-2432	Telephone Number 609-977-6159						
		License Number 01185							
Scheduled Start Date (10) 05-06-2026	Scheduled Completion Date (11) 05-15-2026	Name of OSHA Monitor J&S Environmental Laboratories, 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 During 1st Shift Describe: 9:00 AM-5:30PM (Including weekends) <input type="checkbox"/> Facility Occupied During Abatement		Street Address 2333 Route 22 West							
		City, State & Zip Code Union, NJ 07083							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥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 Procedures/Cut & Wrap <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 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
Gym Storage room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic (under carpet)	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill					
City, State Trenton, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed By (Print or Type) Mr. Brian J. Haney		Title President	Signature <i>Brian J. Haney</i>			Date 05-06-2026			

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

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RECEIVED

MAY 15 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 05/13/2026		Name of Building Owner/Operator (2) GREENVILLE PARTNERS LLC								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO BOX 111								
		City, State, Zip Code WEST LONG BRANCH, NJ								
		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 111 BIDWELL AVE		Square Feet 1500	# of Floors 2							
City (5) JERSEY CITY		Bldg. Age +50								
County (6) HUDSON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENTIAL								
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. 5133487	License No. 02113							
Start Date (10) 05/23/2026	Scheduled Completion Date (11) 05/25/2026	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 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	
PORCH		X		FLOOR TILE	100SF	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			

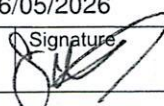
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1182434

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

RECEIVED

MAY 12 2026

Date of Notification (1) 04/24/2026		Name of Building Owner/Operator (2) Borough of Longport								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2305 Atlantic Avenue								
		City, State, Zip Code Longport, NJ 08403								
		Name of Contact Jeff Gross	Telephone Number 856-415-1712							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Longport Municipal Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 2305 Atlantic Avenue		Square Feet 50,000	# of Floors 3							
City (5) Longport		Bldg. Age 75								
County (6) Atlantic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Municipal Building								
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No. 003	Name of Abatement Contractor (9) Shade Environmental, LLC							
Street Address 1253 N. Church Street		Street Address 623 Cutler Avenue								
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Maple Shade, NJ 08052								
Project Manager for Monitoring Firm Jim Guilardi		Telephone No. 856-840-8800	License No. 00842							
Start Date (10) 05/11/2026	Scheduled Completion Date (11) 06/05/2026	Name of OSHA Monitor EMSL Analytical, Inc.								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Subchapter 8 Occupied Procedures</u>		Street Address 200 Route 130 North								
		City, State, Zip Code Cinnaminson, NJ 08077								
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input 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	
Centennial Hall - 2nd Floor		X		Pipe Insulation	242 LF	X				
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 30	Name of Registered Landfill Atlantic County Landfill						
City, State Freehold, NJ		Disposal Date 06/05/2026		City, State Egg Harbor Township, NJ						
Completed by Samantha Brown		Title Operations Coordinator		Signature 				Date 04/24/2026		

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

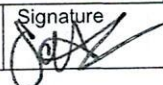
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U355014
REVISED

Print Form

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

MAY 12 2026

Date of Notification (1) 04/24/2026		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 303 University Boulevard									
		City, State, Zip Code Glassboro, NJ 08028									
		Name of Contact	Telephone Number								
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)									
Street Address 303 University Boulevard		<input type="checkbox"/> 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) Glassboro	Square Feet 1,748	# of Floors 2	Bldg. Age 97								
County (6) Gloucester	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence									
Name of Monitoring Firm Hired by Building Owner (8) Management & Environmental Consulting Serv		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC								
Street Address PO Box 341		Street Address 623 Cutler Avenue									
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052									
Project Manager for Monitoring Firm Nora Pearce	Telephone No. 609-298-4070	Telephone No. 856-755-0099	License No. 00842								
Start Date (10) 04/27/2026	Scheduled Completion Date (11) 04/30/2026	Name of OSHA Monitor EMSL Analytical, Inc.									
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 200 Route 130 North									
		City, State, Zip Code Cinnaminson, NJ 08077									
Scope of Work (Check All That Apply)											
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure											
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type					
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure		
Basement			X	Duct Paper (Wrap & Cut)	5 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 04/30/2026		City, State Morgantown, PA							
Completed by Samantha Brown		Title Operations Coordinator		Signature 				Date 04/24/2026			

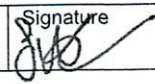
* Do not use this form for asbestos licensure exempted activities.

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

RECEIVED
 MAY 13 2026

Date of Notification (1) 05/06/2026		Name of Building Owner/Operator (2) Borough of Longport							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 2305 Atlantic Avenue City, State, Zip Code Longport, NJ 08403						
			Name of Contact Jeff Gross	Telephone Number 856-415-1712					
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Longport Municipal Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 2305 Atlantic Avenue		Square Feet 50,000	# of Floors 3						
City (5) Longport		Bldg. Age 75							
County (6) Atlantic		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Municipal Building						
Name of Monitoring Firm Hired by Building Owner (8) Remington & Vernick Engineers		ASCM No. _____	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 2059 Springdale Road		Street Address 623 Cutler Avenue							
City, State, Zip Code Cherry Hill, NJ 08003		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Marco D. Carulli		Telephone No. 856-795-9595	Telephone No. 856-755-0099						
		License No. 00842							
Start Date (10) 05/11/2026	Scheduled Completion Date (11) 06/05/2026		Name of OSHA Monitor EMSL Analytical, Inc.						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Abatement to be performed in vacant areas of building</u>		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Centennial Hall - 2nd Floor		X		Pipe Insulation (Wrap & Cut)	242 LF	X			
Centennial Hall - 2nd Floor		X		Floor Tile & Mastic	48 SF	X			
3rd Floor		X		Floor Tile & Mastic	22 SF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 30	Name of Registered Landfill Atlantic County Landfill				
City, State Freehold, NJ		Disposal Date 06/05/2026		City, State Egg Harbor Township, NJ					
Completed by Samantha Brown		Title Operations Coordinator		Signature 		Date 05/06/2026			

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

Date of Notification (1) 05/06/2026		Name of Building Owner/Operator (2) MAY 13 2026	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 40 Globe Lane
			City, State, Zip Code Willingboro, NJ 08046
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 40 Globe 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 1,871	# of Floors 2	Bldg. Age 61	
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 Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052		
Project Manager for Monitoring Firm Nora Pearse		Telephone No. 609-298-4070	Telephone No. 856-755-0099	License No. 00842
Start Date (10) 05/19/2026	Scheduled Completion Date (11) 05/25/2026		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"/> 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 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
Family Room & Entry/Hallway			X	Floor Tile	400 SF	X			
Entry/Hallway & Powder Room			X	Joint Compound/Sheetrock	40 SF	X			

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 3	Name of Registered Landfill Conestoga Landfill	
City, State Freehold, NJ		Disposal Date 05/25/2026		City, State Morgantown, PA	
Completed by Samantha Brown		Title Operations Coordinator	Signature 		Date 05/06/2026

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

10540

4363435

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

Date of Notification (1) 4/7/26		Name of Building Owner/Operator (2) Ocean County Engineering Dept							
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 129 Hooper Avenue							
		City, State, Zip Code Toms River NJ 08754							
			Name of Contact Sean Areia		Telephone Number 732-929-2130				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vacant Apt 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 212 Washington St			Square Feet 1000+	# of Floors 2.5	Bldg. Age 50+				
City (5) Toms River NJ 08753			Current Use (Prior if being demolished) House						
County (6) Ocean		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address 1253 North Church Street			Street Address PO Box 329						
City, State, Zip Code Moorestown NJ 08057			City, State, Zip Code West Berlin NJ 08091						
Project Manager for Monitoring Firm James Guillard		Telephone No. 856-840-8800	Telephone No. 856-753-9800	License No. 00727					
Start Date (10) 5/19/26		Scheduled Completion Date (11) 6/1/26		Name of OSHA Monitor Same					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address						
			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input 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
1st Floor Throughout			X	Floor Tile	1862 SF	X			
2nd Floor Throughout			X	Floor Tile	1486 SF	X			
Vertical Walls Chases Throughout			X	Pipe Insulation	200 LF	X			
Exterior Window Caulk			X	Exterior Caulk	512 LF	X			
Name of Registered Waste Hauler Mazza Recycling		NJDEP Waste Hauler ID No. 36891		Cubic Yards of Waste 40	Name of Registered Landfill Fairless Hills				
City, State Tinton Falls NJ			Disposal Date 6/1/26		City, State Morrisville PA 10067				
Completed by Anthony T Perna		Title President		Signature 		Date 4/7/26			

3937193

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

RECEIVED

Date of Notification (1) 5 / 5 /2026		Name of Building Owner/Operator (2) HACKENSACK MERIDIAN HEALTH	
Agencies Notified		Street Address 30 PROSPECT AVENUE	
Type Notification		City, State, Zip Code HACKENSACK, NEW JERSEY 07601	
<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 Notification <input checked="" type="checkbox"/> Amended Notification #5 <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
		Name of Contact BRIAN O'NEIL	Telephone Number 848-275-1901

MAY 8 2026

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) JERSEY SHORE UNIVERSITY MEDICAL CENTER			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 1945 STATE HWY. 33			Square Feet 1,000,000	# of Floors 6	Bldg. Age 89
City (5) NEPTUNE	County (6) MONMOUTH	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL		
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS INC.		ASCM No. 64	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION		
Street Address 64 BROAD STREET		Street Address 313 SPOOK ROCK ROAD			
City, State, Zip Code MATAWAN, NJ		City, State, Zip Code SUFFERN, NEW YORK 10901			


Project Manager for Monitoring Firm THOMAS GEIGER	Telephone Number 732-290-2217	Telephone Number 845-369-7500	License Number 1101
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Expected State Date (10) 5 / 1 /2026 Month Day Year	Sched. Completion Date (11) 12 / 30 /2026 Month Day Year	Name of OSHA Monitor QUALITY ENVIRONMENTAL
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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: <input checked="" type="checkbox"/> Other - Describe: Friday-4pm-12am, Sat., Sun., Mon. 7am-12am	Street Address 1376 ROUTE 9
	City, State, Zip Code WAPPINGER FALLS, NY 12590

Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment <input type="checkbox"/> Mini-Enclo. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure
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Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
2ND FLOOR MEHANDRU WING			X	FLOOR TILE MASTIC	5,785 SF	X			

Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 20	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
City, State NEWARK, NEW JERSEY 07105		Disposal Date 1/12/2026-12/30/2026	City, State PLAINFIELD TOWNSHIP, PA
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 5-5-26

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

Date of Notification (1) 4 / 28 /2026		Name of Building Owner/Operator (2) HACKENSACK MERIDIAN HEALTH	
Agencies Notified		Street Address 30 PROSPECT AVENUE	
Type Notification		City, State, Zip Code HACKENSACK, NEW JERSEY 07601	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	Name of Contact BRIAN O'NEIL	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended Notification #4	Telephone Number 848-275-1901	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> On Hold		
<input type="checkbox"/> DCA	<input type="checkbox"/> EMERGENCY NOTIFICATION		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) JERSEY SHORE UNIVERSITY MEDICAL CENTER			Type of Facility (4)		
			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
			<input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 1945 STATE HWY. 33			Square Feet 1,000,000	# of Floors 6	Bldg. Age 89
City (5) NEPTUNE	County (6) MONMOUTH	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL		
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS INC.			ASCM No. 64	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 64 BROAD STREET			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code MATAWAN, NJ			City, State, Zip Code SUFFERN, NEW YORK 10901		

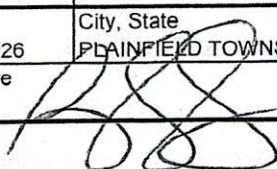
Project Manager for Monitoring Firm THOMAS GEIGER		Telephone Number 732-290-2217	Telephone Number 845-369-7500	License Number 1101
Expected State Date (10) 5 / 1 /2026 Month Day Year		Sched. Completion Date (11) 12 / 30 /2026 Month Day Year		Name of OSHA Monitor QUALITY ENVIRONMENTAL

Occupancy Status During Abatement (Check only one)		Street Address 1376 ROUTE 9	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe:			
<input checked="" type="checkbox"/> Other - Describe: Friday-4pm-12am, Sat., Sun., Mon. 7am-12am		City, State, Zip Code WAPPINGER FALLS, NY 12590	

Scope of Work (Check all that apply)

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

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

Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.		NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 20	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
City, State NEWARK, NEW JERSEY 07105		Disposal Date 1/12/2026-12/30/2026		City, State PLAINFIELD TOWNSHIP, PA
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature 	Date 4-28-26

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

Date of Notification (1) 3 / 20 /2026		Name of Building Owner/Operator (2) HACKENSACK MERIDIAN HEALTH	
Agencies Notified		Street Address 30 PROSPECT AVENUE	
Type Notification		City, State, Zip Code HACKENSACK, NEW JERSEY 07601	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	Name of Contact BRIAN O'NEIL	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended Notification #3	Telephone Number 848-275-1901	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> On Hold		
<input type="checkbox"/> DCA	<input type="checkbox"/> EMERGENCY NOTIFICATION		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) JERSEY SHORE UNIVERSITY MEDICAL CENTER			Type of Facility (4)		
			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
			<input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 1945 STATE HWY. 33			Square Feet 1,000,000	# of Floors 6	Bldg. Age 89
City (5) NEPTUNE	County (6) MONMOUTH	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL		
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS INC.			ASCM No. 64	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 64 BROAD STREET			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code MATAWAN, NJ			City, State, Zip Code SUFFERN, NEW YORK 10901		

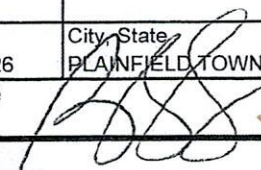
Project Manager for Monitoring Firm THOMAS GEIGER	Telephone Number 732-290-2217	Telephone Number 845-369-7500	License Number 1101
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Expected State Date (10) 1 / 12 /2026 Month Day Year	Sched. Completion Date (11) 12 / 30 /2026 Month Day Year	Name of OSHA Monitor QUALITY ENVIRONMENTAL
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Occupancy Status During Abatement (Check only one)		Street Address 1376 ROUTE 9
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code WAPPINGER FALLS, NY 12590
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe:		
<input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM		

Scope of Work (Check all that apply)		<input checked="" type="checkbox"/> Full Containment
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Mini-Encl ,
<input type="checkbox"/> >3SF OR LF		<input type="checkbox"/> Glovebag Procedure
<input checked="" type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Non-Friable Procedure

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

Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 20	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
City, State NEWARK, NEW JERSEY 07105		Disposal Date 1/12/2026-12/30/2026	City, State PLAINFIELD TOWNSHIP, PA
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 3-20-26

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

Date of Notification (1) 3 / 5 /2026		Name of Building Owner/Operator (2) HACKENSACK MERIDIAN HEALTH	
Agencies Notified		Street Address 30 PROSPECT AVENUE	
Type Notification		City, State, Zip Code HACKENSACK, NEW JERSEY 07601	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	Name of Contact BRIAN O'NEIL	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended Notification #2	Telephone Number 848-275-1901	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> On Hold		
<input type="checkbox"/> DCA	<input type="checkbox"/> EMERGENCY NOTIFICATION		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) JERSEY SHORE UNIVERSITY MEDICAL CENTER			Type of Facility (4)		
			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
			<input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 1945 STATE HWY. 33			Square Feet 1,000,000	# of Floors 6	Bldg. Age 89
City (5) NEPTUNE	County (6) MONMOUTH	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL		
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS INC.			ASCM No. 64	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 64 BROAD STREET			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code MATAWAN, NJ			City, State, Zip Code SUFFERN, NEW YORK 10901		

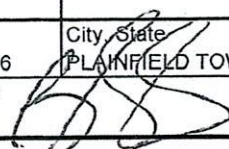
Project Manager for Monitoring Firm THOMAS GEIGER	Telephone Number 732-290-2217	Telephone Number 845-369-7500	License Number 1101
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Expected State Date (10) 1 / 12 /2026 Month Day Year	Sched. Completion Date (11) 12 / 30 /2026 Month Day Year	Name of OSHA Monitor QUALITY ENVIRONMENTAL
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Occupancy Status During Abatement (Check only one)		Street Address 1376 ROUTE 9
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code WAPPINGER FALLS, NY 12590
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe:		
<input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM		

Scope of Work (Check all that apply)		<input checked="" type="checkbox"/> Full Containment
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Mini-Encllo ,
<input type="checkbox"/> >3SF OR LF		<input type="checkbox"/> Glovebag Procedure
<input checked="" type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Non-Friable Procedure

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

Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 20	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
City, State NEWARK, NEW JERSEY 07105		Disposal Date 1/12/2026-12/30/2026	City, State PLAINFIELD TOWNSHIP, PA
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 3-5-26

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

Date of Notification (1) 1 / 5 /2026		Name of Building Owner/Operator (2) HACKENSACK MERIDIAN HEALTH	
Agencies Notified		Street Address 30 PROSPECT AVENUE	
Type Notification		City, State, Zip Code HACKENSACK, NEW JERSEY 07601	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	Name of Contact BRIAN O'NEIL	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended Notification #1	Telephone Number 848-275-1901	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> On Hold		
<input type="checkbox"/> DCA	<input type="checkbox"/> EMERGENCY NOTIFICATION		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) JERSEY SHORE UNIVERSITY MEDICAL CENTER		Type of Facility (4)		
		<input type="checkbox"/> School (K-12)		
		<input type="checkbox"/> Subchapter 8 (Other than K-12)		
		<input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 1945 STATE HWY. 33		Square Feet 1,000,000	# of Floors 6	Bldg. Age 89
City (5) NEPTUNE	County (6) MONMOUTH	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) COMMERCIAL

Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS INC.		ASCM No. 64	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 64 BROAD STREET		Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code MATAWAN, NJ		City, State, Zip Code SUFFERN, NEW YORK 10901		

Project Manager for Monitoring Firm THOMAS GEIGER		Telephone Number 732-290-2217	Telephone Number 845-369-7500	License Number 1101
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Expected State Date (10) 1 / 12 /2026 Month Day Year		Sched. Completion Date (11) 12 / 30 /2026 Month Day Year		Name of OSHA Monitor QUALITY ENVIRONMENTAL
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Occupancy Status During Abatement (Check only one)		Street Address 1376 ROUTE 9		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement				
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe:				
<input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM		City, State, Zip Code WAPPINGER FALLS, NY 12590		

Scope of Work (Check all that apply)				<input checked="" type="checkbox"/> Full Containment
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Mini-Encl ,	
<input type="checkbox"/> >3SF OR LF			<input type="checkbox"/> Glovebag Procedure	
<input checked="" type="checkbox"/> >160 SF OR 260 LF			<input type="checkbox"/> Non-Friable Procedure	

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

Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.		NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 20	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL	
City, State NEWARK, NEW JERSEY 07105		Disposal Date 1/12/2026-12/30/2026		City, State PLAINFIELD TOWNSHIP, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature 		Date 1-5-26

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

Date of Notification (1) 12 / 30 /2025		Name of Building Owner/Operator (2) HACKENSACK MERIDIAN HEALTH	
Agencies Notified		Street Address 30 PROSPECT AVENUE	
Type Notification		City, State, Zip Code HACKENSACK, NEW JERSEY 07601	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
		Name of Contact BRIAN O'NEIL	Telephone Number 848-275-1901

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) JERSEY SHORE UNIVERSITY MEDICAL CENTER			Type of Facility (4)		
			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 1945 STATE HWY. 33			Square Feet 1,000,000	# of Floors 6	Bldg. Age 89
City (5) NEPTUNE	County (6) MONMOUTH	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL		
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS INC.			ASCM No. 64	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 64 BROAD STREET			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code MATAWAN, NJ			City, State, Zip Code SUFFERN, NEW YORK 10901		

Project Manager for Monitoring Firm THOMAS GEIGER	Telephone Number 732-290-2217	Telephone Number 845-369-7500	License Number 1101
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Expected State Date (10) 1 / 12 /2026 Month Day Year	Sched. Completion Date (11) 12 / 30 /2026 Month Day Year	Name of OSHA Monitor QUALITY ENVIRONMENTAL
---	---	--

Occupancy Status During Abatement (Check only one)		Street Address 1376 ROUTE 9
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM		City, State, Zip Code WAPPINGER FALLS, NY 12590

Scope of Work (Check all that apply)		<input checked="" type="checkbox"/> Full Containment
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Mini-Encl. ,
<input type="checkbox"/> >3SF OR LF		<input type="checkbox"/> Glovebag Procedure
<input checked="" type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Non-Friable Procedure

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

Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 20	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
City, State NEWARK, NEW JERSEY 07105		Disposal Date 1/12/2026-12/30/2026	City, State PLAINFIELD TOWNSHIP, PA
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 12-30-25

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

RECEIVED

Book

Date of Notification (1) 5 / 5 /2026		Name of Building Owner/Operator (2) SETON HALL UNIVERSITY	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 400 SOUTH ORANGE AVENUE	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code SOUTH ORANGE, NEW JERSEY 07079	
		Name of Contact MIKE WENDT	Telephone Number 862-370-1484

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) SETON HALL UNIVERSITY -CORRIGAN HALL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 400 SOUTH ORANGE AVENUE		Square Feet 60,000	# of Floors 4
City (5) SOUTH ORANGE		Bldg. Age 40+ YEARS	
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) UNIVERSITY	

Name of Monitoring Firm Hired by Building Owner (8) T.T.I.		ASCM No. 3	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 1253 NORTH CHURCH STREET		Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code MOORESTOWN, NEW JERSEY 08057		City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm SCOTT MAGEE		Telephone Number 609-820-9422	Telephone Number 845-369-7500	License Number 1101

EXPECTED START DATE (10): (RESTART) 5 / 1 /26 Month Day Year	Sched. Completion Date (11) 5 / 5 /26 Month Day Year	Name of OSHA Monitor QUALITY ENVIRONMENTAL SOLUTIONS & TECH.
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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: <input checked="" type="checkbox"/> Other - Describe: FRIDAY-MONDAY 7AM-12AM		Street Address 1376 ROUTE 9	
		City, State, Zip Code WAPPINGERS FALLS, NY 12590	

Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Full Containment <input checked="" type="checkbox"/> Mini-Encl. , <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	
<input checked="" type="checkbox"/> 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	CLEAN - UP	ENCLOSURE
1ST FLOOR IT ROOM			X	PLASTER CEILING DEBRIS	40 SF			X	

Name of Registered Waste Hauler NEWARK CARTING INC. 369 RAYMON BLVD.		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 5/1/26-5/11/26		City, State PLAINFIELD TOWNSHIP, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title VICE PRESIDENT, OPERATIONS	Signature <i>[Signature]</i>		Date 5-5-26	

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

Date of Notification (1) 4 / 30 /2026		Name of Building Owner/Operator (2) SETON HALL UNIVERSITY	
Agencies Notified		Street Address 400 SOUTH ORANGE AVENUE	
Type Notification		City, State, Zip Code SOUTH ORANGE, NEW JERSEY 07079	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input checked="" type="checkbox"/> EMERGENCY NOTIFICATION	
		Name of Contact MIKE WENDT	Telephone Number 862-370-1484

FACILITY INFORMATION		
Name of Facility Where Abatement is Taking Place (3) SETON HALL UNIVERSITY -CORRIGAN HALL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)

Street Address 400 SOUTH ORANGE AVENUE		Square Feet 60,000	# of Floors 4	Bldg. Age 40+ YEARS
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City (5) SOUTH ORANGE	County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) UNIVERSITY
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Name of Monitoring Firm Hired by Building Owner (8) T.T.I.	ASCM No. 3	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
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Street Address 1253 NORTH CHURCH STREET		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code MOORESTOWN, NEW JERSEY 08057		City, State, Zip Code SUFFERN, NEW YORK 10901	

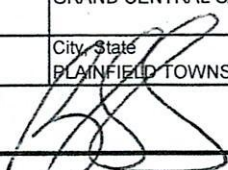
Project Manager for Monitoring Firm SCOTT MAGEE	Telephone Number 609-820-9422	Telephone Number 845-369-7500	License Number 1101
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EXPECTED START DATE (10): (RESTART) 5 / 1 /26	Sched. Completion Date (11) 5 / 11 /26	Name of OSHA Monitor QUALITY ENVIRONMENTAL SOLUTIONS & TECH.
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Occupancy Status During Abatement (Check only one)		Street Address 1376 ROUTE 9	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: FRIDAY-MONDAY 7AM-12AM		City, State, Zip Code WAPPINGERS FALLS, NY 12590	

Scope of Work (Check all that apply)		Full Containment <input type="checkbox"/>	
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF.		<input checked="" type="checkbox"/> Mini-Enclo. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	
		<input checked="" type="checkbox"/> 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	CLEAN - UP	ENCLOSURE
1ST FLOOR IT ROOM		X		PLASTER CEILING DEBRIS	40 SF			X	

Name of Registered Waste Hauler NEWARK CARTING INC. 369 RAYMON BLVD.	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 5/1/26-5/11/26	City, State PLAINFIELD TOWNSHIP, PA
Completed by (Print or Type) BENJAMIN SANCHEZ	Title VICE PRESIDENT, OPERATIONS	Signature 	Date 4-30-26

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

RECEIVED

NO
NO

Date of Notification (1) 5 / 5 /2026		Name of Building Owner/Operator (2) SOUTHERN OCEAN MEDICAL CENTER	
Agencies Notified		Street Address 1140 ROUTE 72	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code STAFFORD TOWNSHIP, NEW JERSEY 08050	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #3 <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		Name of Contact BRIAN O'NEILL	
		Telephone Number 848-275-1901	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) SOUTHERN OCEAN MEDICAL CENTER		Type of Facility (4)	
		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 1140 ROUTE 72		Square Feet 310,000	# of Floors 4
City (5) STAFFORD TOWNSHIP		County Code (7) (STATE USE ONLY)	Bldg. Age 83
County (6) OCEAN		Current Use (Prior if being demolished)	

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		City, State, Zip Code SUFFERN, NEW YORK 10901		

Project Manager for Monitoring Firm THOMAS GEIGER		Telephone Number 908-715-2600	Telephone Number 845-369-7500	License Number 1101
Expected State Date (10) 4 / 20 /2026		Sched. Completion Date (11) 6 / /30 /2026		Name of OSHA Monitor QUALITY ENVIRONMENTAL
Month Day Year		Month Day Year		

Occupancy Status During Abatement (Check only one)		Street Address 1376 ROUTE 9	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM		City, State, Zip Code WAPPINGER FALLS, NY 12590	

Scope of Work (Check all that apply)		<input checked="" type="checkbox"/> Full Containment <input type="checkbox"/> Mini-Enclo , <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	
<input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> 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 FORMER CLEAN LINEN RM.			X	FLOOR MASTIC	650 SF	X			
ADDITION TO SCOPE:									
1ST FLOOR CORRIDOR & ADJACENT OFFICE			X	FLOOR MASTIC	1,350 SF	X			

Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.		NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 30	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL	
City, State NEWARK, NEW JERSEY 07105		Disposal Date 2/16/26-06/30/2026		City, State PLAINFIELD TOWNSHIP, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature <i>[Signature]</i>		Date 5-5-26

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) SOUTHERN OCEAN MEDICAL CENTER	
Agencies Notified		Street Address 1140 ROUTE 72	
Type Notification		City, State, Zip Code STAFFORD TOWNSHIP, NEW JERSEY 08050	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	Name of Contact BRIAN O'NEILL	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended Notification #2	Telephone Number 848-275-1901	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> On Hold		
<input type="checkbox"/> DCA	<input type="checkbox"/> EMERGENCY NOTIFICATION		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) SOUTHERN OCEAN MEDICAL CENTER		Type of Facility (4)	
		<input type="checkbox"/> School (K-12)	
		<input type="checkbox"/> Subchapter 8 (Other than K-12)	
		<input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 1140 ROUTE 72		Square Feet 310,000	# of Floors 4
		Bldg. Age 83	
City (5) STAFFORD TOWNSHIP	County (6) OCEAN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS INC.		ASCM No. 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		City, State, Zip Code SUFFERN, NEW YORK 10901	

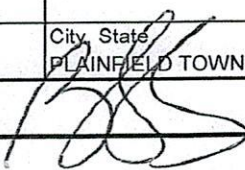
Project Manager for Monitoring Firm THOMAS GEIGER	Telephone Number 908-715-2600	Telephone Number 845-369-7500	License Number 1101
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Expected State Date (10) 4 / 20 /2026 Month Day Year	Sched. Completion Date (11) 6 / /30 /2026 Month Day Year	Name of OSHA Monitor QUALITY ENVIRONMENTAL
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Occupancy Status During Abatement (Check only one)		Street Address 1376 ROUTE 9
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code WAPPINGER FALLS, NY 12590
<input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM		

Scope of Work (Check all that apply)		<input checked="" type="checkbox"/> Full Containment
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Mini-Encl ,
<input type="checkbox"/> >3SF OR LF		<input type="checkbox"/> Glovebag Procedure
<input checked="" type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE	
1ST FLOOR FORMER CLEAN LINEN RM.			X	FLOOR MASTIC	650 SF	X				
ADDITION TO SCOPE:										
1ST FLOOR CORRIDOR & ADJACENT OFFICE			X	FLOOR MASTIC	1,350 SF	X				

Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 30	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
City, State NEWARK, NEW JERSEY 07105		Disposal Date 2/16/26-06/30/2026	City, State PLAINFIELD TOWNSHIP, PA
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 4-16-26

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

Date of Notification (1) 2 / 12 /2026		Name of Building Owner/Operator (2) SOUTHERN OCEAN MEDICAL CENTER	
Agencies Notified		Street Address 1140 ROUTE 72	
Type Notification		City, State, Zip Code STAFFORD TOWNSHIP, NEW JERSEY 08050	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	Name of Contact BRIAN O'NEILL	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended Notification #1	Telephone Number 848-275-1901	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> On Hold		
<input type="checkbox"/> DCA	<input type="checkbox"/> EMERGENCY NOTIFICATION		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) SOUTHERN OCEAN MEDICAL CENTER		Type of Facility (4)	
		<input type="checkbox"/> School (K-12)	
		<input type="checkbox"/> Subchapter 8 (Other than K-12)	
		<input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 1140 ROUTE 72		Square Feet 310,000	# of Floors 4
		Bldg. Age 83	
City (5) STAFFORD TOWNSHIP	County (6) OCEAN	County Code (7) (STATE USE ONLY)	
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		City, State, Zip Code SUFFERN, NEW YORK 10901	

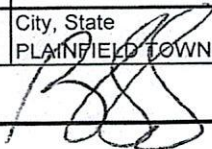
Project Manager for Monitoring Firm THOMAS GEIGER	Telephone Number 908-715-2600	Telephone Number 845-369-7500	License Number 1101
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Expected State Date (10) 2 / 16 /2026 Month Day Year	Sched. Completion Date (11) 6 / /30 /2026 Month Day Year	Name of OSHA Monitor QUALITY ENVIRONMENTAL
---	---	--

Occupancy Status During Abatement (Check only one)		Street Address 1376 ROUTE 9
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code WAPPINGER FALLS, NY 12590
<input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM		

Scope of Work (Check all that apply)		<input checked="" type="checkbox"/> Full Containment
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Mini-Encl. ,
<input type="checkbox"/> >3SF OR LF		<input type="checkbox"/> Glovebag Procedure
<input checked="" type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
1ST FLOOR FORMER CLEAN LINEN RM.			X	FLOOR MASTIC	650 SF	X			

Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 5	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
City, State NEWARK, NEW JERSEY 07105		Disposal Date 2/16/26-06/30/2026	City, State PLAINFIELD TOWNSHIP, PA
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 2-12-26

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

Date of Notification (1) 1 / 30 /2026		Name of Building Owner/Operator (2) SOUTHERN OCEAN MEDICAL CENTER	
Agencies Notified		Street Address 1140 ROUTE 72	
Type Notification		City, State, Zip Code STAFFORD TOWNSHIP, NEW JERSEY 08050	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	Name of Contact BRIAN O'NEILL	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Telephone Number 848-275-1901	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> On Hold		
<input type="checkbox"/> DCA	<input type="checkbox"/> EMERGENCY NOTIFICATION		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) SOUTHERN OCEAN MEDICAL CENTER		Type of Facility (4)		
		<input type="checkbox"/> School (K-12)		
		<input type="checkbox"/> Subchapter 8 (Other than K-12)		
		<input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 1140 ROUTE 72		Square Feet 310,000	# of Floors 4	Bldg. Age 83
City (5) STAFFORD TOWNSHIP	County (6) OCEAN	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS INC.		ASCM No. 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		City, State, Zip Code SUFFERN, NEW YORK 10901		

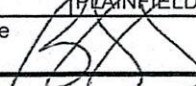
Project Manager for Monitoring Firm THOMAS GEIGER	Telephone Number 908-715-2600	Telephone Number 845-369-7500	License Number 1101
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Expected State Date (10) 2 / 16 /2026 Month Day Year	Sched. Completion Date (11) 6 / /30 /2026 Month Day Year	Name of OSHA Monitor QUALITY ENVIRONMENTAL
---	---	--

Occupancy Status During Abatement (Check only one)		Street Address 1376 ROUTE 9
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code WAPPINGER FALLS, NY 12590
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe:		
<input checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM		

Scope of Work (Check all that apply)		<input checked="" type="checkbox"/> Full Containment
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Mini-Encl. ,
<input type="checkbox"/> >3SF OR LF		<input type="checkbox"/> Glovebag Procedure
<input checked="" type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Non-Friable Procedure

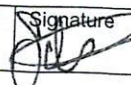
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
1ST FLOOR FORMER CLEAN LINEN RM.			X	FLOOR MASTIC	650 SF	X			

Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 5	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
City, State NEWARK, NEW JERSEY 07105		Disposal Date 2/16/26-06/30/2026	City, State PLAINFIELD TOWNSHIP, PA
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 1-30-26

POCK

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

MAY 7 2026


Date of Notification (1) 05/01/2026		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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 _____ <input 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							
Start Date (10) 04/15/2026		Scheduled Completion Date (11) 05/15/2026	License No. 00842							
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: _____		Name of OSHA Monitor EMSL Analytical, Inc.								
		Street Address 200 Route 130 North								
		City, State, Zip Code Cinnaminson, NJ 08077								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥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	
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 05/15/2026		City, State Morgantown, PA						
Completed by Samantha Brown		Title Operations Coordinator			Signature 			Date 05/01/2026		

* 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)

MAY 7 2026

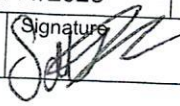
Handwritten initials: MBK

Date of Notification (1) 05/04/2026		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 type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 37 Bruns Road						
	City, State, Zip Code Allenhurst, NJ 07711			Name of Contact					
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Street Address 37 Bruns 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) Allenhurst		Square Feet 8,971	# of Floors 2	Bldg. Age 50					
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) Shade Environmental, LLC						
Street Address N/A		Street Address 623 Cutler Avenue							
City, State, Zip Code N/A		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	Telephone No. 856-755-0099	License No. 00842					
Start Date (10) 05/04/2026		Scheduled Completion Date (11) 05/29/2026		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____			Street Address 200 Route 130 North						
			City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof			X	Roof Shingles	9,254 SF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 60	Name of Registered Landfill Conestoga Landfill					
City, State Freehold, NJ		Disposal Date 05/29/2026		City, State Morgantown, PA					
Completed by Samantha Brown		Title Operations Coordinator		Signature 		Date 05/04/2026			

DOCK

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

MAY 11 2026

Date of Notification (1) 05/07/2026		Name of Building Owner/Operator (2)								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 16 Brox Road							
			City, State, Zip Code Edison, NJ 08817							
			Name of Contact Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)								
Street Address 16 Brox 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) Edison		Square Feet 1,262	# of Floors 1							
County (6) Middlesex		County Code (7) (STATE USE ONLY)	Bldg. Age 69							
Name of Monitoring Firm Hired by Building Owner (8) Iris Environmental Laboratories		ASCM No.	Current Use (Prior if being demolished) Residence							
Street Address 2333 US Route 22 West		Name of Abatement Contractor (9) Shade Environmental, LLC								
City, State, Zip Code Union, NJ 07083		Street Address 623 Cutler Avenue								
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 908-206-0073	City, State, Zip Code Maple Shade, NJ 08052							
Start Date (10) 05/02/2026		Scheduled Completion Date (11) 05/11/2026	Telephone No. 856-755-0099							
Occupancy Status During Abatement (Check Only One)		License No. 00842								
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor EMSL Analytical, Inc.								
Scope of Work (Check All That Apply)		Street Address 200 Route 130 North								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code Cinnaminson, NJ 08077								
		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Basement			X	Floor Tile & Mastic	339 SF	X				
Bathroom			X	Mastic	27 SF	X				
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 3	Name of Registered Landfill Conestoga Landfill						
City, State Freehold, NJ		Disposal Date 05/11/2026		City, State Morgantown, PA						
Completed by Samantha Brown		Title Operations Coordinator		Signature 				Date 05/07/2026		

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

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

RECEIVED

11204

Date of Notification (1) 05/04/2026		Name of Building Owner/Operator (2) Township of Bordentown		MAY 8 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 1 Municipal Drive		Telephone Number 856-770-4755					
			City, State, Zip Code Bordentown NJ 08505							
		Name of Contact Frederick J. Turek								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Municipal Building			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1 Municipal Drive			Square Feet N/A	# of Floors N/A	Bldg. Age N/A					
City (5) Bordentown NJ 08505			Current Use (Prior if being demolished) Municipal Building							
County (6) Burlington		County Code (7) (STATE USE ONLY) _____								
Name of Monitoring Firm Hired by Building Owner (8) Acer Associates		ASCM No. _____	Name of Abatement Contractor (9) Teal Management							
Street Address 1012 Industrial Drive		Street Address 24 Morley Drive								
City, State, Zip Code West Berlin NJ 08091		City, State, Zip Code Woodland Park NJ 07424								
Project Manager for Monitoring Firm Kristen Masotes		Telephone No. 609-949-1789	Telephone No. 862-243-1471	License No. 02063						
Start Date (10) 5/14/2026		Scheduled Completion Date (11) 6/30/2026		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"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) 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 pages 2-6										
Name of Registered Waste Hauler Teal Management		NJDEP Waste Hauler ID No. 40229	Cubic Yards of Waste 100 CY	Name of Registered Landfill Fairless Landfill						
City, State Woodland Park NJ 07424		Disposal Date 06/30/2026		City, State Morrisville PA						
Completed by Tome Maslarkov		Title Project Manager		Signature <i>Tome Maslarkov</i>		Date 05/04/2026				

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			Rem	Rep	Encap
North Wing 1 st Floor South Side Stairway			x	VAT/Mastic	60 sq. ft.	x		
North Wing 1 st Floor Back Entrance			x	VAT/Mastic	63 sq. ft.	x		
				Joint Compound on Drywall	75 sq. ft.	x		
North Wing 1 st Floor Cell Room 1			x	VAT/Mastic	55 sq. ft.	x		
				Joint Compound on Drywall	216 sq. ft.	x		
North Wing 1 st Floor Holding / DUI Room			x	VAT/Mastic	110 sq. ft.	x		
North Wing 1 st Floor Hallway To Back Entrance			x	VAT/Mastic	92 sq. ft.	x		
North Wing 1 st Floor Records Room			x	VAT/Mastic	55 sq. ft.	x		
North Wing 1 st Floor Boiler Room			x	(PACM) Packing & Rope Insulation	130 ln. ft.	x		
				(PACM) Mag	90 sq. ft.	x		
				Insulation inside Boiler		x		
				(PACM) Boiler Brick & Mortar	120 sq. ft.	x		
North Wing 1 st Floor Interview Room			x	VAT/Mastic	121 sq. ft.	x		
North Wing 1 st Floor "T" Hallway			x	VAT/Mastic	164 sq. ft.	x		
				Joint Compound on Drywall	225 sq. ft.	x		
North Wing 1 st Floor Lieutenant's Room			x	VAT/Mastic	160 sq. ft.	x		
North Wing 1 st Floor Men's Rest Room, Shower Area, & Locker Room			x	VAT/Mastic	350 sq. ft.	x		
				Joint Compound on Drywall	700 sq. ft.	x		
North Wing 1 st Floor Ladies' Rest Room, Shower Area, &			x	VAT/Mastic	90 sq. ft.	x		

200

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200	North Wing 2 nd Floor Main Hallway		x	Joint Compound on Drywall	1,072 sq. ft.	x		
200	North Wing 2 nd Floor Twp. Administrator		x	Joint Compound on Drywall	232 sq. ft.	x		
200	North Wing 2 nd Floor Filing Room/Court Office		x	Joint Compound on Drywall	384 sq. ft.	x		
200	North Wing 2 nd Floor Court Room		x	VAT/Mastic	1,260 sq. ft.	x		
				Joint Compound on Drywall	1,168 sq. ft.	x		
200	North Wing 2 nd Floor Court Room & Public Restrooms Hallway		x	VAT/Mastic	196 sq. ft.	x		
				Joint Compound on Drywall	448 sq. ft.	x		
200	North Wing 2 nd Floor Men's Public Restroom		x	VAT/Mastic	91 sq. ft.	x		
				Joint Compound on Drywall	320 sq. ft.	x		
				Joint Compound on Ceiling	91 sq. ft.	x		
200	North Wing 2 nd Floor Women's Public Restroom		x	VAT/Mastic	181 sq. ft.	x		
				Joint Compound on Drywall	544 sq. ft.	x		
				Joint Compound on Ceiling	117 sq. ft.	x		
200	North Wing 2 nd Floor Women's Employee Restroom		x	Joint Compound on Drywall	272 sq. ft.	x		
				Joint Compound on Ceiling	66 sq. ft.	x		
200	North Wing 2 nd Floor Men's Employee Restroom		x	Joint Compound on Drywall	272 sq. ft.	x		
				Joint Compound on Ceiling	66 sq. ft.	x		
200	North Wing 2 nd Floor Tax Office		x	Drain Insulation	3 ln. ft.	x		
				Joint Compound on Drywall	768 sq. ft.	x		
200	North Wing 2 nd Floor Finance Office		x	Joint Compound on Drywall	768 sq. ft.	x		
200	North Wing 2 nd Floor Construction Office		x	VAT/Mastic	728 sq. ft.	x		
				Joint Compound on Drywall	864 sq. ft.	x		

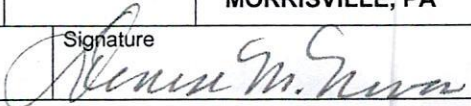
200 North Wing 2 nd Floor South Side Stairway			x	VAT/Mastic	170 sq. ft.	x		
				Joint Compound on Drywall	656 sq. ft.	x		
South Wing Basement Stairway			x	VAT Mastic	68 sq. ft.	x		
South Wing Basement Main Filing Room			x	Pipe Insulation	1 ln. ft.	x		
South Wing Basement Workshop			x	Pipe Insulation	1 ln. ft.	x		
South Wing 1 st Floor Boiler Room			x	(PACM) Incinerator Insulation	30"x36"x48	x		
				Flue Packing	2 sq. ft.	x		
				Fire Door	21 sq. ft.	x		
South Wing 1 st Floor Restrooms Hallway			x	Textured Plaster Walls	24 sq. ft.	x		
200 North Wing Exterior Roof			x	(PACM) Membrane	5,500 sq. ft.	x		
				(PACM) Flashing	1,200 sq. ft.	x		
North Wing Exterior East Elevation			x	Caulk on Boiler Room Exhaust Vent	6 ln. ft.	x		
North Wing Exterior North Elevation			x	Door Caulk	25 ln. ft.	x		
200 North Wing Exterior Throughout			x	Window Glazing	1,300 ln. ft. (27 Windows)	x		
South Wing Exterior Roof			x	(PACM) Shingles	3,150 sq. ft.	x		
South Wing Exterior East Elevation			x	Expansion Joint	12 ln. ft.	x		

Atrium Roof				x	(PACM) Shingles	700 sq. ft.	x		
					(PACM) Membrane	350 sq. ft.	x		
					(PACM) Flashing	190 sq. ft.	x		

1606

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

RECEIVED

Date of Notification (1) 04 / 02 / 26		Name of Building Owner/Operator (2) THE STATE OF NEW JERSEY (D.P.M.C.)		APR 6 2026				
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 33 WEST STATE STREET		City, State, Zip Code TRENTON, NJ 08608				
		Name of Contact JOHN FORGIONE		Telephone Number (609) 571-0359				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) WALT WHITMAN VISITOR 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 326 MARTIN LUTHER KING BLVD.			City (5) CAMDEN					
City (5) CAMDEN		Square Feet 1741	# of Floors 3	Bldg. Age 50+/-				
County (6) CAMDEN		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) VACANT				
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT		ASCM No.	Name of Abatement Contractor (9) PEPPER ENVIRONMENTAL SERVICES, INC.					
Street Address 344 WEST STATE STREET		Street Address 2251 FRALEY STREET						
City, State, Zip Code TRENTON, NJ 08618		City, State, Zip Code PHILADELPHIA, PA 1917						
Project Manager for Monitoring Firm WILLIAN WEISGARBER		Telephone No. (609) 656-8101	Telephone No. (215) 533-5155	License No. 01166				
Start Date (10) 04 / 13 / 26		Scheduled Completion Date (11) 04 / 30 / 26		Name of OSHA Monitor USA ENVIRONMENTAL 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 - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM			Street Address 344 WEST STATE STREET					
			City, State, Zip Code TRENTON, NJ 08618					
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
	<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"/>
Name of Registered Waste Hauler HORIZON DISPOSAL SERVICES		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT				
City, State TRENTON, NJ		Disposal Date		City, State MORRISVILLE, PA				
Completed By (Print or Type) DENISE M. NIVEN		Title ADMIN. ASST.	Signature 		Date 4-2-26			

LOCATION OF ASBESTOS CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY	IN LOCATION NORMALLY USED SOLELY BY CUSTOMER OR CUSTOMER STAFF?	DESCRIPTION OF ASBESTOS CONTAINING MATERIAL (ACM) (I.E. THERMAL SYSTEMS INSULATION, PIPE INSULATION, OR OTHER MISCELLANEOUS)	AMOUNT (SPECIFY SF OR LFT)	ABATEMENT TYPE	ABATEMENT TYPE	ABATEMENT TYPE	ABATEMENT TYPE	ABATEMENT TYPE
BUILDING 332-ROOM 103 DUCT RISER WITHIN WALLS	N/A	DUCT INSULATION	10 SF	REMOVAL	REPAIR	REPAIR	REPAIR	ENCLOSURE
BUILDING 332-ROOM 103 (3) DUCT BOOTS WITHIN WALLS	N/A	DUCT INSULATION	9 SF	REMOVAL	REPAIR	REPAIR	REPAIR	ENCLOSURE
BUILDING 332-2ND FLOOR	N/A	DUCT INSULATION	19 SF	REMOVAL	REPAIR	REPAIR	REPAIR	ENCLOSURE
BUILDING 332-1ST, 2ND, & 3RD FLOORS	N/A	WINDOW GLAZING DEBRIS	30 SF	REMOVAL	REPAIR	REPAIR	REPAIR	ENCLOSURE
DUMPSTER (MATERIAL FROM BLDG. 332 1ST, 2ND & 3RD FLOORS)	N/A	WINDOW GLAZING	20 SF	REMOVAL	REPAIR	REPAIR	REPAIR	ENCLOSURE

1610

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

RECEIVED

APR 8 2026

Date of Notification (1) <u>04</u> / <u>07</u> / <u>26</u>		Name of Building Owner/Operator (2) THE STATE OF NEW JERSEY (D.P.M.C.)								
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>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 33 WEST STATE STREET								
		City, State, Zip Code TRENTON, NJ 08608								
		Name of Contact JOHN FORGIONE	Telephone Number (609) 571-0359							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) WALT WHITMAN VISITOR 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 326-332 MARTIN LUTHER KING BLVD.		Square Feet 1741	# of Floors 3							
City (5) CAMDEN		Bldg. Age 50+/-								
County (6) CAMDEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT								
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT		ASCM No.	Name of Abatement Contractor (9) PEPPER ENVIRONMENTAL SERVICES, INC.							
Street Address 344 WEST STATE STREET		Street Address 2251 FRALEY STREET								
City, State, Zip Code TRENTON, NJ 08618		City, State, Zip Code PHILADELPHIA, PA 1917								
Project Manager for Monitoring Firm WILLIAN WEISGARBER		Telephone No. (609) 656-8101	Telephone No. License No. (215) 533-5155 01166							
Start Date (10) <u>04</u> / <u>13</u> / <u>26</u>	Scheduled Completion Date (11) <u>04</u> / <u>30</u> / <u>26</u>	Name of OSHA Monitor USA ENVIRONMENTAL 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 - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 344 WEST STATE STREET								
		City, State, Zip Code TRENTON, NJ 08618								
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"/> Cut & Wrap <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) 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	
	<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 HORIZON DISPOSAL SERVICES		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT						
City, State TRENTON, NJ		Disposal Date		City, State MORRISVILLE, PA						
Completed By (Print or Type) DENISE M. NIVEN		Title ADMIN. ASST.	Signature <i>Denise M. Niven</i>				Date 4/7/26			

LOCATION OF ASBESTOS CONTAINING MATERIAL (ACM) TO BE REMOVED IN FACILITY 13	IN LOCATION NORMALLY USED EXCEPT BY MAINTENANCE OR CUSTODIAL STAFF 12 YES-NO-N/A	DISCUSSION OF ASBESTOS CONTAINING MATERIAL (ACM) (I.E. THERMAL SYSTEMS INSULATION, SURFACING, VAT, OR OTHER MISCELLANEOUS)	AMOUNT (SPECIFY SF OR LF)	ABATEMENT TYPE			ABATEMENT TYPE
				REMOVAL	REPAIR	ENCAPSULATE	
BUILDING 332-ROOM 103 DUCT RISER WITHIN WALLS	N/A	DUCT INSULATION	10 SF	YES	NO	ENCAPSULATE	ENCLOSURE
BUILDING 332-ROOM 103 (3) DUCT BOOTS WITHIN WALLS	N/A	DUCT INSULATION	3 SF	YES	NO	NO	NO
BUILDING 332-2ND FLOOR	N/A	DUCT INSULATION	8 SF	YES	NO	NO	NO
BUILDING 332-1ST, 2ND, & 3RD FLOORS	N/A	WINDOW GLAZING DEBRIS	30 SF	YES	NO	NO	NO
DUMPSTER (MATERIAL FROM BLDG. 332 1ST, 2ND & 3RD FLOORS)	N/A	WINDOW GLAZING	20 SF	YES	NO	NO	NO

3704

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

435 1412
RECEIVED
Check 3704

Date of Notification (1) 05/07/2026		Name of Building Owner/Operator (2) MAY 14 2026								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 43 First St City, State, Zip Code Raritan, NJ 08869		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 43 First St			Square Feet 1,868	# of Floors 2	Bldg. Age 1900					
City (5) Raritan, NJ 08869		County (6) Somerset		County Code (7) (STATE USE ONLY) _____						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC							
Street Address		Street Address 75 Voorhis Place								
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456								
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-466-0166	License No. 02126						
Start Date (10) 05/13/2026	Scheduled Completion Date (11) 05/20/2026		Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address City, State, Zip Code							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>			Removal <input checked="" type="checkbox"/>	Repair <input type="checkbox"/>	Encapsulate <input type="checkbox"/>	Enclosure <input type="checkbox"/>	
Basement		x		pipe insulation	75 LF	x				
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill						
City, State Elizabeth, NJ			Disposal Date 05/20/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner		Signature Lubica Perez		Date 05/07/2026				

3670

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

4136345
RECEIVED
 Check 3670

Print Form

MAY 14 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 05/05/2026		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 41 Wellington Ave						
			City, State, Zip Code West Orange, NJ 07052						
		Name of Contact		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4)						
Street Address 41 Wellington 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) West Orange, NJ 07052			Square Feet 1,757	# of Floors 2	Bldg. Age 1921				
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC						
Street Address		Street Address 75 Voorhis Place							
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201- 466-0166	License No. 02126					
Start Date (10) 05/14/2026		Scheduled Completion Date (11) 05/21/2026		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 type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen Main Level		X		plaster ceiling	240 SF	X			
Kitchen Main Level		X		crown molding	68 LF	X			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Elizabeth, NJ		Disposal Date 05/21/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner	Signature <i>Lubica Perez</i>		Date 05/05/2026				

3689

4357660

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

RECEIVED Check 3689

MAY 14 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 05/07/2026		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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 12 Sunset Ave		City, State, Zip Code Matawan, NJ 07747					
		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 12 Sunset Ave			Square Feet 1,618	# of Floors 1	Bldg. Age 1923				
City (5) Matawan, NJ 07747		County (6) Monmouth		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC						
Street Address		Street Address 75 Voorhis Place							
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201- 466-0166	License No. 02126					
Start Date (10) 05/08/2026		Scheduled Completion Date (11) 05/15/2026		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address						
			City, State, Zip Code						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		pipe wrap	98 LF	x			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Elizabeth, NJ		Disposal Date 05/15/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner	Signature <i>Lubica Perez</i>		Date 05/07/2026				

3690

4357666

PAID

Print Form

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

Check 3690

Date of Notification (1) 05/07/2026		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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 47 Devonshire Ct	
		City, State, Zip Code Middletown Township, NJ 07748	
		Name of Contact	Telephone Number & LICENSING

MAY 14 2026

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)	
Street Address 47 Devonshire Ct		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Middletown Township, NJ 07748	Square Feet 2,249	# of Floors 2	Bldg. Age 1967
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	

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

Start Date (10) 05/09/2026	Scheduled Completion Date (11) 05/16/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Foyer		x		flooring and plywood	200 SF	x			

Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Elizabeth, NJ		Disposal Date 05/16/2026		City, State Pen Argyl, PA	
Completed by Lubica Perez		Title Owner	Signature Lubica Perez		Date 05/07/2026

3673

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

U363457

Print Form

Check 3673 RECEIVED

Date of Notification (1) 05/09/2026		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 127 Briar Mills Dr City, State, Zip Code Brick Township, NJ 08724 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 127 Briar Mills Dr		Square Feet 1,120		# of Floors 1	Bldg. Age 1974				
City (5) Brick Township, NJ 08724		County (6) Ocean		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC						
Street Address		Street Address 75 Voorhis Place							
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201- 466-0166	License No. 02126					
Start Date (10) 05/19/2026		Scheduled Completion Date (11) 05/26/2026		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address City, State, Zip Code						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥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 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		X		floor tile	439 SF	X			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Elizabeth, NJ		Disposal Date 05/26/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner	Signature <i>Lubica Perez</i>		Date 05/09/2026				

3674

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

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Check 3674
MAY 14 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 05/09/2026		Name of Building Owner/Operator (2) ENCON							
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 550 Broad St							
		City, State, Zip Code Newark, NJ 07102							
		Name of Contact John Lorenzi, Project Manager	Telephone Number 848-350-0654						
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 550 Broad St		Square Feet TBD	# of Floors 19						
City (5) Newark, NJ 07102		Bldg. Age 1955							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC						
Street Address		Street Address 75 Voorhis Place							
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456							
Project Manager for Monitoring Firm		Telephone No. 201- 466-0166	License No. 02126						
Start Date (10) 05/19/2026	Scheduled Completion Date (11) 05/22/2026	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		pipe insulation	4 LF	x			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Elizabeth, NJ		Disposal Date 05/22/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner	Signature <i>Lubica Perez</i>			Date 05/09/2026			

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3671

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

Check 3671
 RECEIVED

Date of Notification (1) 05/09/2026		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 22 Juniper Way								
		City, State, Zip Code Springfield, NJ 07081		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 22 Juniper Way		Square Feet 2,034	# of Floors 1							
City (5) Springfield, NJ 07081		Bldg. Age 1963								
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC							
Street Address		Street Address 75 Voorhis Place								
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456								
Project Manager for Monitoring Firm		Telephone No. 201- 466-0166	License No. 02126							
Start Date (10) 05/18/2026	Scheduled Completion Date (11) 05/25/2026	Name of OSHA Monitor								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Basement laundry room		X		floor tile	146 SF	X				
Basement bathroom		X		floor tile	22 SF	X				
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill						
City, State Elizabeth, NJ			Disposal Date 05/25/2026	City, State Pen Argyl, PA						
Completed by Lubica Perez		Title Owner	Signature Lubica Perez				Date 05/09/2026			

3672

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

RECEIVED
 Check 3672

Date of Notification (1) 05/09/2026		Name of Building Owner/Operator (2) MAY 14 2026							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1155 Lee St		ASBESTOS CONTROL & LICENSING					
		City, State, Zip Code Wall Township, NJ 07719		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 1155 Lee St			Square Feet 832	# of Floors 1	Bldg. Age 1955				
City (5) Wall Township, NJ 07719			Current Use (Prior if being demolished)						
County (6) Monmouth		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC						
Street Address		Street Address 75 Voorhis Place							
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201- 466-0166	License No. 02126					
Start Date (10) 05/18/2026		Scheduled Completion Date (11) 05/25/2026		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address						
			City, State, Zip Code						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Den		x		Floor tile & mastic	174 SF	x			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Elizabeth, NJ		Disposal Date 05/25/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner	Signature Lubica Perez		Date 05/09/2026				

13089

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

B & G Project # 2026-58C

Check # 13687

Date of Notification (1) 05/08/2026		Name of Building Owner/Operator (2) 777 West Park Avenue 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 100 Woodbridge Center Drive, Suite 301							
		City, State, Zip Code Woodbridge, NJ 07095							
		Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) residential structure		Type of Facility (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 90 Bayard Street		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) residential structure							
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) 05/19/2026	Scheduled Completion Date (11) 05/26/2026	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 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"/> 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
1st & 2nd floors			X	VAT & mastic	4,200 SF	X			
basement			X	pipe insulation	3 LF	X			
Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 45	Name of Registered Landfill Fairless Landfill					
City, State Butler, NJ		Disposal Date 05/26/2026		City, State Morrisville, PA					
Completed by Gordana Luna		Title Secretary / Treasurer	Signature <i>Gordana Luna</i>			Date 05/08/2026			

50332

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

RECEIVED
50332
MAY 13 2026

Date of Notification (1) 05 / 13 / 26		Name of Building Owner/Operator (2)	
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 304C Dupont Avenue	
		City, State, Zip Code Seaside Heights, NJ 08751	
		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 304C Dupont Avenue		Square Feet 800	# of Floors 2
City (5) Seaside Heights		Bldg. Age 65	
County (6) Ocean	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.
Street Address		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm		Telephone No. 732-349-9932	License No. 00624
Start Date (10) 05 / 26 / 26	Scheduled Completion Date (11) 05 / 27 / 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 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	800 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	tar on roof	2 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 3	Name of Registered Landfill Fairless Landfill	
City, State Toms River, New Jersey		Disposal Date 05/27/26		City, State Morrisville, Pennsylvania	
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 		Date 5/13/26	

50333

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

PAID

RECEIVED
50333

Date of Notification (1) 05 / 13 / 26		Name of Building Owner/Operator (2) Lynx Waste & Recycling, Inc.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P O Box 188	
		City, State, Zip Code Spring Lake, NJ 07762	
		Name of Contact	Telephone Number

MAY 19 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 507 Magnolia Avenue		Square Feet 1200	# of Floors 1
City (5) Brielle		Bldg. Age 85	
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) 05 / 27 / 26	Scheduled Completion Date (11) 05 / 29 / 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 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1000 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill
City, State Toms River, New Jersey		Disposal Date 05/29/26	City, State Morrisville, Pennsylvania
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 5/13/26

13693

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

B & G Project # 2026-69

Check # 13693

Date of Notification (1) 05/12/2026		Name of Building Owner/Operator (2) RECEIVED								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation								
Street Address 147 Carteret Street		City, State, Zip Code Glen Ridge, NJ 07028								
Name of Contact		Telephone Number								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) 147 Carteret 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) Glen Ridge, NJ 07028		Square Feet	# of Floors							
County (6) Essex		Current Use (Prior if being demolished) residential								
Name of Monitoring Firm Hired by Building Owner (8)		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) 05/22/2026	Scheduled Completion Date (11) 05/23/2026	Name of OSHA Monitor B & G Restoration, Inc.								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>occupied</u>		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 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) 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	ceiling plaster	40 SF	X				
Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Landfill						
City, State Butler, NJ		Disposal Date 05/23/2026		City, State Pen Argyl, PA						
Completed by Gordana Luna		Title Secretary / Treasurer		Signature <i>Gordana Luna</i>			Date 05/12/2026			

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

CK# 12063

RECEIVED

12063

Date of Notification (1) 5/15/2026		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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 41 University Dr., Ste 400								
		City, State, Zip Code Newtown, PA 18940								
		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 3 N. 34th Avenue		Square Feet 1237	# of Floors 1.5							
City (5) Longport		Bldg. Age 75+								
County (6) Atlantic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Unoccupied								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) American Demolition Corp.							
Street Address		Street Address 2 English Lane								
City, State, Zip Code		City, State, Zip Code Egg Harbor Twp., NJ 08234								
Project Manager for Monitoring Firm		Telephone No. 609-926-7373	License No. 02056							
Start Date (10) 5/24/2026	Scheduled Completion Date (11) 6/8/2026	Name of OSHA Monitor								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) 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	asbestos shingles	1000 sf	X				
Name of Registered Waste Hauler American Demolition Corp		NJDEP Waste Hauler ID No. 16473	Cubic Yards of Waste	Name of Registered Landfill ACUA						
City, State Egg Harbor Twp., NJ		Disposal Date TBD		City, State Pleasantville						
Completed by Jannie Truehart		Title Project Manager		Signature <i>Jannie Truehart</i>				Date 5/15/2026		

1288

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

Check# 1288

Date of Notification (1) 05/15/2026		Name of Building Owner/Operator (2) PAID		RECEIVED					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 535 Fairmount Avenue City, State, Zip Code Chatham, NJ 07928 Name of Contact Telephone Number: _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 535 Fairmount Avenue			Square Feet	# of Floors	Bldg. Age				
City (5) Chatham, NJ 07928			Current Use (Prior if being demolished)						
County (6) Morris		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC						
Street Address		Street Address 576 Valley Road#283							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-356-3511	License No. 01127					
Start Date (10) 05/27/2026		Scheduled Completion Date (11) 05/28/2026		Name of OSHA Monitor Envirovision Consultants, Inc					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 20-21 Wagaraw Road, Bldg.# 35 E City, State, Zip Code Fair Lawn, NJ 07410						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Garage			x	Duct insulation	50 SF	x			
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc				
City, State Wayne, NJ 07470				Disposal Date TBD		City, State Tullytown, PA			
Completed by G.Ristanovic			Title Owner		Signature Gradimir Ristanovic			Date 05/15/2026	

13697



PAID

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

RECEIVED

B & G Project # 2026-67

Check # 13697

MAY 19 2026

Date of Notification (1) 05/15/2026		Name of Building Owner/Operator (2) MAY 19 2026								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation								
Street Address 29 Columbus Avenue City, State, Zip Code Edison, NJ 08817										
Name of Contact		Telephone Number								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)								
Street Address 29 Columbus 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) Edison, NJ		Square Feet	# of Floors							
County (6) Middlesex		Bldg. Age								
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) residential								
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)								
Street Address		Street Address								
City, State, Zip Code		City, State, Zip Code								
Project Manager for Monitoring Firm		Telephone No.	License No.							
Start Date (10) 05/26/2026		Scheduled Completion Date (11) 05/28/2026								
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor B & G Restoration, Inc.								
<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>occupied</u>		Street Address 1234 Route 23								
Scope of Work (Check All That Apply)		City, State, Zip Code Butler, NJ 07405								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
<input 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 fl living room, hallway & bedroom			X	VAT & mastic	340 SF	X				
Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 4	Name of Registered Landfill Grand Central Landfill						
City, State Butler, NJ		Disposal Date 05/29/2026		City, State Pen Argyl, PA						
Completed by Gordana Luna		Title Secretary / Treasurer		Signature <i>Gordana Luna</i>			Date 05/15/2026			

13699

PAID

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

B & G Project # 2026-79

Check # 13699

Date of Notification (1) 05/15/2026		Name of Building Owner/Operator (2)							
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 27 Middle Road City, State, Zip Code Bloomingtondale, NJ 07403 Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Street Address 27 Middle Road City (5) Bloomingtondale, NJ		Type of Facility (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 _____							
County (6) Passaic		County Code (7) <i>(STATE USE ONLY)</i> _____	Current Use (Prior if being demolished) residential						
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		ASCM No. _____	Name of Abatement Contractor (9) B & G Restoration, Inc. Street Address 1234 Route 23 City, State, Zip Code Butler, NJ 07405						
Project Manager for Monitoring Firm _____ Telephone No. _____		Telephone No. 973-696-6869	License No. 00378						
Start Date (10) 05/28/2026		Scheduled Completion Date (11) 05/29/2026	Name of OSHA Monitor B & G Restoration, Inc.						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>occupied</u>		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 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
basement			X	pipe insulation	14 LF	X			
Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 1/2	Name of Registered Landfill Grand Central Landfill					
City, State Butler, NJ		Disposal Date 05/29/2026		City, State Pen Argyl, PA					
Completed by Gordana Luna		Title Secretary / Treasurer		Signature <i>Gordana Luna</i>			Date 05/15/2026		

13698

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

B & G Project # 2026-78

Check # 13698 RECEIVED

Date of Notification (1) 05/15/2026		Name of Building Owner/Operator (2)							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 43 Cornell Street		MAY 19 2026							
City, State, Zip Code Avenel, NJ 07001		Name of Contact							
Telephone Number		ASBESTOS CONTROL & LICENSING							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 43 Cornell 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) Avenel, NJ		Square Feet	# of Floors						
County (6) Middlesex		Bldg. Age							
County Code (7) Middlesex		Current Use (Prior if being demolished) residential							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) B & G Restoration, Inc.							
City, State, Zip Code		Street Address 1234 Route 23							
Project Manager for Monitoring Firm		City, State, Zip Code Butler, NJ 07405							
Telephone No.		Telephone No. 973-696-6869	License No. 00378						
Start Date (10) 05/27/2026	Scheduled Completion Date (11) 05/28/2026	Name of OSHA Monitor B & G Restoration, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>occupied</u>		Street Address 1234 Route 23							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code Butler, NJ 07405							
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" 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) 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 & 1st floor			X	duct (wrap & cut)	30 SF	X			
Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563		Cubic Yards of Waste 1		Name of Registered Landfill Grand Central Landfill			
City, State Butler, NJ		Disposal Date 05/28/2026		City, State Pen Argyl, PA					
Completed by Gordana Luna		Title Secretary / Treasurer		Signature <i>Gordana Luna</i>		Date 05/15/2026			

179105



PAID

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

RECEIVED

MAY 19 2026

Date of Notification (1) <u>5</u> / <u>15</u> / <u>26</u>		Name of Building Owner/Operator (2) NJ DOT / Job #2605-6579 Check #17905	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 600	
		City, State, Zip Code Trenton, NJ 08625	
		Name of Contact	Telephone Number

ASBESTOS CONTROL & LICENSURE

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Green Grove Road @ Route 66		Type of Facility (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 Green Grove Rd @ Route 66		Square Feet	# of Floors
City (5) Neptune		Bldg. Age	
County (6) Monmouth	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Bridge	

Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address PO Box 341		Street Address 30 Maple Ave. PO Box 25		
City, State, Zip Code Crosswicks, NJ 08515		City, State, Zip Code Lumberton, NJ 08048		
Project Manager for Monitoring Firm Chris Paonessa	Telephone No. 609-298-4070	Telephone No. 609-265-2107	License No. 00529	
Start Date (10) <u>5</u> / <u>27</u> / <u>26</u>	Scheduled Completion Date (11) <u>6</u> / <u>2</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 Parkway Suite B
	City, State, Zip Code Mount Laurel, NJ 08054

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input 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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Ducts	480LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 30	Name of Registered Landfill Fairless Landfill	
City, State Lumberton, NJ		Disposal Date 6/2/26	City, State Tullytown, PA		
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 		Date 5-15-26	

1933

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

RECEIVED 33
 MAY 22 2026

Date of Notification (1) 5/18/2026		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 6 Dayton St.	
		City, State, Zip Code Elizabeth, NJ 07202	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 6 Dayton St.		Square Feet 2,698	# of Floors 3
City (5) Elizabeth, NJ 07202		Bldg. Age 1925	
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) DANVIC CONTRACTING LLC
Street Address		Street Address 240 South 5th St.	
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07206	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 908-906-4123	License No. 01355
Start Date (10) 5/30/2026	Scheduled Completion Date (11) 6/2/2026	Name of OSHA Monitor Iris Environmental Laboratories, Inc.	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIED		Street Address 2333 Route 22 West	
		City, State, Zip Code Union, NJ 07083	

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler Danvic Contracting LLC	NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill
City, State Elizabeth, NJ		Disposal Date TBD	City, State Morrisville, PA
Completed by Jeymy Donnays	Title Owner	Signature <i>Jeymy Donnays</i>	Date 5/18/2026

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

1932

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

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1932

Date of Notification (1) 5/18/2026	Name of Building Owner/Operator (2) MAY 22 2026
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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 589 Mountain Ave. City, State, Zip Code Bound Brook, NJ 08805 Name of Contact Telephone Number
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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 & commercial buildings, homes, etc.)		
Street Address 589 Mountain Ave.	Square Feet 1,582	# of Floors 2	Bldg. Age 1900
City (5) Bound Brook, NJ 08805	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
County (6) Somerset			

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

Project Manager for Monitoring Firm	Telephone No.	Name of OSHA Monitor Iris Environmental Laboratories, Inc.
Start Date (10) 5/29/2026	Scheduled Completion Date (11) 6/2/2026	Street Address 2333 Route 22 West
Occupancy Status During Abatement (Check Only One)		City, State, Zip Code Union, NJ 07083

<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	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
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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 Hallway Closet			X	Pipe Insulation	9 LF	X			

Name of Registered Waste Hauler Danvic Contracting LLC	NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill
City, State Elizabeth, NJ	Disposal Date TBD	City, State Morrisville, PA	Date 5/18/2026
Completed by Jeymy Donneys	Title Owner	Signature <i>Jeymy Donneys</i>	Date 5/18/2026

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

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

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MAY 20 2026

Date of Notification (1) 05-15-26		Name of Building Owner/Operator (2) New Prince Concrete Construction, Inc.								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 215 Eileen Terrace City, State, Zip Code Hackensack, NJ 07601							
	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 605 Leland St.		Square Feet	# of Floors 1							
City (5) Raritan		Bldg. Age								
County (6) Somerset	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.							
Street Address		Street Address 1119 East Grand St.								
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07201								
Project Manager for Monitoring Firm		Telephone No. 908 576-7646	License No. 01206							
Start Date (10) 05-28-26	Scheduled Completion Date (11) 06-02-26	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 Other - Describe: 8:00 AM- 5:00 PM		Street Address 1119 East Grand St. City, State, Zip Code Elizabeth, NJ 07201								
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Exterior / Garage		X		Transite Siding	125 SF	X				
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 5	Name of Registered Landfill Tullytown Resource Recovery Facility						
City, State Elizabeth, NJ		Disposal Date 05-29-26		City, State Tullytown, PA						
Completed by Jaime Delgado		Title Proj. Manager.		Signature 			Date 05-15-26			

* 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 12:120)

MAY 10 2026

Date of Notification (1) 05-15-26		Name of Building Owner/Operator (2) New Prince Concrete Construction, Inc.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 215 Elleen Terrace	
		City, State, Zip Code Hackensack, NJ 07601	
		Name of Contact	Telephone Number

ASBESTOS CONTROL & LICENSING

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 410 US Route 202.		Square Feet	# of Floors 1
City (5) Raritan		Bldg. Age	
County (6) Somerset		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.	
Street Address		Street Address 1119 East Grand St.		
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07201		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 908 576-7646	License No. 01206

Start Date (10) 05-25-26	Scheduled Completion Date (11) 06-08-26	Name of OSHA Monitor Delfa Contracting LLC		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 8:00 AM- 5:00 PM		Street Address 1119 East Grand St.		
		City, State, Zip Code Elizabeth, NJ 07201		

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor		X		VAT	1,140 SF	X			
Exterior		X		Transite Siding	3,000 SF	X			

Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 30	Name of Registered Landfill Tullytown Resource Recovery Facility	
City, State Elizabeth, NJ		Disposal Date 05-29-26		City, State Tullytown, PA	
Completed by Jaime Delgado		Title Proj. Manager.	Signature 		Date 05-15-26

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

MAY 20 2026

Date of Notification (1) 05-11-2026		Name of Building Owner/Operator (2)							
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 19 Main St.						
			City, State, Zip Code Hasbrouck Heights, NJ 07604						
			Name of Contact		Telephone Number				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Home			Type of Facility (4)						
Street Address 19 Main St.			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Hasbrouck Heights			Square Feet	# of Floors 1	Bldg. Age				
County (6) Bergen		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.						
Street Address			Street Address 1119 East Grand St.						
City, State, Zip Code			City, State, Zip Code Elizabeth, NJ 07201						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 908 576-7646	License No. 01206					
Start Date (10) 05-20-26		Scheduled Completion Date (11) 05-21-26		Name of OSHA Monitor Delfa Contracting LLC					
Occupancy Status During Abatement (Check Only One)			Street Address 1119 East Grand						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 AM-5:00 PM			City, State, Zip Code Elizabeth, NJ 07201						
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 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
2nd Floor/ Bathroom		X		VAT	110 SF	X			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 3	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Elizabeth, NJ		Disposal Date 05-22-26		City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.	Signature <i>Jaime Delgado</i>		Date 05-11-2026				

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

1931

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

chk # 1931

Date of Notification (1) 5/14/2026		Name of Building Owner/Operator (2) Energy Services		RECEIVED	
Agencies Notified		Type Notification		Street Address 465 Mulberry St.	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Newark, NJ 07114	
		Name of Contact		Telephone Number	
				LICENSING	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential Property			Type of Facility (4)		
Street Address 235 Malone 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) Belleville, NJ 07109			Square Feet 1,509	# of Floors 2	Bldg. Age 1937
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) DANVIC CONTRACTING LLC		
Street Address			Street Address 240 South 5th St.		
City, State, Zip Code			City, State, Zip Code Elizabeth, NJ 07206		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 908-906-4123	License No. 01355	
Start Date (10) 5/23/2026		Scheduled Completion Date (11) 5/26/2026		Name of OSHA Monitor Iris Environmental Laboratories, Inc.	
Occupancy Status During Abatement (Check Only One)			Street Address 2333 Route 22 West		
<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			City, State, Zip Code Union, NJ 07083		

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill	
City, State Elizabeth, NJ		Disposal Date TBD	City, State Morrisville, PA		
Completed by Jeymy Donneys		Title Owner	Signature <i>Jeymy Donneys</i>		Date 5/14/2026

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

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Date of Notification (1) May 12, 2026		Name of Building Owner/Operator (2) Congregation B' Nai Jeshurun Cemetery Association	
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 1025 S. orange Ave	
		City, State, Zip Code Short Hills NJ 07078	
		Name of Contact	

MAY 22 2026

ASBESTOS CONTROL & LICENSURE

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) N/A		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1110 Cross Ave - Coordinates 40.68945° N, 74.20943° W		Square Feet 2,500	# of Floors 3
City (5) Elizabeth		Bldg. Age 1955	
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) residential	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Checkmark Industrial
Street Address		Street Address 54 Morgan Dr	
City, State, Zip Code		City, State, Zip Code Sparta NJ 07871	
Project Manager for Monitoring Firm		Telephone No. 973-570-2645	License No. 01334
Start Date (10) 5/26/2026	Scheduled Completion Date (11) 6/12/2026	Name of OSHA Monitor Checkmark Industrial	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 54 Morgan Dr	
		City, State, Zip Code Sparta NJ 07871	

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input 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
basement, first and second floor		X		plaster	4000 SF	X			
basement		X		pipe wrap	100 LF	X			

Name of Registered Waste Hauler Westphal Waste Services		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 80	Name of Registered Landfill FAIRLESS	
City, State Ridgewood Park NJ		Disposal Date		City, State MORRISVILLE PA	
Completed by Corey Stankovic		Title CEO	Signature <i>Corey Stankovic</i>		Date 5/12/2026

1930



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

RECEIVED
CHCA# 1930

Date of Notification (1) 5/13/2026		Name of Building Owner/Operator (2)	
Agencies Notified		Street Address 4 Beech Ave.	
<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	
		City, State, Zip Code Madison, NJ 07940	
		Name of Contact	
		Telephone Number	

MAY 20 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4)	
Street Address 4 Beech 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) Madison, NJ 07940		Square Feet 2,100	# of Floors 2
County (6) Morris		Bldg. Age 1962	
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) DANVIC CONTRACTING LLC	
Street Address		Street Address 240 South 5th St.	
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07206	
Project Manager for Monitoring Firm		Telephone No. 908-906-4123	License No. 01355
Start Date (10) 5/26/2026	Scheduled Completion Date (11) 6/2/2026	Name of OSHA Monitor Iris Environmental Laboratories, Inc.	
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West	
<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		City, State, Zip Code Union, NJ 07083	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	VAT	600 SF	X			

Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill	
City, State Elizabeth, NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed by Jeymy Donnays		Title Owner	Signature <i>Jeymy Donnays</i>		Date 5/13/2026

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

004740

PAID

Print Form

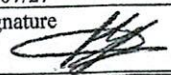
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 05-21-26		Name of Building Owner/Operator (2) Caravella Demolition Inc.		RECEIVED					
Agencies Notified		Type Notification		Street Address 40 Deforest Ave.					
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code 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)						
Street Address 798 Madison 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) Paterson			Square Feet	# of Floors 2	Bldg. Age				
County (6) Passaic		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.						
Street Address			Street Address 1119 East Grand St.						
City, State, Zip Code			City, State, Zip Code Elizabeth, NJ 07201						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 908 576-7646	License No. 01206					
Start Date (10) 05-22-26		Scheduled Completion Date (11) 05-26-26		Name of OSHA Monitor Delfa Contracting LLC					
Occupancy Status During Abatement (Check Only One)			Street Address 1119 East Grand						
<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 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 05-22-26		City, State Fairless, PA					
Completed by Jaime Delgado		Title Proj. Manager.	Signature <i>Jaime Delgado</i>		Date 05-21-26				

0210

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

RECEIVED


Date of Notification: 04/22/26		Name of Building owner					
Agency Notified EPA DEP X DOL X DOH	Type Notification Initial Amended X Emergency (including Justification) Extended	Street Address: 14 Fairfield Drive					
		City, State, Zip Morristown, NJ 07960					
		Name of Contact:	PHONE				
Name of Facility Where Abatement is Taking Place House		Type of Facility (4) School (K-12) Subchapter 8 (Other than (K-12)) X Residential					
Street Address 14 Fairfield Drive		Square Feet 2000	# of Floors 02				
City Morristown		Bldg. Age 45					
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner		ASCM No.	Name of Abatement Contractor (9) CVK Contracting LLC				
Street		Street Address: 269 Walker St. Apt 6					
City, State, Zip		City, State, Zip Code Fairview, NJ 07022					
Project Manager for Monitoring Firm		Telephone No. 973-641-5400	License No 02044				
Start Date 04/22/26	Scheduled completion Date 04/22/26	Name of OSHA firm Emsl Analytical inc					
Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours -Describe/Facility closed during the abatement after school hours		Street Address 1056 Stelton Rd STE 5					
		City, State, Zip Code Piscataway, NJ 08854					
Scope of Work (Check all apply) > 3 sf or > 3 x xx > 160 sf or > 260 lf		Full Containment with Negative Pressure X Mini Closure Glovebag Procedure Non - Exempted (*) and Non- Friable procedure					
X Renovation Demolition							
Location of	Is Location Normally	Description of	Abatement Type				
Asbestos-Containing material (ACM) TO BE ABATED IN Facility (13)	Used Solely by Maintenance/ Custodial Staff? (12)	Asbestos Containing Material (ACM) (i.e., thermal systems insulation, Surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)				
	Ye s		No	N/ A	Removal	Repair	Encapsulate
Duct insulation in basement	X	ACM	5 SF	X			
Floor tile in basement		ACM	< 1 SF				
Name of registered Waste Hauler Tri- State Transfer		NJDEP Waste Huler 19954	Cubic Yards of Waste TBD	Name of Registered Landfield MINERVA ENTREPRICE INC			
City, State Bronx NY		Disposal Date 05/07/27		City, WAYNESBURG OHIO			
Completed by Gustavo Ordon	Title President	Signature 		04/22/26			

ASBESTOS CONTROL & LICENSING

281 222 7933

State Of New Jersey

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

Date of Notification: 04/15/26		Name of Building owner		RECEIVED											
Agency Notified EPA DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH	Type Notification Initial Amended <input checked="" type="checkbox"/> Emergency (including Justification) Extended	Street Address 6 Farm Road		MAY 28 2026											
		City, State, Zip Ewing, NJ 08638													
		Name of Contact:		PHONE:											
ASBESTOS CONTROL & LICENSING															
Name of Facility Where Abatement is Taking Place House			Type of Facility (4) School (K-12) Subchapter 8 (Other than (K-12)) <input checked="" type="checkbox"/> Residential												
Street Address 6 Farm Road															
City Ewing			Square Feet 2000	# of Floors 02	Bldg. Age 45										
County (6) Mercer		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)											
Name of Monitoring Firm Hired by Building Owner		ASCM No.	Name of Abatement Contractor (9) CVK Contracting LLC												
Street		Street Address: 269 Walker St. Apt 6													
City, State, Zip		City, State, Zip Code Fairview, NJ 07022													
Project Manager for Monitoring Fir		Telephone No.		Telephone No. 973-641-5400	License No 02044										
Start Date 04/15/26	Scheduled completion Data 04/18/26		Name of OSHA firm Emsl Analytical inc												
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> -Describe/Facility closed during the abatement after school hours			Street Address 1056 Stelton Rd STE 5												
			City, State, Zip Code Piscataway, NJ 08854												
Scope of Work (Check all apply) <input type="checkbox"/> > 3 sf or > 3 x <input type="checkbox"/> xx > 160 sf or > 260 lf			<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Closure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Renovation Demolition <input type="checkbox"/> Non - Exempted (*) and Non- Friable procedure												
Location of		Is Location Normally		Description of		Abatement Type									
Asbestos-Containing material (ACM) TO BE ABATED IN Facility (13)		Used Solely by Maintenance/ Custodial Staff? (12)		Asbestos Containing Material (ACM) (i.e., thermal systems insulation, Surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Removal		Repair		Encapsulate		Enclosure	
								Ye s		No		N/A			
Floor tiles and mastic in basement		<input checked="" type="checkbox"/>		VAT/ACM		460 SF		<input checked="" type="checkbox"/>							
Name of registered Waste Hauler Tri- State Transfer		NJDEP Waste Huler 19954		Cubic Yards of Waste TBD		Name of Registered Landfield MINERVA ENTREPRICE INC									
City, State Bronx NY		Disposal Date 04/28/26		City, WAYNESBURG OHIO											
Completed by Gustavo Ordon		Title President		Signature 		04/15/26									

424

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

RECEIVED

Date of Notification (1) 5 / 19 / 26		Name of Building Owner/Operator (2) 43 Marsh Hawk	
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 43 Marsh Hawk	
		City, State, Zip Code Hackettstown, NJ 07840	
		Name of Contact	

JUN - 1 2026

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 43 Marsh Hawk		Type of Facility (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 43 Marsh Hawk		Square Feet	# of Floors 2
City (5) Hackettstown		Bldg. Age 1970	
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) 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) 5 / 20 / 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 checked="" type="checkbox"/> Renovation	<input checked="" 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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile	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"/>
	<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 5/22/26		City, State Morrisville, PA	
Completed By (Print or Type) Eric Plackis	Title President	Signature 		Date 5/19/26	

4242

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

RECEIVED

Date of Notification (1) 5 / 20 / 26		Name of Building Owner/Operator (2) JUN - 1 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 107 Upper Ferry Rd	
		City, State, Zip Code Ewing, NJ 08628	
		Name of Contact _____ Telephone Number _____	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 107 Upper Ferry Rd		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 107 Upper Ferry Rd		Square Feet 1400	# of Floors 2
City (5) Ewing		Bldg. Age 66	
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
License No. 01196		Name of OSHA Monitor AZ Solution Consulting	
Start Date (10) 5 / 21 / 26	Scheduled Completion Date (11) 5 / 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 - 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 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

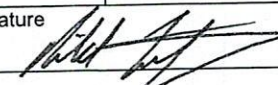
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite panels	400SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile	600SF	<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 5/23/26		City, State Morrisville, PA	
Completed By (Print or Type) Eric Plackis	Title President	Signature 		Date 5/20/26	

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

RECEIVED

1932

Date of Notification (1) 5/20/26		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 2096 Lentz Ave.								
		City, State, Zip Code Union, NJ 07083								
		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 2096 Lentz Ave.		Square Feet 1800	# of Floors 2							
City (5) Union		Bldg. Age 60 +/-								
County (6) Union	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) 5/21/26	Scheduled Completion Date (11) 5/23/26	Name of OSHA Monitor Same As Above								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input 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 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) 700 SF	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Attic		X		Vermiculite		X				
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 7 YD	Name of Registered Landfill Chrin Brothers Sanitary Landfill						
City, State Pompton Lakes, NJ		Disposal Date TBD		City, State Easton, PA						
Completed by Richard Cristofol		Title President		Signature 				Date 5/20/26		

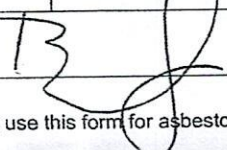
PAID
 State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

Emergency
CKH 6064
6064

RECEIVED

MAY 26 2026

DEPARTMENT OF ENVIRONMENTAL CONTROL & LICENSING

Date of Notification (1) 5/20/26		Name of Building Owner/Operator (2) 253 Lockwood Ave 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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 253 Lockwood Ave								
		City, State, Zip Code Long Branch, new Jersey 07740								
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) 253 Lockwood Ave, LLC 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 253 Lockwood Ave		Square Feet 1800	# of Floors 1							
City (5) Long Branch		Bldg. Age 65+								
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) former residence								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ace Insulation Co., Inc							
Street Address		Street Address 95 Montrose Road								
City, State, Zip Code		City, State, Zip Code Colts Neck, New Jersey								
Project Manager for Monitoring Firm		Telephone No. 7322941757	License No. 00029							
Start Date (10) 5/22/26	Scheduled Completion Date (11) 5/28/26	Name of OSHA Monitor								
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: 7am-7pm		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
exterior			X	transite pipe	10 L.F	X				
slab			X	floor tile with mastic	500 S.F	X				
site clean up/wet demo			X	contaminated dirt	3 c.y	X				
site clean up/			X	concrete bouldersw/ mastic	4 c.y	X				
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 10	Name of Registered Landfill Fairless						
City, State Elizabeth, New Jersey		Disposal Date 5/26/26		City, State Morrisville, PA						
Completed by Bree McGuire		Title Secretary Treasurer		Signature 			Date 5/20/26			

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

RECEIVED

1234

Date of Notification (1) 5 / 15 / 26		Name of Building Owner/Operator (2) Monmouth Ocean	
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 131 Laurel Ave, Unit 1	
		City, State, Zip Code Island Heights, NJ 08732	
		Name of Contact _____ Telephone Number _____	

MAY 26 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 3 Timothy 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.)	
Street Address 3 Timothy Ave		Square Feet 2700	# of Floors 2
City (5) Kendall Park		Bldg. Age 54	
County (6) Middlesex	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) 5 / 18 / 26	Scheduled Completion Date (11) 5 / 19 / 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 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
Laundry room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile	900SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mastic	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"/>

Name of Registered Waste Hauler Brick Industries, Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste 5/20/26	Name of Registered Landfill Fairless Landfill	
City, State Brick, NJ		Disposal Date 5	City, State Morrisville, PA		
Completed By (Print or Type) Eric Plackis	Title President	Signature 	Date 5/15/26		

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

4237



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

RECEIVED

Date of Notification (1) 5 / 18 / 26		Name of Building Owner/Operator (2) MAY 20 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 77 Palmer Dr							
		City, State, Zip Code Wayne, NJ 07470							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 77 Palmer Dr		<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) Wayne		Square Feet 2730	Bldg. Age 58						
County (6) Passaic		Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) AZ Solution Consulting		Name of Abatement Contractor (9) Brick Industries, Inc.							
Street Address 27 Susquehanna Ave		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) 5 / 19 / 26	Scheduled Completion Date (11) 5 / 20 / 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) 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
Family room	<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 5/21/26		City, State Morrisville, PA					
Completed By (Print or Type) Eric Plackis		Title President		Signature 			Date 5/18/26		

1760

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Print Form

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

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MAY 28 2026

Date of Notification (1) 5-19-26		Name of Building Owner/Operator (2) GENSTONE FIELD SERVICES	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO BOX 583	
		City, State, Zip Code CANAL FULTON OHIO 44614	
		Name of Contact RESIDENTIAL	

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 578 HOPEWELL RD		Square Feet 900	# of Floors 1
City (5) MARLTON		Bldg. Age NA	
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) ATLAS ENV. INSPECT		ASCM No.	Name of Abatement Contractor (9) FRYMAR CONSTRUCTION	
Street Address PO BOX 11645		Street Address PO BOX 21		
City, State, Zip Code PHILA PA 19116		City, State, Zip Code MONTGOMERYVILLE PA 18936		
Project Manager for Monitoring Firm JASON DUA		Telephone No. 267-784-4693	Telephone No. 267-784-4694	License No. 01276

Start Date (10) 5-23-26	Scheduled Completion Date (11) 5-26-26	Name of OSHA Monitor JASON DUA	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO BOX 11645	
		City, State/Zip Code PHILA PA 19116	

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

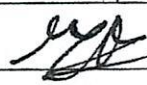
Location of Asbestos-Containing Material (ACM) In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
DINING RM. CEILING WALL			<input checked="" type="checkbox"/>	JOINT COMPOUND	100	<input checked="" type="checkbox"/>			
			<input checked="" type="checkbox"/>	JOINT COMPOUND	100	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler FRYMAR CONSTRUCTION		NJDEP Waste Hauler ID No. 0036759	Cubic Yards of Waste 1	Name of Registered Landfill WESTERN BERK'S CL	
City, State MONTGOMERYVILLE PA		Disposal Date NA		City, State BIRDSBORO PA	
Completed by EFRAIM DUA		Title VP	Signature <i>EFRAIM DUA</i>		Date 5-17-26

0198

State Of New Jersey

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

Date of Notification: 04/13/26		Name of Building owner		RECEIVED					
Agency Notified EPA DEP X DOL X DOH	Type Notification Initial Amended X Emergency (including Justification) Extended	Street Address: 1116 Cambridge Ln City, State, Zip Bridgewater NJ 08807		Name of Contact: _____ PHONE _____					
Name of Facility Where Abatement is Taking Place House		Type of Facility (4) ASBESTOS CONTROL & LICENSING School (K-12) Subchapter 8 (Other than (K-12)) X Residential		Street Address 1116 Cambridge Ln					
City Bridgewater NJ		Square Feet 2000	# of Floors 02	Bldg. Age 45					
County (6) Somerset	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner		ASCM No.	Name of Abatement Contractor (9) CVK Contracting LLC						
Street		Street Address: 269 Walker St. Apt 6							
City, State, Zip		City, State, Zip Code Fairview, NJ 07022							
Project Manager for Monitoring Fir		Telephone No.		Telephone No. 973-641-5400		License No 02044			
Start Date 04/14/26	Scheduled completion Data 04/16/26		Name of OSHA firm Emsl Analytical inc						
Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours -Describe/Facility closed during the abatement after school hours		Other		Street Address 1056 Stelton Rd STE 5					
				City, State, Zip Code Piscataway, NJ 08854					
Scope of Work (Check all apply) > 3 sf or > 3 x xx > 160 sf or > 260 lf		X Renovation Demolition		X Full Containment with Negative Pressure Mini Closure Glovebag Procedure Non - Exempted (*) and Non- Friable procedure					
Location of	Is Location Normally	Description of			Abatement Type				
Asbestos-Containing material (ACM) TO BE ABATED IN Facility (13)	Used Solely by Maintenance/ Custodial Staff? (12)	Asbestos Containing Material (ACM) (i.e., thermal systems insulation, Surfacing, VAT, or other miscellaneous)			Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Ye s								
Floor tiles and mastic in basement	X	VAT/ACM			268 SF	X			
Basemen mastic		ACM			520				
Name of registered Waste Hauler Tri- State Transfer		NJDEP Waste Huler 19954		Cubic Yards of Waste TBD		Name of Registered Landfield MINERVA ENTREPRICE INC			
City, State Bronx NY		Disposal Date 04/20/26		City, WAYNESBURG OHIO					
Completed by Gustavo Ordon		Title President		Signature 		04/13/26			

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

2592

Date of Notification (1) 5-20-2026		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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 217 Lafayette Avenue	
		City, State, Zip Code Cliffside Park, NJ 07010	
		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 2330 Linwood Avenue		Square Feet 10000	# of Floors 5	Bldg. Age 71+
City (5) Fort Lee, NJ 07204	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) Green Environmental Services, LLC	
Street Address		Street Address 235 Virginia Avenue		
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-333-8855	License No. 01174
Start Date (10) 5-20-2026	Scheduled Completion Date (11) 5-20-2026		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 07304		

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

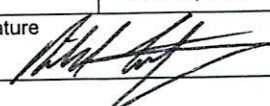
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement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

Name of Registered Waste Hauler Green Environmental Services		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill	
City, State Jersey City NJ		Disposal Date 5-20-2026	City, State Morrisville, PA		
Completed by Liliana Serrano		Title Office Assistant	Signature <i>Liliana Serrano</i>		Date 5-20-2026

4943

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

RECEIVED

Date of Notification (1) 5/27/26		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 1371 Blair Ct. City, State, Zip Code Bridgewater, NJ 08807		MAY 29 2026 ASBESTOS CONTROL & LICENSING				
			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 1371 Blair Ct.			Square Feet 2000	# of Floors 2	Bldg. Age 60 +/-				
City (5) Bridgewater			Current Use (Prior if being demolished) Residential Home						
County (6) Somerset		County Code (7) (STATE USE ONLY) _____							
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) 5/27/26	Scheduled Completion Date (11) 5/29/26		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 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
Family Room		x		VAT	165 SF	x			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 3 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 5/27/26				

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

1593

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

RECEIVED

MAY 29 2026

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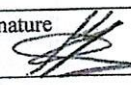
Date of Notification (1) 5-22-2026		Name of Building Owner/Operator (2) ASBESTOS CONTROL & LICENSING							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 138 Oakwood Drive,							
		City, State, Zip Code Wayne, NJ 07470							
		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 type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 138 Oakwood Drive,		Square Feet 1873	# of Floors 2						
City (5) Wayne, NJ 07470		Bldg. Age 66+							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Green Environmental Services, LLC						
Street Address		Street Address 235 Virginia Avenue							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304							
Project Manager for Monitoring Firm		Telephone No. 201-333-8855	License No. 01174						
Start Date (10) 5-22-2026	Scheduled Completion Date (11) 5-22-2026	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 07304							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen		X		Pipe Insulation	6 LF	X			
Name of Registered Waste Hauler Green Environmental Services,		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill					
City, State Jersey City, NJ 07304		Disposal Date 5-22-2026		City, State Morrisville PA					
Completed by Liliana Serrano		Title Office Assistant		Signature <i>Liliana Serrano</i>			Date 5-22-2026		

10/09

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


RECEIVED

Date of Notification: 04/20/26		Name of Building owner					
Agency Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH	Type Notification Initial Amended <input checked="" type="checkbox"/> Emergency (including Justification) Extended	Street Address: 720 Bunker Hill Ave					
		City, State, Zip Lawrence, NJ 08648					
		Name of Contact:	PHONE				
Name of Facility Where Abatement is Taking Place Hcuse		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than (K-12)) <input checked="" type="checkbox"/> Residential					
Street Address 720 Bunker Hill Ave		Square Feet 2000	# of Floors 02				
City Lawrence NJ		Bldg. Age 45					
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner	ASCM No.	Name of Abatement Contractor (9) CVK Contracting LLC					
Street	Street Address: 269 Walker St. Apt 6						
City, State, Zip	City, State, Zip Code Fairview, NJ 07022						
Project Manager for Monitoring Fir	Telephone No.	Telephone No. 973-641-5400	License No 02044				
Start Date 04/20/26	Scheduled completion Data 04/23/26	Name of OSHA firm Emsl Analytical inc					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> -Describe/Facility closed during the abatement after school hours		Street Address 1056 Stelton Rd STE 5					
Other		City, State, Zip Code Piscataway, NJ 08854					
Scope of Work (Check all apply) <input type="checkbox"/> > 3 sf or > 3 x <input type="checkbox"/> xx > 160 sf or > 260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Closure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non - Exempted (*) and Non- Friable procedure					
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
Location of	Is Location Normally	Description of	Abatement Type				
Asbestos-Containing material (ACM) TO BE ABATED IN Facility (13)	Used Solely by Maintenance/ Custodial Staff? (12)	Asbestos Containing Material (ACM) (i.e., thermal systems insulation, Surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)				
	Ye s		No	N/ A	Removal	Repair	Encapsulate
Kitchen Floor Tile	X	VAT	182 SF	X			
Name of registered Waste Hauler Rovic Transport		NJDEP Waste Huler 20785	Cubic Yards of Waste TBD	Name of Registered Landfield Blythe towns LF Brads 1061 Burma Rd			
City, State Riverdale NJ		Disposal Date 05/07/27	City New Philadelphia PA 17959				
Completed by Gustavo Ordon	Title President	Signature 		04/20/26			

ASBESTOS CONTROL & LICENSING

0193

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

Date of Notification: 04/06/26		Name of Building owner		RECEIVED					
Agency Notified EPA DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH	Type Notification Initial Amended <input checked="" type="checkbox"/> Emergency (including Justification) Extended	Street Address: 435 3 rd Avenue		MAY 28 2026					
		City, State, Zip Garwood, NJ 07027							
		Name of Contact:		PHONE:					
Name of Facility Where Abatement is Taking Place House			Type of Facility (4) School (K-12) Subchapter 8 (Other than (K-12)) <input checked="" type="checkbox"/> Residential						
Street Address 435 3 rd Avenue			Square Feet 2000	# of Floors 02	Bldg. Age 45				
City Garwood		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
County (6) Union		Name of Monitoring Firm Hired by Building Owner		ASCM No.					
Name of Monitoring Firm Hired by Building Owner		ASCM No.		Name of Abatement Contractor (9) CVK Contracting LLC					
Street		Street Address: 269 Walker St. Apt 6							
City, State, Zip		City, State, Zip Code Fairview, NJ 07022							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-641-5400					
Start Date 04/07/26		Scheduled completion Date 04/09/26		Name of OSHA firm Emsl Analytical inc					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours -Describe/Facility closed during the abatement after school hours			Other Street Address 1056 Stelton Rd STE 5						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours -Describe/Facility closed during the abatement after school hours			City, State, Zip Code Piscataway, NJ 08854						
Scope of Work (Check all apply) <input type="checkbox"/> > 3 sf or > 3 x <input type="checkbox"/> xx > 160 sf or > 260 lf			<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Closure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non - Exempted (*) and Non- Friable procedure						
Location of		Is Location Normally		Abatement Type					
Asbestos-Containing material (ACM) TO BE ABATED IN Facility (13)		Used Solely by Maintenance/ Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, Surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Enclosure	
Floor tiles and mastic in basement		<input checked="" type="checkbox"/>		VAT/ACM		452 SF		<input checked="" type="checkbox"/>	
Name of registered Waste Hauler Tri- State Transfer		NJDEP Waste Huler 19954		Cubic Yards of Waste TBD		Name of Registered Landfield MINERVA ENTREPRICE INC			
City, State Bronx NY		Disposal Date 04/13/26		City, WAYNESBURG OHIO					
Completed by Gustavo Ordon		Title President		Signature 		04/06/26			

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

4648
Pg. 1

ORDER # 4648

Date of Notification (1) 5 / 13 / 26		Name of Building Owner/Operator (2) Verizon							
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 15 East Montgomery Place, Lower Level					
		City, State, Zip Code Pittsburgh, PA 15212		Telephone Number 215-640-2520					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Williamstown CO			Type of Facility (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 707 Sicklerville Rd			Square Feet 20690						
City (5) Williamstown			# of Floors 2	Bldg. Age 50+					
County (6) Gloucester		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) 5 / 4 / 26		Scheduled Completion Date (11) 5 / 29 / 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 type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 5:00PM-1:30AM			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"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure					
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> 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 Mechanical Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	1500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Mechanical Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coating on Metal AHU panels	2000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Mechanical Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	4 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement outside Mech Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	1250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill					
City, State Freehold, NJ		Disposal Date		City, State Morrisville, PA					
Completed By (Print or Type) Brian Scafiro		Title Estimator	Signature <i>Brian Scafiro</i>		Date 5/13/26				

ASB-41
MAY 11 **BS25092**

* 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)

CHECK # 4648

Date of Notification (1) <u>5</u> / <u>13</u> / <u>26</u>		Name of Building Owner/Operator (2) Verizon							
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 15 East Montgomery Place, Lower Level							
		City, State, Zip Code Pittsburgh, PA 15212							
		Name of Contact Pete Lesniak	Telephone Number 215-640-2520						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Williamstown CO		Type of Facility (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 707 Sicklerville Rd		Square Feet 20690	# of Floors 2						
City (5) Williamstown		Bldg. Age 50+							
County (6) Gloucester	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>5</u> / <u>4</u> / <u>26</u>	Scheduled Completion Date (11) <u>5</u> / <u>29</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: <u> </u> AM - <u> </u> PM 5:00PM-1:30AM		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 type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Cable Vault	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floortile and mastic	120 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Fl Women's Room	<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"/>
Front Entrance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	13 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"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill					
City, State Freehold, NJ		Disposal Date	City, State Morrisville, PA						
Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature <i>Brian Scafiro</i>				Date 5/13/26			

ASB-41 MAY 11 **BS2509**

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

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

Check # 3822
(2 wit areas)

GAC Project # 060-26

PAID

Date of Notification (1) May 14, 2026		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address NEWARK CAMPUS		Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS	
City (5) NEWARK		City, State, Zip Code PISCATAWAY, NJ 08854	
County (6) ESSEX		Name of Contact MICHAEL F. SMITH, ENV. HEALTH & SAFETY	
County Code (7) (State Use Only)		Telephone Number 848-445-2550	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) TALBOT HALL, BLDG# 7237		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address NEWARK CAMPUS		Sq. Feet: N/A # of Floors: 6 Bldg. Age: 60+ years	
City (5) NEWARK		Current Use (prior if being demolished): ACADEMIC	
County (6) ESSEX			
County Code (7) (State Use Only)			
Name of Monitoring Firm Hired by Bldg. Owner (8) ATLAS		ASCM No. 00098	
Street Address 3 TERRI LANE		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code BURLINGTON, NJ 08016		Street Address 511 MAIN STREET	
Project Manager for Monitoring Firm JOHN LUTZ		City, State, Zip Code BUTLER, NJ 07405	
Telephone Number 609-386-8800		Telephone Number 973-492-0477	
Scheduled Start Date (10) 05/26/2026		License Number 00840	
Scheduled Completion Date (11) 06/10/2026		Name of OSHA Monitor ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Facility Occupied During Abatement <input checked="" type="checkbox"/> Other- Describe: Shift Schedule: 3PM - 5AM DAILY (24 HRS. & WEEKENDS AS NEEDED)		Street Address 20-21 WARGARAW ROAD, BLDG# 35E	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or >3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		City, State, Zip Code FAIRLAWN, NJ 07410	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	
Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA		Amount (Specify SF or LF)	
Apartment Bathrooms (2 Work Areas over 160 SF each)		Abatement Type Remove Repair Encap Enclose	
		<input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler See Hauler Below #1 & 2		Cubic Yards of Waste: 30CY	
NJDEP Waste Hauler ID # See Below		Name of Registered Landfill Fairless Landfill / Grand Central Landfill	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Disposal Date 6/10/2026	
Hauler #2) Century Waste Services LLC, Elizabeth, NJ 07201 NJ DEP # NJ-860		City, State FL - 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700 GCL- 1963 Pen Argyl Rd. Pan Argyl, Pa 18072	
Completed by (Print or Type) RAYMOND C. PEDALINO		Signature <i>Raymond C. Pedalino</i>	
Title SENIOR PROJECT MANAGER		Date May 14, 2026	

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

4649



PAID

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

Check # 4649
RECEIVED

Date of Notification (1) <u>5</u> / <u>14</u> / <u>26</u>		Name of Building Owner/Operator (2) County Of Union NJ	
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 # _____	Street Address 10 Elizabeth Plaza	
	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Elizabeth, NJ 07202	
		Name of Contact Jim Frisbee (Owners Consultant)	Telephone Number 609-203-3114

MAY 19 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Union County Courthouse Annex		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 2749 Elizabethtown Plaza		Square Feet	# of Floors
City (5) Elizabeth		Bldg. Age	
County (6) Union	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Under Renovation	
Name of Monitoring Firm Hired by Building Owner (8) RJB Environmental Inc		ASCM No. 00149	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC
Street Address PO Box 869		Street Address 1123 BEAVER STREET	
City, State, Zip Code Levittown PA 19058		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Jim Frisbee		Telephone No. 609-203-3114	License No. 02121
Start Date (10) <u>6</u> / <u>1</u> / <u>26</u>	Scheduled Completion Date (11) <u>6</u> / <u>19</u> / <u>26</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7</u> AM- <u>330</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 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
Holding Cells 5023 & 5024	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Spline Ceiling	168 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Above Holding Cell 5024	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fireproofing	15 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Above Holding Cells 5023 & 5024	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fireproofing Overspray	50 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Conestoga Landfill	
City, State Freehold NJ		Disposal Date TBD	City, State Morgantown, PA		
Completed By (Print or Type) Dillan DeCaro	Title Estimator	Signature <i>Dillan DeCaro</i>		Date 5/14/26	

ASB-41 DD26050
JAN 13

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

4646

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

Check # 4646
 RECEIVED

Date of Notification (1) 5 / 12 / 26		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

MAY 14 2026

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	# of Floors
City (5) Princeton		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) 5 / 11 / 26	Scheduled Completion Date (11) 5 / 14 / 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 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 checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <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 Mechanical Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Mechanical Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Duct Insulation	90 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 5/12/26	

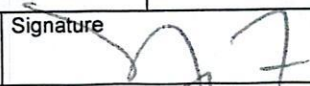
ASB-41 MAY 11 **BSale080**

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

50343

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

RECEIVED

Date of Notification (1) 05 / 20 / 26		Name of Building Owner/Operator (2) LBJ Interior Solutions		MAY 50343					
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Industrial Way W. Bldg E, Suite M							
		City, State, Zip Code Eatontown, NJ 07724							
		Name of Contact Brian Klimakowski		Telephone Number 732-684-1440					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Municipal Finance 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 167 Main Street, 2nd Floor			Square Feet 10,000						
City (5) Sayreville			# of Floors 4	Bldg. Age 80					
County (6) Middlesex		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Building						
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) 05 / 21 / 26	Scheduled Completion Date (11) 05 / 22 / 26		Name of OSHA Monitor E.M.S.L. Analytical						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM			Street Address 1056 Stelton						
			City, State, Zip Code Piscataway, New Jersey 08854						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input 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) 475 sf	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Tax Assessor office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos floor tile & 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 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 05/22/26	City, State Morrisville, Pennsylvania						
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager	Signature 		Date 5/20/26				

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

Approved by
Tom Verhees 5/26/26

Check # 4655

PAID

RECEIVED

MAY 28 2026

Date of Notification (1) 5/26/26		Name of Building Owner / Operator (2) State of New Jersey Department of Human Services	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address P.O. Box 700, 222 South Warren Street	
		City, State & Zip Code Trenton, NJ 08625	
Name of Contact Ripen Nagar			Telephone Number 609-292-8186

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Green Brook Regional 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 & commercial buildings, homes, etc.)		
Street Address 275 Green Brook Rd			Square Feet 28000	# of Floors 3	Bldg. Age 50+
City (5) Green Brook	County (6) Somerset	County Code (7)	Current Use (Prior if being demolished) Hospital Bldg		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Collection		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, LLC		
Street Address 120 North Warren Street		Street Address 1123 Beaver Street			
City, State & Zip Code Trenton, New Jersey 08608		City, State & Zip Code Bristol, PA 19007			
Project Manager for Monitoring Firm Jordan Reed		Telephone Number 609-392-4200	Telephone Number (215)788-6040	License Number 02121	
Scheduled Start Date (10) 5/27/26	Scheduled Completion Date (11) 5/27/26		Name of OSHA Monitor Bristol Environmental, LLC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 8:00 AM to 4:30 PM <input type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 Beaver Street		
			City, State & Zip Code Bristol, PA 19007		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Closet 35 and Closet 36	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation Fittings	4 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1 Cu Yds	Name of Registered Landfill Conestoga Landfill
City, State Freehold, NJ	Disposal Date 5/26/26	City, State Morgantown, PA	
Completed By (Print or Type) Gino Pizzigoni	Title Project Manager	Signature <i>Gino Pizzigoni</i>	Date 5/26/26

G26084

13716

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

B & G Project # 2026-82

Check # 13716

Date of Notification (1) 05/21/2026		Name of Building Owner/Operator (2) Hillsdale Board of Education	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" 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

MAY 26 2026

ASBESTOS CONTROL & LICENSING

Name of Facility Where Abatement is Taking Place (3) Meadowbrook Elementary School - NON - Sub 8			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 50 Piermont Avenue			Square Feet 50,000+	# of Floors 3	Bldg. Age 100+
City (5) Hillsdale, NJ 07642			Current Use (Prior if being demolished) Elementary school - NON-Sub 8		
County (6) Bergen		County Code (7) (STATE USE ONLY)	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Name of Monitoring Firm Hired by Building Owner (8) T & M Associates		ASCM No.	Street Address 1234 Route 23		
Street Address 11 Tindall Road		City, State, Zip Code Butler, NJ 07405			
City, State, Zip Code Middletown, NJ 07748		Telephone No. 908-347-4396	Telephone No. 973-696-6869	License No. 00378	
Project Manager for Monitoring Firm Kevin Burns		Name of OSHA Monitor B & G Restoration, Inc.			
Start Date (10) 05/22/2026 @ 2:00 PM		Scheduled Completion Date (11) 05/23/2026			

Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>occupied</u>	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 checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> wrap & cut procedure
<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 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 & 2nd Grade Hallway			X	pipe (wrap & cut)	10 LF	X			

Name of Registered Waste Hauler B&G Restoration Inc.	NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 1/2	Name of Registered Landfill Grand Central Landfill
City, State Butler, NJ		Disposal Date 05/23/26	City, State Pen Argyl, PA
Completed by Gerdana Luna	Title Secretary / Treasurer	Signature Gordana Luna	Date 05/22/2026

0204

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

RECEIVED

Date of Notification: 04/23/26		Name of Building owner Julio Aguilar	
Agency Notified EPA DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH	Type Notification Initial Amended <input checked="" type="checkbox"/> Emergency (including Justification) Extended	Street Address: 79 Denow Road	
		City, State, Zip Lawrenceville, NJ 08648	
		Name of Contact: Julio Aguilar	PHONE 609 - 553 - 9351
Name of Facility Where Abatement is Taking Place Building		Type of Facility (4) School (K-12) Subchapter 8 (Other than (K-12)) <input checked="" type="checkbox"/> Residential	
Street Address 79 Denow Road		Square Feet 2000	# of Floors 02
City Lawrenceville		Bldg. Age 45	
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner		ASCM No.	Name of Abatement Contractor (9) CVK Contracting LLC
Street		Street Address: 269 Walker St. Apt 6	
City, State, Zip		City, State, Zip Code Fairview, NJ 07022	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-641-5400	License No 02044
Start Date 04/24/26	Scheduled completion Date 04/25/26	Name of OSHA firm Emsl Analytical inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> -Describe/Facility closed during the abatement after school hours		Street Address 1056 Stelton Rd STE 5	
Other		City, State, Zip Code Piscataway, NJ 08854	
Scope of Work (Check all apply) <input type="checkbox"/> > 3 sf or > 3 x <input type="checkbox"/> xx > 160 sf or > 260 lf		Full Containment with Negative Pressure Mini Closure Glovebag Procedure <input checked="" type="checkbox"/> Non - Exempted (*) and Non- Friable procedure	
Is Location Normally		Abatement Type	
Description of		Amount (Specify SF or LF)	
Asbestos-Containing material (ACM) TO BE ABATED IN Facility (13)		Used Solely by Maintenance/Custodial Staff? (12)	
Asbestos Containing Material (ACM) (i.e., thermal systems insulation, Surfacing, VAT, or other miscellaneous)		Removal	
Ye s		Repair	
No		Encapsulate	
N/A		Enclosure	
Mastic		ACM	
30 LF		X	
Name of registered Waste Hauler Rovic Transport		NJDEP Waste Huler 19954	Cubic Yards of Waste TBD
City, State Riverdale, NJ		Disposal Date 05/07/27	Name of Registered Landfield Blythe Towns LF Brads 1061 Burma Rd
Completed by Gustavo Ordon		Title President	Signature 
		04/23/26	

ASBESTOS CONTROL & LICENSING

004741

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

RECEIVED

Date of Notification (1) 05-26-26		Name of Building Owner/Operator (2) Caravella Demolition Inc.								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input 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 John Caravella	Telephone Number (973) 884-9400							
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 928 Artic Ave.		Square Feet	# of Floors 3							
City (5) Atlantic City		Bldg. Age								
County (6) Atlantic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.							
Street Address		Street Address 1119 East Grand St.								
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07201								
Project Manager for Monitoring Firm		Telephone No. 908 576-7646	License No. 01206							
Start Date (10) 05-27-26	Scheduled Completion Date (11) 06-04-26	Name of OSHA Monitor Delfa Contracting LLC								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input 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 05-29-26		City, State Fairless, PA						
Completed by Jaime Delgado		Title Proj. Manager.		Signature <i>Jaime Delgado</i>				Date 05-26-26		

13719

B & G Project # 2026-86

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

Check # 13718

RECEIVED

JUN 1 2026

ASBESTO 973-378-9651 LICENSING

Date of Notification (1) 05/27/2026		Name of Building Owner/Operator (2) South Orange Maplewood Board of Education									
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 525 Academy Street		City, State, Zip Code Maplewood, NJ 07040									
Name of Contact Henry Bottiglierie		Telephone Number 973-378-9651									
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Maplewood 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 7 Burnet Street		Square Feet 50,000+	# of Floors 3								
City (5) Maplewood, NJ 07040		Bldg. Age 100+									
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) educational - Sub 8									
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants		ASCM No. 00057	Name of Abatement Contractor (9) B & G Restoration, Inc.								
Street Address P.O. Box 385		Street Address 1234 Route 23									
City, State, Zip Code Oceanville, NJ 08231		City, State, Zip Code Butler, NJ 07405									
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609-652-1833	Telephone No. 973-696-6869								
License No. 00378		Start Date (10) 05/27/2026 @ 2:00 PM									
Scheduled Completion Date (11) 05/28/2026		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 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 & cut procedure <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) 2nd floor Hallway		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) ceiling plaster								
Amount (Specify SF or LF) 141 SF		Abatement Type <table border="1"> <tr> <th>Removal</th> <th>Repair</th> <th>Encapsulate</th> <th>Enclosure</th> </tr> <tr> <td>X</td> <td></td> <td></td> <td></td> </tr> </table>		Removal	Repair	Encapsulate	Enclosure	X			
Removal	Repair	Encapsulate	Enclosure								
X											
Name of Registered Waste Hauler B&G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 3								
City, State Butler, NJ		Name of Registered Landfill Grand Central Landfill									
Disposal Date 05/29/26		City, State Pen Argyl, PA									
Completed by Gordana Luna		Title Secretary / Treasurer	Signature <i>Gordana Luna</i>								
Date 05/27/2026											

State of New Jersey - Notification of Asbestos Abatement

Check # 10314

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

RECEIVED

314

PAID

Date of Notification (1) May 18, 2026		Name of Building Owner/Operator (2) Rutgers, The State University of New Jersey	
Agencies Notified EPA DCA x DOL DEP x DOH		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #2 - New Completion Date and Work Area and Quantity <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address REHS 74 St 1603		City, State, Zip Code Piscataway NJ 08854	
Name of Contact Michael F. Smith		Telephone Number 848.445.2550	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) # 7257- Medical Science Bldg.		Type of Facility (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 RBHS Newark Campus		Sq. Feet: Unknown # of Floors: 8 Bldg. Age: 80 plus years	
City (5) Newark	County (6) Essex	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Atlas Tech Services		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 Terri Lane		Street Address 511 MAIN STREET	
City, State, Zip Code Burlington NJ 08016		City, State, Zip Code Butler, NJ 07405	
Project Manager for Monitoring Firm John Lutz	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 5/8/2026	Scheduled Completion Date (11) 5/25/2026	Name of OSHA Monitor EMSL inc.	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement x Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe: 4pm-5am (24 Hours & weekends as needed)		Street Address 1056 Stelton Road	
Source of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260		Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure x Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) B518,B520,B525 Suite,B544,B546,C632 Suite, F676 Suite, C600C23 Hall Ramp	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT Benchtops Sinks	Amount (Specify SF or LF) 8,700 sf 1,250 sf 15 sf
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 80 CYD
Name of Registered Landfill Fairless Landfill/ Grand Central Landfill		Disposal Date 5/25/26	
Hauler #1) Greenwood Abatement Consultants, Inc. Butler, NJ 07405 NJ DEP # 12561		City, State FL-1000 New Ford Rd, Morrisville, PA 19067 Permit#18072	
Hauler #2) Century Waste Services, LLC, 623 Dowd Avenue, Elizabeth NJ 07201 NJDEP# NJ-860		City, State GCL-1963 Pen Argyle Rd, Pen Argyle, PA 18072 Permit # 100265	
Completed by (Print or Type) Raymond Pedalino	Title Sr. Project Manager	Signature <i>Raymond Pedalino</i>	Date May 18, 2026

GAC # 2026-060

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

Check # 10315
RECEIVED

GAC Project # 060-26

Date of Notification (1) May 18, 2026		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS	
		City, State, Zip Code PISCATAWAY, NJ 08854	
		Name of Contact MICHAEL F. SMITH, ENV. HEALTH & SAFETY	Telephone Number 848-445-2550
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) HARDENBURGH HALL, BLDG# 3119		Type of Facility (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 COLLEGE AVENUE CAMPUS		Sq. Feet: N/A # of Floors: 8 Bldg. Age: 80+ years	
City (5) NEW BRUNSWICK	County (6) MIDDLESEX	County Code (7) (State Use Only)	Current Use (prior if being demolished): ACADEMIC
Name of Monitoring Firm Hired by Bldg. Owner (8) ATLAS		ASCM No. 00098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 TERRI LANE		Street Address 511 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm JOHN LUTZ	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 05/27/2026	Scheduled Completion Date (11) 06/01/2026	Name of OSHA Monitor ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Facility Occupied During Abatement <input checked="" type="checkbox"/> Other- Describe: Shift Schedule: 3PM FRI- 5AM DAILY (24 HRS. & WEEKENDS AS NEEDED)		Street Address 20-21 WARGARAW ROAD, BLDG# 35E	
		City, State, Zip Code FAIRLAWN, NJ 07410	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥ 3 sf or >3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) 604	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT	Amount (Specify SF or LF) 150 SF
		Abatement Type <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose	
Name of Reg. Waste Hauler See Hauler Below #1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 5 CY	Name of Registered Landfill Fairless Landfill / Grand Central Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Century Waste Services LLC, Elizabeth, NJ 07201 NJ DEP # NJ-860		Disposal Date 6/1/2026	City, State FL - 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700 GCL- 1963 Pen Argyl Rd. Pan Argyl, Pa 18072
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date May 18, 2026

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

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

Check # 10 516

RECEIVED

GAC Project # 060-26

<u>Date of Notification (1)</u> May 18, 2026		<u>Name of Building Owner/Operator (2)</u> RUTGERS, THE STATE UNIVERSITY OF NJ	
<u>Agencies Notified</u> <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	<u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	<u>Street Address</u> ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS	
		<u>City, State, Zip Code</u> PISCATAWAY, NJ 08854	
		<u>Name of Contact</u> MICHAEL F. SMITH, ENV. HEALTH & SAFETY	<u>Telephone Number</u> 848-445-2550
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> CAMPBELL HALL, BLDG# 3121		<u>Type of Facility (4)</u> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
<u>Street Address</u> COLLEGE AVENUE CAMPUS		<u>Sq. Feet: N/A # of Floors: 8 Bldg. Age: 80+ years</u>	
<u>City (5)</u> NEW BRUNSWICK	<u>County (6)</u> MIDDLESEX	<u>County Code (7) (State Use Only)</u>	<u>Current Use (prior if being demolished): ACADEMIC</u>
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> ATLAS		<u>ASCM No.</u> 00098	<u>Name of Contractor (9)</u> GREENWOOD ABATEMENT CONSULTANTS, INC.
<u>Street Address</u> 3 TERRI LANE		<u>Street Address</u> 511 MAIN STREET	
<u>City, State, Zip Code</u> BURLINGTON, NJ 08016		<u>City, State, Zip Code</u> BUTLER, NJ 07405	
<u>Project Manager for Monitoring Firm</u> JOHN LUTZ	<u>Telephone Number</u> 609-386-8800	<u>Telephone Number</u> 973-492-0477	<u>License Number</u> 00840
<u>Scheduled Start Date (10)</u> 05/27/2026	<u>Scheduled Completion Date (11)</u> 06/01/2026	<u>Name of OSHA Monitor</u> ENVIROVISION, INC.	
<u>Occupancy Status During Abatement (Check only one)</u> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Facility Occupied During Abatement <input checked="" type="checkbox"/> Other- Describe: Shift Schedule: 3PM FRI- 5AM DAILY (24 HRS. & WEEKENDS AS NEEDED)		<u>Street Address</u> 20-21 WARGARAW ROAD, BLDG# 35E	
		<u>City, State, Zip Code</u> FAIRLAWN, NJ 07410	
<u>Scope of Work (Check all that apply)</u>			
<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"/> Glove bag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>
302	<input checked="" type="checkbox"/>	VAT	200 SF
<u>Name of Reg. Waste Hauler</u> See Hauler Below #1 & 2	<u>NJDEP Waste Hauler ID #</u> See Below	<u>Cubic Yards of Waste:</u> 5 CY	<u>Name of Registered Landfill</u> Fairless Landfill / Grand Central Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		<u>Disposal Date</u> 6/1/2026	<u>City, State</u> FL - 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700 GCL- 1963 Pen Argyll Rd. Pan Argyll, Pa 18072
Hauler #2) Century Waste Services LLC, Elizabeth, NJ 07201 NJ DEP # NJ-860			
<u>Completed by (Print or Type)</u> RAYMOND C. PEDALINO	<u>Title</u> SENIOR PROJECT MANAGER	<u>Signature</u> <i>Raymond C. Pedalino</i>	<u>Date</u> May 18, 2026

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

1963

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

RECEIVED

<u>Date of Notification (1)</u> 5/13/2026		<u>Name of Building Owner/Operator</u> Lodi Board of Education	
<u>Agencies Notified</u> <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH	<u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended #1 <input type="checkbox"/> Emergency notification (including justification) <input type="checkbox"/> Cancelled	<u>Street Address</u> 8 Hunter Street	
		<u>City, State, Zip Code</u> Lodi 07436	
		<u>Name of Contact</u> Thomas Lambe	<u>Telephone Number</u> 973778-4920

FACILITY INFORMATION

<u>Name of Facility Where Abatement is Taking Place (3)</u> Lodi Board of Education			<u>Type of Facility (4)x</u> <input type="checkbox"/> School (K-12) Subchapter 8 <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings., homes, etc.)	
<u>Street Address</u> 8 Hunter Street			Sq. Feet: Approximately 22,000 SF # of Floors:2 Bldg. Age: 1894 Current Use (prior if being demolished):	
<u>City (5)</u> Lodi NJ 07436	<u>County (6)</u> Bergen	<u>County Code (7) (State Use Only)</u>		
<u>Name of Monitoring Firm Hired by Bldg. Owner</u> Karl Associates		<u>ASCM No.</u>	<u>Name of Contractor (9)</u> BL Contracting Inc.	
<u>PO Box</u> 646			<u>Street Address</u> 5 Marguerite Lane	
<u>Shillington PA</u> 19678			<u>City State, Zip Code</u> Towaco NJ 07082	
<u>Project Manager for Monitoring Firm</u> Ed Karl	610-698-3308	<u>Telephone Number</u> 973-901-0153	<u>License Number</u> 01265	
<u>Scheduled Start Date (10)</u> 5/25/2026	<u>Scheduled Completion Date</u> 5/30/2026	<u>Name of OSHA Monitoring</u> BL Contracting Inc		
<u>Occupancy Status During Abatement (Check only one)</u> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input type="checkbox"/> Facility occupied During Abatement <input checked="" type="checkbox"/> Other - Describe: Monday - Saturday 7 am- 4pm			<u>Street Address</u> 5 Marguerite Lane	
			<u>City, State, Zip Code</u> Towaco NJ 07082	

Source of Work (Check all that apply)

≥ 3 sf or ≥ 3 lf
 $X \geq 160$ 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)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	NA			Remove	Repair	Encap	Enclos
Outside Board Office	<input checked="" type="checkbox"/>			Asbestos Caulk	420 LF				
Outside Board Office	<input checked="" type="checkbox"/>			Asbestos Caulk boiler Vent	36 LF				

<u>Name of Reg. Waste Hauler</u> BL Contracting Inc	<u>NJDEP Waste Hauler ID #</u> 0036784	<u>Cubic Yards of Waste</u> 4	<u>Name of Registered Landfill</u> T.R.R.F
		<u>Disposal Date</u> 5/25/2026	<u>City, State</u> Tully town, PA
<u>Completed by (Print or Type)</u> Nedo Vasilic	<u>Title</u> Project Manager	<u>Signature</u> <i>Nedo Vasilic</i>	<u>Date</u> 5/13/2026

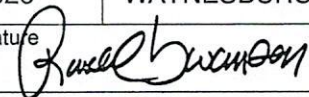
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Check # 4453
RECEIVED

Date of Notification (1) 5 / 18 / 26		Name of Building Owner/Operator (2) Princeton University-Facilities Operations								
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address MacMillan Building, Elm Drive								
		City, State, Zip Code Princeton, NJ 08544								
		Name of Contact Eric Emery	Telephone Number 609-258-3432							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Princeton University-Exterior		Type of Facility (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 200 Elm Dr		Square Feet	# of Floors 0							
City (5) Princeton		Bldg. Age 0								
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 Michael Keehn		Telephone No. 609-386-8800	Telephone No. 215-788-6040							
		License No. 02121								
Start Date (10) 5 / 28 / 26	Scheduled Completion Date (11) 6 / 5 / 26	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC								
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal 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 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	
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Fairless 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 5/18/26			

ASB-41
MAY 11 10:55

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

Date of Notification (1) 05/15/2026		PAID		Name of Building Owner/Operator (2) MAPLEWOOD III LLC		RECEIVED						
Agencies Notified		Type Notification		Street Address 2000 MAPLEWOOD DRIVE		City, State, Zip Code MAPLE SHADE NJ 08052						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact LAURIE BALLARD		Telephone Number 609-636-8365 <small>ASBESTOS CONTROL & LICENSING</small>						
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) PARK CROSSING APARTMENTS				Type of Facility (4)								
Street Address 28 DOGWOOD COURT				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
City (5) MAPLE SHADE				Square Feet 1250		# of Floors 2	Bldg. Age 50+					
County (6) BURLINGTON			County Code (7) <small>(STATE USE ONLY)</small> _____		Current Use (Prior if being demolished) RESIDENTIAL							
Name of Monitoring Firm Hired by Building Owner (8) ACER ASSOC.			ASCM No. _____		Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.							
Street Address 1012 INDUSTRIAL DRIVE				Street Address 570 CLEMS RUN								
City, State, Zip Code WEST BERLIN NJ 08091				City, State, Zip Code MULLICA HILL NJ 08062								
Project Manager for Monitoring Firm MATT DEPALMA			Telephone No. 856-809-1202		Telephone No. 610-304-4676		License No. 01145					
Start Date (10) 05/16/2026		Scheduled Completion Date (11) 05/16/2026		Name of OSHA Monitor EMSL								
Occupancy Status During Abatement (Check Only One)				Street Address 200 RT. 130 NORTH								
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code CINNAMINSON NJ 08077								
Scope of Work (Check All That Apply)												
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type				
		Yes	No					N/A	Removal	Repair	Encapsulate	Enclosure
KITCHEN				X	JOINT COMPOUND		24 SF		X			
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL			NJDEP Waste Hauler ID No. 0034895		Cubic Yards of Waste 3		Name of Registered Landfill MINERVA LANDFILL					
City, State MULLICA HILL NJ			Disposal Date 05/18/2026		City, State WAYNESBURG OH							
Completed by RON SWANSON			Title GENERAL MANAGER		Signature 			Date 05/15/2026				

4652

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

Check # 4652
 RECEIVED

Date of Notification (1) 5 / 15 / 26		Name of Building Owner/Operator (2) Princeton University-Facilities Operations								
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address MacMillan Building, Elm Drive								
		City, State, Zip Code Princeton, NJ 08544								
		Name of Contact Eric Emery	Telephone Number 609-258-3432							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Princeton University-Exterior near Spelman 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 and commercial buildings, homes, etc.)								
Street Address Pyne Dr		Square Feet	# of Floors 63							
City (5) Princeton		Bldg. Age								
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) 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 Michael Keehn		Telephone No. 609-386-8800	License No. 02121							
Start Date (10) 5 / 28 / 26	Scheduled Completion Date (11) 6 / 5 / 26	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC								
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal 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 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	
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Fairless 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 5/15/26			

ASB-41
 MAY 11 **BS260055**

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

4651

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

Check # 4651

Date of Notification (1) <u>5</u> / <u>15</u> / <u>26</u>		Name of Building Owner/Operator (2) Princeton University-Facilities Operations	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address MacMillan Building, Elm Drive	
		City, State, Zip Code Princeton, NJ 08544	
		Name of Contact Eric Emery	Telephone Number 609-258-3432

MAY 22 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University-Engineering Quad		Type of Facility (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 Olden St		Square Feet	# of Floors
City (5) Princeton		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. 00003	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 Michael Keehn	Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 02121
Start Date (10) <u>6</u> / <u>1</u> / <u>26</u>	Scheduled Completion Date (11) <u>6</u> / <u>12</u> / <u>26</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal 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 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
4th FI Hallway outside room A403	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Duct Work Coating	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" 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 Fairless 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 5/15/26

ASB-41
MAY 11 BS26050

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

4651

PAID

Check # 4651

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

RECEIVED

MAY 22 2026

ASBESTOS CONTROL & LICENSING
609-258-3432

Date of Notification (1) <u>5</u> / <u>15</u> / <u>26</u>		Name of Building Owner/Operator (2) Princeton University-Facilities Operations	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address MacMillan Building, Elm Drive	
		City, State, Zip Code Princeton, NJ 08544	
		Name of Contact Eric Emery	Telephone Number 609-258-3432

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University-Engineering Quad		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 Olden St		Square Feet	# of Floors 63
City (5) Princeton		Bldg. Age	
County (6) MERCER	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc	ASCM No. 00003	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 Michael Keehn	Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 02121

Start Date (10) <u>6</u> / <u>1</u> / <u>26</u>	Scheduled Completion Date (11) <u>6</u> / <u>12</u> / <u>26</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal 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"/> 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
Lab A403	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	655 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lab A403	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fume Hood Transite panels	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lab A403	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fume hood counter top	20 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lab A403	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Duct Work Coating	50 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Fairless 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 5/15/26
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ASB-41
MAY 11 *BS260050*

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

4650

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

1198728
Check # 4650
RECEIVED

Date of Notification (1) 5 / 15 / 26		Name of Building Owner/Operator (2) City of Summit	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 512 Springfield Ave	
		City, State, Zip Code Summit, NJ 07901	
		Name of Contact Aaron Schrage	Telephone Number (908)277-9440

MAY 22 2008

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Cornog Fieldhouse		Type of Facility (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 5 Myrtle Ave.		Square Feet	# of Floors
City (5) Summit		Bldg. Age 63	
County (6) Union	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) Environmental Connections	ASCM No. 00030	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC	
Street Address 120 North Warren St		Street Address 1123 BEAVER STREET	
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Roland Jones	Telephone No. 609-392-4200	Telephone No. 215-788-6040	License No. 02121

Start Date (10) 6 / 8 / 26	Scheduled Completion Date (11) 6 / 19 / 26	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal 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"/> 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
2nd Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	550 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 checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Fairless 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 5/15/26

ASB-41
MAY 11 3526008

* 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)**

CHECK # 4650
RECEIVED

Date of Notification (1) <u>5</u> / <u>15</u> / <u>26</u>		Name of Building Owner/Operator (2) PAID City of Summit	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 512 Springfield Ave	
		City, State, Zip Code Summit, NJ 07901	
		Name of Contact Aaron Schragar	Telephone Number (908)277-9440

MAY 22 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Cornog Fieldhouse		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 5 Myrtle Ave.		Square Feet	# of Floors
City (5) Summit		Bldg. Age 63	
County (6) Union	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connections	ASCM No. 00030	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC	
Street Address 120 North Warren St		Street Address 1123 BEAVER STREET	
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Roland Jones	Telephone No. 609-392-4200	Telephone No. 215-788-6040	License No. 02121
Start Date (10) <u>6</u> / <u>8</u> / <u>26</u>	Scheduled Completion Date (11) <u>6</u> / <u>12</u> / <u>26</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal 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"/> 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tank Insulation	144 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 checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Fairless 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 5/15/26

ASB-41
MAY 11 **BS26008**

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

* Project ON HOLD
 until 5/15/26
 * Additional Work 4205

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) Borough of Paulsboro #2604-3526 check#4205	
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 # 2 <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

RECEIVED

MAY 14 2026

ASBESTOS CONTROL & LICENSING

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	License No. 00862
Start Date (10) 04 / 27 / 26	Scheduled Completion Date (11) 05 / 19 / 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 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
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"/>
Courts Admin Office	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile	225 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chiefs Office	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile	136 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Records Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile	257 SF	<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 40	Name of Registered Landfill Fairless Hills	
City, State Lumberton, NJ		Disposal Date 05/19/2026		City, State Morrisville, PA	
Completed By (Print or Type) Kaysi Gruner	Title Office Admin	Signature		Date	

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

Check # 3820
4363487

GAC Project # 060-26

Date of Notification (1) May 14, 2026		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS		City, State, Zip Code PISCATAWAY, NJ 08854	
Name of Contact MICHAEL F. SMITH, ENV. HEALTH & SAFETY		Telephone Number 848-445-2550	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) BROWER COMMONS, BLDG# 4115		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 2 Bldg. Age: 60+ years	
Street Address COLLEGE AVENUE CAMPUS		Current Use (prior if being demolished): ACADEMIC	
City (5) NEW BRUNSWICK	County (6) MIDDLESEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATLAS		ASCM No. 00098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 TERRI LANE		Street Address 511 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm JOHN LUTZ	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 05/26/2026	Scheduled Completion Date (11) 06/10/2026	Name of OSHA Monitor ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Facility Occupied During Abatement <input checked="" type="checkbox"/> Other- Describe: Shift Schedule: 3PM - 5AM DAILY (24 HRS. & WEEKENDS AS NEEDED)		Street Address 20-21 WARGARAW ROAD, BLDG# 35E	
		City, State, Zip Code FAIRLAWN, NJ 07410	
Scope of Work (Check all that apply)			
<input 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"/> Glove bag Procedure / Wrap & Cut <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 Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Hallways #22 & #27, Storage Rms, Rms 05B, 06, 08, 11, 13, 14, 14A, 27A, 28B & 101A & Stairway	<input checked="" type="checkbox"/>	FLOOR TILE WITH MASTIC	3325 SF
*NOTE: Multiple areas connected into one large containment & a few remote areas under 160SF each			
Name of Reg. Waste Hauler See Hauler Below #1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 30CY	Name of Registered Landfill Fairless Landfill / Grand Central Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Century Waste Services LLC, Elizabeth, NJ 07201 NJ DEP # NJ-860		Disposal Date 6/10/2026	City, State FL - 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700 GCL- 1963 Pen Argyl Rd. Pan Argyl, Pa 18072
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date May 14, 2026

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

484232



PAID

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

484232
 RECEIVED
 MAY 19 2026

Date of Notification (1) 5 / 14 / 26		Name of Building Owner/Operator (2) Gene Young	
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 checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1235 Deal Road	
		City, State, Zip Code Ocean, NJ 07712	
		Name of Contact Gene Young	Telephone Number 7329484352

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former Youngs Appliance 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 and commercial buildings, homes, etc.)	
Street Address 4658 Rt 9		Square Feet 4000	# of Floors 1
City (5) Howell		Bldg. Age	
County (6) Monmouth	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Prior appliance store	
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) 5 / 29 / 26		Scheduled Completion Date (11) 6 / 9 / 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	
		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 type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition (wet demo)	<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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Siding	2000SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flat roof	4000SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Entire building excluding concrete	4000SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	is being disposed of as ACM		<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 300	Name of Registered Landfill Fairless Landfill	
City, State Brick, NJ		Disposal Date 6/10/26		City, State Morrisville, PA	
Completed By (Print or Type) Eric Plackis	Title President	Signature 		Date 5/14/26	

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

✓ # 2097
RECEIVED

Date of Notification (1) 05 / 12 / 26		Name of Building Owner/Operator (2) Scarborough Manor Association	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 151 East Palisades Avenue	
		City, State, Zip Code Englewood, NJ 07631	
		Name of Contact Brett Weiss	Telephone Number 516-857-9999

MAY 14 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Scarborough Manor Association		Type of Facility (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 151 East Palisades Avenue		City (5) Englewood, NJ 07631	
City (5) Englewood, NJ 07631	Square Feet 5000	# of Floors 2	Bldg. Age 50+
County (6) Bergen	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) A. Mac Contracting Inc.	
Street Address		Street Address 176 Saddle River Avenue		
City, State, Zip Code		City, State, Zip Code South Hackensack, NJ 07606		
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-262-5841	License No. 00156	

Start Date (10) 05 / 28 / 26	Scheduled Completion Date (11) 05 / 29 / 26	Name of OSHA Monitor Asbestos Analytical Labs		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00 AM-PM/4:30 PM- AM		Street Address 51 Gage Road		
		City, State, Zip Code East Brunswick, NJ 08816		

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input 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
Bldg. A Crawl Space # 11	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	120 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 Century Waste Services, LLC		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 2 Yards	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Elizabeth, NJ		Disposal Date 05-31-2026		City, State Pen Argyl, PA 08072	
Completed By (Print or Type) Ralph Barnhardt	Title Sr. Project Manager	Signature 		Date 05-12-2026	

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

2093

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

✓ # 2093

Date of Notification (1) 05 / 12 / 26		Name of Building Owner/Operator (2) Scarborough Manor Association		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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 151 East Palisades Avenue		MAY 14 2026	
		City, State, Zip Code Englewood, NJ 07631			
		Name of Contact Brett Weiss		Telephone Number 516-857-9999	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Scarborough Manor Association		Type of Facility (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 151 East Palisades Avenue		Square Feet 5000		# of Floors 2	Bldg. Age 50+
City (5) Englewood, NJ 07631		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)	
County (6) Bergen					

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) A. Mac Contracting Inc.		
Street Address		Street Address 176 Saddle River Avenue			
City, State, Zip Code		City, State, Zip Code South Hackensack, NJ 07606			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-262-5841		License No. 00156

Start Date (10) 05 / 21 / 26		Scheduled Completion Date (11) 05 / 22 / 26		Name of OSHA Monitor Asbestos Analytical Labs	
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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: 8:00 AM-PM/4:30 PM- AM		Street Address 51 Gage Road			
		City, State, Zip Code East Brunswick, NJ 08816			

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input 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
Bldg. A Crawl Space # 3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Century Waste Services, LLC		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 2 Yards	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Elizabeth, NJ		Disposal Date 05-31-2026		City, State Pen Argyl, PA 08072	

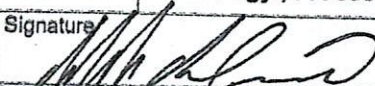
Completed By (Print or Type) Ralph Barnhardt		Title Sr. Project Manager		Signature 		Date 05-12-2026	
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2094

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

✓# 2094

PAID

Date of Notification (1) <u>05</u> / <u>12</u> / <u>26</u>		Name of Building Owner/Operator (2) Scarborough Manor Association							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 151 East Palisades Avenue							
		City, State, Zip Code Englewood, NJ 07631							
		Name of Contact Brett Weiss	Telephone Number 516-857-9999						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Scarborough Manor Association		Type of Facility (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 151 East Palisades Avenue		Square Feet 5000	# of Floors 2						
City (5) Englewood, NJ 07631		Bldg. Age 50+							
County (6) Bergen	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) A. Mac Contracting Inc.							
Street Address		Street Address 176 Saddle River Avenue							
City, State, Zip Code		City, State, Zip Code South Hackensack, NJ 07606							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-262-5841	License No. 00156						
Start Date (10) <u>05</u> / <u>22</u> / <u>26</u>	Scheduled Completion Date (11) <u>05</u> / <u>22</u> / <u>26</u>	Name of OSHA Monitor Asbestos Analytical Labs							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>8:00</u> AM- <u>4:30</u> PM-_____ AM		Street Address 51 Gage Road							
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		City, State, Zip Code East Brunswick, NJ 08816							
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
Bldg. A Crawl Space # 5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	120 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 Century Waste Services, LLC	NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 2 Yards	Name of Registered Landfill Grand Central Sanitary Landfill						
City, State Elizabeth, NJ	Disposal Date 05-31-2026	City, State Pen Argyl, PA 08072							
Completed By (Print or Type) Ralph Barnhardt	Title Sr. Project Manager	Signature 	Date 05-12-2026						

RECEIVED

MAY 14 2026

ASBESTOS CONTROL & LICENSING

* 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)

2095



✓ # 2095
 RECEIVED

Date of Notification (1) <u>05</u> / <u>12</u> / <u>26</u>		Name of Building Owner/Operator (2) Scarborough Manor Association	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 151 East Palisades Avenue	
		City, State, Zip Code Englewood, NJ 07631	
		Name of Contact Brett Weiss	Telephone Number 516-857-9999

MAY 14 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Scarborough Manor Association		Type of Facility (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 151 East Palisades Avenue		Square Feet 5000	# of Floors 2
City (5) Englewood, NJ 07631		Bldg. Age 50+	
County (6) Bergen	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) A. Mac Contracting Inc.
Street Address		Street Address 176 Saddle River Avenue	
City, State, Zip Code		City, State, Zip Code South Hackensack, NJ 07606	
Project Manager for Monitoring Firm		Telephone No. 201-262-5841	License No. 00156
Start Date (10) <u>05</u> / <u>26</u> / <u>26</u>	Scheduled Completion Date (11) <u>05</u> / <u>27</u> / <u>26</u>	Name of OSHA Monitor Asbestos Analytical Labs	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00 AM-4:30 PM AM		Street Address 51 Gage Road	
		City, State, Zip Code East Brunswick, NJ 08816	

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input 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
Bldg. A Crawl Space # 7	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	80 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

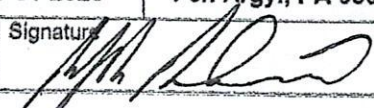
Name of Registered Waste Hauler Century Waste Services, LLC	NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 2 Yards	Name of Registered Landfill Grand Central Sanitary Landfill
City, State Elizabeth, NJ	Disposal Date 05-31-2026	City, State Pen Argyl, PA 08072	
Completed By (Print or Type) Ralph Barnhardt	Title Sr. Project Manager	Signature 	Date 05-12-2026

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

2096

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

✓#2096

Date of Notification (1) <u>05</u> / <u>12</u> / <u>26</u>		Name of Building Owner/Operator (2) Scarborough Manor Association		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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation		Street Address 151 East Palisades Avenue					
		City, State, Zip Code Englewood, NJ 07631		MAY 14 2026					
		Name of Contact Brett Weiss		Telephone Number 516-857-9999					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Scarborough Manor Association			Type of Facility (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 151 East Palisades Avenue									
City (5) Englewood, NJ 07631			Square Feet 5000	# of Floors 2	Bldg. Age 50+				
County (6) Bergen		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) A. Mac Contracting Inc.						
Street Address		Street Address 176 Saddle River Avenue							
City, State, Zip Code		City, State, Zip Code South Hackensack, NJ 07606							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-262-5841	License No. 00156					
Start Date (10) <u>05</u> / <u>27</u> / <u>26</u>		Scheduled Completion Date (11) <u>05</u> / <u>28</u> / <u>26</u>		Name of OSHA Monitor Asbestos Analytical Labs					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>8:00</u> AM- <u>4:30</u> PM-_____AM			Street Address 51 Gage Road						
			City, State, Zip Code East Brunswick, NJ 08816						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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
Bldg. A Crawl Space # 9	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	120 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 Century Waste Services, LLC		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 2 Yards	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Elizabeth, NJ		Disposal Date 05-31-2026		City, State Pen Argyl, PA 08072					
Completed By (Print or Type) Ralph Barnhardt		Title Sr. Project Manager		Signature 		Date 05-12-2026			

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

Check # 3719

GAC Project # 060-26

Date of Notification (1) May 14, 2026		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification # 1 - New Start & Completion Dates <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address DOUGLASS CAMPUS		Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS	
City (5) NEW BRUNSWICK		City, State, Zip Code PISCATAWAY, NJ 08854	
County (6) MIDDLESEX		Name of Contact MICHAEL F. SMITH, ENV. HEALTH & SAFETY	
County Code (7) (State Use Only)		Telephone Number 848-445-2550	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) DAVISON HALL, BLDG# 8322		Type of Facility (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 DOUGLASS CAMPUS		Sq. Feet: N/A # of Floors: 3 Bldg. Age: 60+ years	
City (5) NEW BRUNSWICK		Current Use (prior if being demolished): ACADEMIC	
County (6) MIDDLESEX		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
County Code (7) (State Use Only)		Street Address 511 MAIN STREET	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATLAS		City, State, Zip Code BUTLER, NJ 07405	
ASCM No. 00098		Telephone Number 973-492-0477	
Street Address 3 TERRI LANE		License Number 00840	
City, State, Zip Code BURLINGTON, NJ 08016		Name of OSHA Monitor ENVIROVISION, INC.	
Project Manager for Monitoring Firm JOHN LUTZ		Telephone Number 609-386-8800	
Scheduled Start Date (10) 05/22/2026		Scheduled Completion Date (11) 05/25/2026	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Facility Occupied During Abatement <input checked="" type="checkbox"/> Other- Describe: Shift Schedule: 4PM FRI- 5AM DAILY (24 HRS. & WEEKENDS AS NEEDED)		Street Address 20-21 WARGARAW ROAD, BLDG# 35E	
Scope of Work (Check all that apply) <input type="checkbox"/> > 3 sf or >3 lf <input checked="" type="checkbox"/> > 160 sf or > 260 lf		City, State, Zip Code FAIRLAWN, NJ 07410	
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) 216A		Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT		Amount (Specify SF or LF) 720 SF	
Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove			
Name of Reg. Waste Hauler See Hauler Below #1 & 2		Name of Registered Landfill Fairless Landfill / Grand Central Landfill	
NJDEP Waste Hauler ID # See Below		Cubic Yards of Waste: 10 CY	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Disposal Date 05/25/2026	
Hauler #2) Century Waste Services LLC, Elizabeth, NJ 07201 NJ DEP # NJ-860		City, State FL - 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700 GCL- 1963 Pen Argyl Rd. Pan Argyl, Pa 18072	
Completed by (Print or Type) RAYMOND C. PEDALINO		Signature <i>Raymond C. Pedalino</i>	
Title SENIOR PROJECT MANAGER		Date May 14, 2026	

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

17960

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

PAID

RECEIVED

MAY 19 2026

Date of Notification (1) 5 / 14 / 26		Name of Building Owner/Operator (2) Montclair Township BOE Job #2509-6497 Check #17960	
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 22 Valley Rd.	
		City, State, Zip Code Montclair, NJ 07042	
		Name of Contact Business Admin	Telephone Number 973-509-4000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Montclair HS		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 100 Chestnut Street		Square Feet	Bldg. Age
City (5) Montclair	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8) Detail Associates	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address 560 Sylvan Avenue Suite 3065		Street Address 30 Maple Ave. PO Box 25	
City, State, Zip Code Englewood Cliffs, NJ 07632		City, State, Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm Stephen Jaraczewski	Telephone No. (201) 569-6708	Telephone No. 609-265-2107	License No. 00529

Start Date (10) 5 / 26 / 26	Scheduled Completion Date (11) 6 / 1 / 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 checked="" 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 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 <i>wrap + cut</i>
		<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
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	36 total	<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 6/1/26	City, State Morrisville, PA	
Completed By (Print or Type) Gwen Trumbetti	Title Operations Coord.	Signature <i>Gwen Trumbetti</i>	Date 5-14-26

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

Check # 400
(2 work areas > 160 SF ea.)
RECEIVED

GAC Project # 060-26

Date of Notification (1) May 14, 2026		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS
			City, State, Zip Code PISCATAWAY, NJ 08854
		Name of Contact MICHAEL F. SMITH, ENV. HEALTH & SAFETY	Telephone Number 848-445-2550
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) VOORHEES HALL, BLDG# 3013		Type of Facility (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 COLLEGE AVENUE CAMPUS		Sq. Feet: N/A # of Floors: 3 Bldg. Age: 80+ years	
City (5) NEW BRUNSWICK	County (6) MIDDLESEX	County Code (7) (State Use Only)	Current Use (prior if being demolished): ACADEMIC
Name of Monitoring Firm Hired by Bldg. Owner (8) ATLAS		ASCM No. 00098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 TERRI LANE		Street Address 511 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm JOHN LUTZ	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 05/29/2026	Scheduled Completion Date (11) 06/08/2026	Name of OSHA Monitor ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Facility Occupied During Abatement <input checked="" type="checkbox"/> Other- Describe: Shift Schedule: 4PM FRI- 5AM DAILY (24 HRS. & WEEKENDS AS NEEDED)		Street Address 20-21 WARGARAW ROAD, BLDG# 35E	
		City, State, Zip Code FAIRLAWN, NJ 07410	
Scope of Work (Check all that apply)			
<input 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"/> Glove bag Procedure / Wrap & Cut <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 Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
206, 207, 208, 212, 213, 214, 110, & 112	<input checked="" type="checkbox"/>	VAT	1270 SF
Abatement Type			
		Remove Repair Encap Enclose	
Name of Reg. Waste Hauler See Hauler Below #1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 25 CY	Name of Registered Landfill Fairless Landfill / Grand Central Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Century Waste Services LLC, Elizabeth, NJ 07201 NJ DEP # NJ-860		Disposal Date 6/8/2026	City, State FL - 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700 GCL- 1963 Pen Argyl Rd. Pan Argyl, Pa 18072
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date May 14, 2026

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

2019

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

HMD 25-215

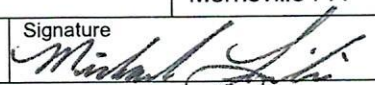
RECEIVED
 MAY 19 2026

Date of Notification (1) 5/15/2026		Name of Building Owner/Operator (2) 2000 Linwood Avenue Condominium Association Ck#5019							
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 2000 Linwood Avenue City, State, Zip Code Fort Lee, NJ 07024						
			Name of Contact Al Rivera		Telephone Number (917) 741-8789				
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) 2000 Linwood Condo Association			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 2000 Linwood Avenue			Square Feet 78,000	# of Floors 23	Bldg. Age 50+				
City (5) Fort Lee		County (6) Bergen		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services, LLC		ASCM No. N/A	Name of Abatement Contractor (9) Hazmat Diagnostic, LLC						
Street Address 464 Valley Brook Avenue			Street Address 16 Glenwild Ave						
City, State, Zip Code Lyndhurst NJ 07071			City, State, Zip Code Bloomingdale, NJ 07403						
Project Manager for Monitoring Firm Jarred Panecki		Telephone No. (732) 552-9615	Telephone No. 973-928-3995	License No. 01181					
Start Date (10) 06/09/2026		Scheduled Completion Date (11) 06/10/2026		Name of OSHA Monitor Hazmat Diagnostic, LLC					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>Occupied</u>			Street Address 16 Glenwild Ave						
			City, State, Zip Code Bloomingdale, NJ 07403						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 If <input type="checkbox"/> ≥160 sf or ≥260 If									
		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) 23 M	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Pipe Insulation	Amount (Specify SF or LF) 6 LF	Abatement Type			
							Removal	Repair	Encapsulate
Name of Registered Waste Hauler Hazmat Diagnostic, LLC/Century Waste		NJDEP Waste Hauler ID No. 0035440/32797	Cubic Yards of Waste TBD	Name of Registered Landfill WM Grand Central Landfill					
City, State Bloomingdale, NJ/ Elizabeth, NJ			Disposal Date TBD	City, State Pen Argyl, PA					
Completed by Deni Naumovski		Title President	Signature <i>Deni Naumovski</i>		Date 5/15/2026				

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

3941812
 RECEIVED

3510057891K

Date of Notification (1) 5-12-2026		Name of Building Owner/Operator (2) Paulsboro Refining Company							
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 800 Billings Port Rd.						
			City, State, Zip Code Paulsboro NJ 08066						
			Name of Contact Ravi Jarecha		Telephone Number 732-567-8659				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Paulsboro Refining Company				Type of Facility (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 800 Billingsport Rd.				Square Feet	# of Floors				
City (5) Paulsboro NJ 08066				Bldg. Age					
County (6) Gloucester		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) BrandSafway						
Street Address		Street Address 10 Industrial HWY							
City, State, Zip Code		City, State, Zip Code Lester PA 19029							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 856-693-3752	License No. 01009					
Start Date (10) 5-26-2026		Scheduled Completion Date (11) 12/01/2026		Name of OSHA Monitor Total Enviromental Solutions					
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>Restricted Area Around Glove Bagging</u>				Street Address 1005 Saint Georges Lane					
				City, State, Zip Code Landenberg PA 1935					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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) 125 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Various piping jobs for T/A work		X		Thermal Pipe insulation		X			
Name of Registered Waste Hauler Waste Masters		NJDEP Waste Hauler ID No. 0234246	Cubic Yards of Waste <10	Name of Registered Landfill Fairless Landfill					
City, State New Castle DE		Disposal Date		City, State Morrisville PA					
Completed by Michael Lucidi		Title Site Superintendent		Signature 	Date 5/12/2026				

20012

25046

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

RECEIVED

Date of Notification (1) 5 / 11 / 26		Name of Building Owner/Operator (2) St. Luke's Hospital								
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 185 Roseberry St.		MAY 19 2026					
			City, State, Zip Code Phillipsburg, NJ 08865		ASBESTOS CONTROL & LICENSING					
		Name of Contact Joanne Saydek		Telephone Number 908-847-8900						
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) St. Luke's 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 and commercial buildings, homes, etc.)							
Street Address 185 Roseberry St.										
City (5) Phillipsburg, NJ 08865			Square Feet 150,000	# of Floors 5	Bldg. Age 41+					
County (6) Warren		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Hospital						
Name of Monitoring Firm Hired by Building Owner (8) Vertex		ASCM No. NA	Name of Abatement Contractor (9) Alliance Environmental Systems							
Street Address 2501 Seaport Dr		Street Address 550 East Union St.								
City, State, Zip Code Chester, PA 19083		City, State, Zip Code West Chester, PA 19382								
Project Manager for Monitoring Firm Dave Turotsy		Telephone No. 610-558-8902	Telephone No. 610-701-9000	License No. 00508						
Start Date (10) 5 / 26 / 26		Scheduled Completion Date (11) 6 / 19 / 26		Name of OSHA Monitor Vertex						
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>7:00AM-3:30PM</u> /____PM-____AM			Street Address 2501 Seaport Dr							
			City, State, Zip Code Chester, PA 19013							
Scope of Work (Check all that apply)										
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
1st Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Mastic	4625 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1st Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile	1165 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1st Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	175 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 Rizz Containers & Disposal		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 30	Name of Registered Landfill Western Berks Community Landfill					
City, State Easton, PA				Disposal Date TBD	City, State Birdsboro, PA					
Completed By (Print or Type) Mark H. Griffin		Title Estimator		Signature 			Date 5/11/26			

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

8570

Date of Notification (1) 05/14/2026		Name of Building Owner/Operator (2) DIMENSIONAL CORP	
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 515 ALLWOOD RD	
		City, State, Zip Code CLIFTON NJ	
		Name of Contact	Telephone Number 914-644-8788

MAY 19 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 515 ALLWOOD RD		Square Feet	# of Floors
City (5) CLIFTON		Bldg. Age	
County (6) PASSAIC	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) 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) 05/26/2026	Scheduled Completion Date (11) 06/04/2026	Name of OSHA Monitor AAA Lead Professionals	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 White Dove Court	
		City, State, Zip Code Lakewood, NJ, 08701	

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input 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) <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				FLOOR TILE	60 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 06/04/2026	City, State BETHLEHEM, PA	
Completed by JOSEPH PERLSTEIN	Title OWNER	Signature 	Date 05/14/2026