

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

|                                                                                                                                                                                                                                                                                                |                                                                       |                                                                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                         |                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| Date of Notification (1)<br><b>8 / 21 / 26</b>                                                                                                                                                                                                                                                 |                                                                       | Name of Building Owner/Operator (2)<br><b>PSEG / Job # 2608-6620</b>                                                                                                                                                            |                          | Check # <b>18143</b>                                                                                                                                                                                                                                    |                                                         |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA (NJAC 5:23-8)                                                                                            |                                                                       | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                          | Street Address<br><b>4000 Hadley Road</b><br>City, State, Zip Code<br><b>South Plainfield, NJ</b><br>Name of Contact<br><b>Andrea Knox</b><br>Telephone Number<br><b>908-330-2826</b>                                                                   |                                                         |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                    |                                                                       |                                                                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                         |                                                         |
| Name of Facility Where Abatement is Taking Place (3)<br><b>PSEG Edison Demolition</b>                                                                                                                                                                                                          |                                                                       |                                                                                                                                                                                                                                 |                          | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                            |                                                         |
| Street Address<br><b>19 Meridian Road</b>                                                                                                                                                                                                                                                      |                                                                       |                                                                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                         |                                                         |
| City (5)<br><b>Edison</b>                                                                                                                                                                                                                                                                      |                                                                       | Square Feet                                                                                                                                                                                                                     |                          | # of Floors                                                                                                                                                                                                                                             | Bldg. Age                                               |
| County (6)<br><b>Middlesex</b>                                                                                                                                                                                                                                                                 |                                                                       | County Code (7) (STATE USE ONLY)                                                                                                                                                                                                |                          | Current Use (Prior if being demolished)<br><b>Substation</b>                                                                                                                                                                                            |                                                         |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Matrix New World</b>                                                                                                                                                                                                                 |                                                                       | ASCM No.<br><b>00121</b>                                                                                                                                                                                                        |                          | Name of Abatement Contractor (9)<br><b>AbateTech, Inc.</b>                                                                                                                                                                                              |                                                         |
| Street Address<br><b>26 Columbia Turnpike</b>                                                                                                                                                                                                                                                  |                                                                       | Street Address<br><b>30 Maple Ave. PO Box 25</b>                                                                                                                                                                                |                          |                                                                                                                                                                                                                                                         |                                                         |
| City, State, Zip Code<br><b>Florham Park, NJ 07932</b>                                                                                                                                                                                                                                         |                                                                       | City, State, Zip Code<br><b>Lumberton, NJ 08048</b>                                                                                                                                                                             |                          |                                                                                                                                                                                                                                                         |                                                         |
| Project Manager for Monitoring Firm<br><b>Matt Sheldon</b>                                                                                                                                                                                                                                     |                                                                       | Telephone No.<br><b>973-240-1800</b>                                                                                                                                                                                            |                          | Telephone No.<br><b>609-265-2107</b>                                                                                                                                                                                                                    | License No.<br><b>00529</b>                             |
| Start Date (10)<br><b>10 / 5 / 26</b>                                                                                                                                                                                                                                                          |                                                                       | Scheduled Completion Date (11)<br><b>12 / 4 / 26</b>                                                                                                                                                                            |                          | Name of OSHA Monitor<br><b>IATL</b>                                                                                                                                                                                                                     |                                                         |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM |                                                                       |                                                                                                                                                                                                                                 |                          | Street Address<br><b>9000 Commerce Pkwy. Suite B</b><br>City, State, Zip Code<br><b>Mount Laurel, NJ 08054</b>                                                                                                                                          |                                                         |
| Scope of Work (Check all that apply)                                                                                                                                                                                                                                                           |                                                                       |                                                                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                         |                                                         |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf                                                                                                                                                                      |                                                                       | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition                                                                                                                                           |                          | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                         |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED IN Facility (13)</b>                                                                                                                                                                                                         | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |                                                                                                                                                                                                                                 |                          | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)                                                                                                                            | Amount (Specify SF or LF)                               |
|                                                                                                                                                                                                                                                                                                | Yes                                                                   | No                                                                                                                                                                                                                              | N/A                      |                                                                                                                                                                                                                                                         |                                                         |
| <b>SEE ATTACHED</b>                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/>                                   | <input type="checkbox"/>                                                                                                                                                                                                        | <input type="checkbox"/> | <b>SEE ATTACHED</b>                                                                                                                                                                                                                                     | <b>SEE ATTACHED</b>                                     |
|                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>                                              | <input type="checkbox"/>                                                                                                                                                                                                        | <input type="checkbox"/> |                                                                                                                                                                                                                                                         |                                                         |
|                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>                                              | <input type="checkbox"/>                                                                                                                                                                                                        | <input type="checkbox"/> |                                                                                                                                                                                                                                                         |                                                         |
|                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>                                              | <input type="checkbox"/>                                                                                                                                                                                                        | <input type="checkbox"/> |                                                                                                                                                                                                                                                         |                                                         |
| Name of Registered Waste Hauler<br><b>Veolia ES</b>                                                                                                                                                                                                                                            |                                                                       | NJDEP Waste Hauler ID No.<br><b>000151</b>                                                                                                                                                                                      |                          | Cubic Yards of Waste<br><b>40</b>                                                                                                                                                                                                                       | Name of Registered Landfill<br><b>Fairless Landfill</b> |
| City, State<br><b>Flanders, NJ</b>                                                                                                                                                                                                                                                             |                                                                       | Disposal Date<br><b>12/4/26</b>                                                                                                                                                                                                 |                          | City, State<br><b>Morrisville, PA</b>                                                                                                                                                                                                                   |                                                         |
| Completed By (Print or Type)<br><b>Gwendolyn Trumbetti</b>                                                                                                                                                                                                                                     |                                                                       | Title<br><b>Operations Coordinator</b>                                                                                                                                                                                          |                          | Signature<br>                                                                                                                                                       | Date<br><b>8-21-20</b>                                  |

TABLE 2  
SUMMARY OF ASBESTOS-CONTAINING MATERIALS ASSUMED ACM  
PSEG - KQUALITY ICE CREAM PRODUCTION FACILITY OTHER COMMERCIAL SPACES  
19-10 MERIDIAN ROAD, EDISON, NJ  
MATRIX NO. 20-098-91

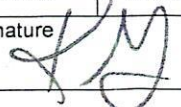
| Homogeneous Area                                     | Matrix Sample No. | Material Description                                                        | Functional Space(s) Noted Within                                                                                  | Friability  | Condition | Approximate Quantity | Additional Notes                                                                                   |
|------------------------------------------------------|-------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------|-----------|----------------------|----------------------------------------------------------------------------------------------------|
| <b>Materials Identified as ACM by Matrix</b>         |                   |                                                                             |                                                                                                                   |             |           |                      |                                                                                                    |
| 05                                                   | 05-02             | Grey Floor Paint                                                            | Room 112, Room 114, Room 116, Room 118, Room 8, Room 6, Loading Dock, Tobacco Distributor Room, & South Corridors | Non-Friable | Good      | 1,700 SF             |                                                                                                    |
| 07                                                   | 07G-01            | Brown Vinyl Cove Base                                                       | Hallways, Warehouse Office, Room 114, Room 116 Room 118, Warehouse Office                                         | Non-Friable | Damaged   | 150 LF               | Glue is positive for ACM. Cove Base should be considered asbestos-contaminated and treated as ACM. |
| 10                                                   | 10-01             | Textured Ceiling                                                            | North Corridor                                                                                                    | Friable     | Good      | 60 SF                |                                                                                                    |
| 14                                                   | 14M-01            | Red Brick Ceramic Tile Mortar                                               | East Main Entrance                                                                                                | Friable     | Good      | 110 SF               |                                                                                                    |
| 16                                                   | 16-01             | Interior & Exterior Brown Caulk to Store Front Windows                      | East Main Entrance Curtain Walls                                                                                  | Non-Friable | Good      | 120 LF               |                                                                                                    |
| 23                                                   | 23-01             | Red Vinyl Floor Tiles                                                       | Safe, Hallway Adjacent to Women's Restroom, & Food Warehouse Hallway                                              | Non-Friable | Good      | 310 SF               | Mastic is non-ACM                                                                                  |
| 34                                                   | 34-01             | White Glazing to Windows                                                    | Exterior Elevations                                                                                               | Non-Friable | Damaged   | 28 Units             | 6 narrow windows and 22 horizontal sliding bay windows                                             |
| 30                                                   | 30-01             | Exterior Skim Coat                                                          | Exterior Elevations                                                                                               | Friable     | Damaged   | 5,600 SF             |                                                                                                    |
| 39                                                   | 39-01             | White Exterior Paint                                                        |                                                                                                                   | Non-Friable |           |                      |                                                                                                    |
| 40                                                   | 40-01             | Light Blue Paint                                                            |                                                                                                                   | Non-Friable |           |                      |                                                                                                    |
| 43                                                   | 43-01             | Mirror Glue Dots                                                            | Room 106 Bathroom                                                                                                 | Non-Friable | Good      | 40 SF                | Mirrors should be considered asbestos-contaminated.                                                |
| <b>Materials Identified as Assumed ACM by Matrix</b> |                   |                                                                             |                                                                                                                   |             |           |                      |                                                                                                    |
| -                                                    | -                 | Main Disconnect Panel Insulation                                            | Mechanical Room                                                                                                   | Non-Friable | Good      | 1 Unit               | Assumed asbestos backing. Live electricity.                                                        |
| -                                                    | -                 | Main Braided Wire Insulation                                                | Mechanical Room                                                                                                   | Non-Friable | Good      | 20 LF                |                                                                                                    |
| -                                                    | -                 | Vault Door Insulation                                                       | Safe                                                                                                              | Non-Friable | Good      | 1 Unit               | Results pending                                                                                    |
| -                                                    | -                 | Assumed Roofing Composite, Flashing, and Other Associated Roofing Materials | Roof                                                                                                              | Non-Friable | Good      | 13,175 SF            | Assumed. Testing Pending                                                                           |



Project ON HOLD

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

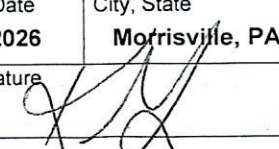
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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><b>07 / 15 / 26</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                       | Name of Building Owner/Operator (2)<br><b>Paco Housing Corporation I # 2510-3445-1 check #N/A</b>                                                                                                                                                                                                                 |                                                                     |                                                                                                                              |                                            |                                     |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)                                                                                                                                                                                                                                                                                                     | Type Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <b>1</b><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>192 Third Street</b><br>City, State, Zip Code<br><b>Jersey City, NJ 07302</b><br>Name of Contact<br><br>Telephone Number<br>                                                                                                                                                                 |                                                                     |                                                                                                                              |                                            |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                   |                                                                     |                                                                                                                              |                                            |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><br>Street Address<br><b>393 Marin Blvd Unit 122</b><br>City (5)<br><b>Jersey City</b>                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                       | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)<br>Square Feet<br><b>1602</b><br># of Floors<br><b>2</b><br>Bldg. Age<br><b>1974</b> |                                                                     |                                                                                                                              |                                            |                                     |                          |                          |                          |
| County (6)<br><b>Hudson</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | County Code (7)(STATE USE ONLY)                                                                                                                                                                                                       | Current Use (Prior if being demolished)<br><b>Residential</b>                                                                                                                                                                                                                                                     |                                                                     |                                                                                                                              |                                            |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Finog Environmental</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                       | ASCM No.<br><br>Name of Abatement Contractor (9)<br><b>Asbestos and Mold Services, Corp.</b>                                                                                                                                                                                                                      |                                                                     |                                                                                                                              |                                            |                                     |                          |                          |                          |
| Street Address<br><b>617 Stokes Road #4-318</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                       | Street Address<br><b>70 Stacy Haines Road Suite 4</b>                                                                                                                                                                                                                                                             |                                                                     |                                                                                                                              |                                            |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Medford NJ 08055</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                       | City, State, Zip Code<br><b>Lumberton NJ 08048</b>                                                                                                                                                                                                                                                                |                                                                     |                                                                                                                              |                                            |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Rebecca Rubnitz</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                       | Telephone No.<br><b>856-596-9994</b>                                                                                                                                                                                                                                                                              | Telephone No.<br><b>609-702-0400</b><br>License No.<br><b>00862</b> |                                                                                                                              |                                            |                                     |                          |                          |                          |
| Start Date (10)<br><b>07 / 29 / 26</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Scheduled Completion Date (11)<br><b>07 / 31 / 26</b>                                                                                                                                                                                 | Name of OSHA Monitor<br><b>EMSL Analytical, Inc.</b>                                                                                                                                                                                                                                                              |                                                                     |                                                                                                                              |                                            |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <b>AM- PM/ PM- AM</b>                                                                                                                                                                                                                |                                                                                                                                                                                                                                       | Street Address<br><b>200 U.S. Route 130 North</b><br>City, State, Zip Code<br><b>Cinnaminson, NJ 08077</b>                                                                                                                                                                                                        |                                                                     |                                                                                                                              |                                            |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)<br><input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                   |                                                                     |                                                                                                                              |                                            |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)                                                                                                                                                                                                                                                                                                                                                                                                                        | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                   |                                                                     | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)<br><b>800 SF</b> | Abatement Type                      |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Yes                                                                                                                                                                                                                                   | No                                                                                                                                                                                                                                                                                                                | N/A                                                                 |                                                                                                                              |                                            | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| Unit 122                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/>                                 | Floor Tile and Mastic                                                                                                        |                                            | <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"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                            |                                                                                                                              |                                            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <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<br><b>Asbestos and Mold Services Corp</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                       | NJDEP Waste Hauler ID No.<br><b>0035680</b>                                                                                                                                                                                                                                                                       | Cubic Yards of Waste<br><b>80</b>                                   | Name of Registered Landfill<br><b>Fairless Hills</b>                                                                         |                                            |                                     |                          |                          |                          |
| City, State<br><b>Lumberton, NJ</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                       | Disposal Date<br><b>07/31/2026</b>                                                                                                                                                                                                                                                                                |                                                                     | City, State<br><b>Morrisville, PA</b>                                                                                        |                                            |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Kaysi Gruner</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                       | Title<br><b>Office Admin</b>                                                                                                                                                                                                                                                                                      |                                                                     | Signature<br>                            |                                            |                                     | Date<br><b>7/28/26</b>   |                          |                          |



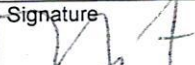
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)

RECEIVED

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><b>07 / 21 / 26</b>                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                            | Name of Building Owner/Operator (2)<br><b>State of NJ Dept of Property Mgmt</b> / Job #2607-3572 Chk. #N/A                                                                                                                   |                                                                              |                                                                                                                              |                           |                          |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA (NJAC 5:23-8)                                                                                                                                                                                                                                                                     | Type Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended Amendment #1<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>33 West State Street</b><br>City, State, Zip Code<br><b>Trenton NJ 08625</b><br>Name of Contact<br>Telephone Number                                                                                     |                                                                              |                                                                                                                              |                           |                          |                          |                          |                          |
| FACILITY INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                            |                                                                                                                                                                                                                              |                                                                              |                                                                                                                              |                           |                          |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>New Lisbon Development Center- Multiple Bldg</b>                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                            | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                                                                              |                                                                                                                              |                           |                          |                          |                          |                          |
| Street Address<br><b>1 Bennion Avenue/Route 72</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                            | Square Feet<br><b>TBD</b>                                                                                                                                                                                                    | # of Floors<br><b>TBD</b>                                                    |                                                                                                                              |                           |                          |                          |                          |                          |
| City (5)<br><b>Woodland Township</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                            | Bldg. Age<br><b>TBD</b>                                                                                                                                                                                                      |                                                                              |                                                                                                                              |                           |                          |                          |                          |                          |
| County (6)<br><b>Burlington</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         | County Code (7)(STATE USE ONLY)                                                                                                                                                                                            | Current Use (Prior if being demolished)<br><b>Developmental Center</b>                                                                                                                                                       |                                                                              |                                                                                                                              |                           |                          |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>USA Environmental Management</b>                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                            | ASCM No.                                                                                                                                                                                                                     | Name of Abatement Contractor (9)<br><b>Asbestos and Mold Services, Corp.</b> |                                                                                                                              |                           |                          |                          |                          |                          |
| Street Address<br><b>344 West State Street</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                            | Street Address<br><b>70 Stacy Haines Road Suite 4</b>                                                                                                                                                                        |                                                                              |                                                                                                                              |                           |                          |                          |                          |                          |
| City, State, Zip Code<br><b>Trenton NJ 08618</b>                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                            | City, State, Zip Code<br><b>Lumberton NJ 08048</b>                                                                                                                                                                           |                                                                              |                                                                                                                              |                           |                          |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>William Weisgarber</b>                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                            | Telephone No.<br><b>609-915-1140</b>                                                                                                                                                                                         | License No.<br><b>00862</b>                                                  |                                                                                                                              |                           |                          |                          |                          |                          |
| Start Date (10)<br><b>07 / 30 / 26</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  | Scheduled Completion Date (11)<br><b>08 / 04 / 26</b>                                                                                                                                                                      | Name of OSHA Monitor<br><b>EMSL Analytical, Inc.</b>                                                                                                                                                                         |                                                                              |                                                                                                                              |                           |                          |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: ____AM-____PM/____PM-____AM                                                                                                                                                                       |                                                                                                                                                                                                                            | Street Address<br><b>200 U.S. Route 130 North</b><br>City, State, Zip Code<br><b>Cinnaminson, NJ 08077</b>                                                                                                                   |                                                                              |                                                                                                                              |                           |                          |                          |                          |                          |
| Scope of Work (Check all that apply)<br><input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                                                                                                                                                                            |                                                                                                                                                                                                                              |                                                                              |                                                                                                                              |                           |                          |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>IN Facility (13)                                                                                                                                                                                                                                                                                                                                                                               | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                      |                                                                                                                                                                                                                              |                                                                              | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type           |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes                                                                                                                                                                                                                        | No                                                                                                                                                                                                                           | N/A                                                                          |                                                                                                                              |                           | Removal                  | Repair                   | Encapsulate              | Enclosure                |
| Admin Bldg & Engineering Services                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                                                                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                     | <input checked="" type="checkbox"/>                                          | Drill holes with HEPA-vac                                                                                                    |                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>                                                                                                                                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                     | <input type="checkbox"/>                                                     | attachments                                                                                                                  |                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>                                                                                                                                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                     | <input type="checkbox"/>                                                     |                                                                                                                              |                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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<br><b>Asbestos and Mold Services Corp.</b>                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                            | NJDEP Waste Hauler ID No.<br><b>0035680</b>                                                                                                                                                                                  | Cubic Yards of Waste<br><b>5</b>                                             | Name of Registered Landfill<br><b>Fairless Landfill</b>                                                                      |                           |                          |                          |                          |                          |
| City, State<br><b>Lumberton NJ</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                            | Disposal Date<br><b>08/04/2026</b>                                                                                                                                                                                           |                                                                              | City, State<br><b>Morrisville, PA 19067</b>                                                                                  |                           |                          |                          |                          |                          |
| Completed By (Print or Type)<br><b>Kaysi Gruner</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                            | Title<br><b>Office Coordinator</b>                                                                                                                                                                                           |                                                                              | Signature<br>                            |                           | Date<br><b>7/29/26</b>   |                          |                          |                          |

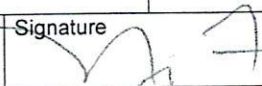


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

| Date of Notification (1)<br>08 / 18 / 26                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    | Name of Building Owner/Operator (2)<br>Tradewinds Builders, LLC                                                                                                                                                                                                                                                                       |                                                                |                                                                                                                                 |                                                  |                                     |                          |                          |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)                                                                                             | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>2908 Baltic Avenue                                                                                                                                                                                                                                                                                                  |                                                                |                                                                                                                                 |                                                  |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                    | City, State, Zip Code<br>Beach Haven Gardens, NJ 08008-2646                                                                                                                                                                                                                                                                           |                                                                |                                                                                                                                 |                                                  |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                    | Name of Contact                                                                                                                                                                                                                                                                                                                       | Telephone Number                                               |                                                                                                                                 |                                                  |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                       |                                                                |                                                                                                                                 |                                                  |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br>Residence                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                    | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                                                                                                          |                                                                |                                                                                                                                 |                                                  |                                     |                          |                          |                          |
| Street Address<br>107 8 <sup>th</sup> Street                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                    | Square Feet<br>1400                                                                                                                                                                                                                                                                                                                   | # of Floors<br>1                                               |                                                                                                                                 |                                                  |                                     |                          |                          |                          |
| City (5)<br>Beach Haven                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                    | Bldg. Age<br>80                                                                                                                                                                                                                                                                                                                       |                                                                |                                                                                                                                 |                                                  |                                     |                          |                          |                          |
| County (6)<br>Ocean                                                                                                                                                                                                                                                                               | County Code (7)(STATE USE ONLY)                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                       | Current Use (Prior if being demolished)<br>Residence           |                                                                                                                                 |                                                  |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                    | ASCM No.                                                                                                                                                                                                                                                                                                                              | Name of Abatement Contractor (9)<br>Guardian Contracting, Inc. |                                                                                                                                 |                                                  |                                     |                          |                          |                          |
| Street Address                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                    | Street Address<br>1889 Route 9, Unit 61                                                                                                                                                                                                                                                                                               |                                                                |                                                                                                                                 |                                                  |                                     |                          |                          |                          |
| City, State, Zip Code                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                    | City, State, Zip Code<br>Toms River, New Jersey 08755                                                                                                                                                                                                                                                                                 |                                                                |                                                                                                                                 |                                                  |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                    | Telephone No.<br>732-349-9932                                                                                                                                                                                                                                                                                                         | License No.<br>00624                                           |                                                                                                                                 |                                                  |                                     |                          |                          |                          |
| Start Date (10)<br>09 / 01 / 26                                                                                                                                                                                                                                                                   | Scheduled Completion Date (11)<br>09 / 03 / 26                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                       | Name of OSHA Monitor<br>E.M.S.L. Analytical                    |                                                                                                                                 |                                                  |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: ____AM-____PM/____PM-____AM |                                                                                                                                                                                                                                    | Street Address<br>1056 Stelton                                                                                                                                                                                                                                                                                                        |                                                                |                                                                                                                                 |                                                  |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                    | City, State, Zip Code<br>Piscataway, New Jersey 08854                                                                                                                                                                                                                                                                                 |                                                                |                                                                                                                                 |                                                  |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                       |                                                                |                                                                                                                                 |                                                  |                                     |                          |                          |                          |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                                                 |                                                                                                                                                                                                                                    | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                |                                                                                                                                 |                                                  |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br>TO BE ABATED<br>IN Facility<br>(13)                                                                                                                                                                                                             | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                       |                                                                | Description of Asbestos Containing Material (ACM)<br>(i.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                                                                                                                 | 1400 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<br>Guardian Contracting, Inc.                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                    | NJDEP Waste Hauler ID No.<br>20223                                                                                                                                                                                                                                                                                                    |                                                                | Cubic Yards of Waste<br>3                                                                                                       | Name of Registered Landfill<br>Fairless Landfill |                                     |                          |                          |                          |
| City, State<br>Toms River, New Jersey                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                    | Disposal Date<br>09/03/26                                                                                                                                                                                                                                                                                                             |                                                                | City, State<br>Morrisville, Pennsylvania                                                                                        |                                                  |                                     |                          |                          |                          |
| Completed By (Print or Type)<br>Nicholas Fernicola                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                    | Title<br>Project Manager                                                                                                                                                                                                                                                                                                              |                                                                | Signature<br>                               |                                                  |                                     | Date<br>8/18/26          |                          |                          |



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

| Date of Notification (1)<br><b>08 / 18 / 26</b>                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                 | Name of Building Owner/Operator (2)<br><b>First Choice Framing</b>                    |                          | RECEIVED<br><b>50536</b><br>AUG 25 2026                                                                                                                                                                                                      |                                                         |                                     |                          |                          |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA (NJAC 5:23-8)                                                                                                    | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>10 Mobus Lane</b>                                                |                          | City, State, Zip Code<br><b>Warren, NJ 07059</b>                                                                                                                                                                                             |                                                         |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                 | Name of Contact                                                                       |                          | Telephone Number                                                                                                                                                                                                                             |                                                         |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                 |                                                                                       |                          |                                                                                                                                                                                                                                              |                                                         |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Residence</b>                                                                                                                                                                                                                              |                                                                                                                                                                                                                                 |                                                                                       |                          | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                 |                                                         |                                     |                          |                          |                          |
| Street Address<br><b>15 Edgemont Avenue</b>                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                 |                                                                                       |                          |                                                                                                                                                                                                                                              |                                                         |                                     |                          |                          |                          |
| City (5)<br><b>Summit</b>                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                 | Square Feet<br><b>2200</b>                                                            | # of Floors<br><b>2</b>  | Bldg. Age<br><b>100</b>                                                                                                                                                                                                                      |                                                         |                                     |                          |                          |                          |
| County (6)<br><b>Union</b>                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                 | County Code (7) (STATE USE ONLY)                                                      |                          | Current Use (Prior if being demolished)<br><b>Residence</b>                                                                                                                                                                                  |                                                         |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Guardian Contracting, Inc.</b>                                                                                                                                                                                                              |                                                                                                                                                                                                                                 | ASCM No.                                                                              |                          | Name of Abatement Contractor (9)<br><b>Guardian Contracting, Inc.</b>                                                                                                                                                                        |                                                         |                                     |                          |                          |                          |
| Street Address<br><b>1889 Route 9, Unit 61</b>                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                 | Street Address<br><b>1889 Route 9, Unit 61</b>                                        |                          |                                                                                                                                                                                                                                              |                                                         |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Toms River, New Jersey 08755</b>                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                 | City, State, Zip Code<br><b>Toms River, New Jersey 08755</b>                          |                          |                                                                                                                                                                                                                                              |                                                         |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Nicholas Fernicola</b>                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                 | Telephone No.<br><b>732-349-9932</b>                                                  |                          | License No.<br><b>00624</b>                                                                                                                                                                                                                  |                                                         |                                     |                          |                          |                          |
| Start Date (10)<br><b>08 / 31 / 26</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                 | Scheduled Completion Date (11)<br><b>09 / 03 / 26</b>                                 |                          | Name of OSHA Monitor<br><b>E.M.S.L. Analytical</b>                                                                                                                                                                                           |                                                         |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____AM-_____PM/_____PM-_____AM |                                                                                                                                                                                                                                 |                                                                                       |                          | Street Address<br><b>1056 Stelton</b>                                                                                                                                                                                                        |                                                         |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                 |                                                                                       |                          | City, State, Zip Code<br><b>Piscataway, New Jersey 08854</b>                                                                                                                                                                                 |                                                         |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                 |                                                                                       |                          |                                                                                                                                                                                                                                              |                                                         |                                     |                          |                          |                          |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                                                     |                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition |                          | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                         |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>IN Facility (13)                                                                                                                                                                                                             | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                           |                                                                                       |                          | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)                                                                                                                 | Amount (Specify SF or LF)                               | Abatement Type                      |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                       | Yes                                                                                                                                                                                                                             | No                                                                                    | N/A                      |                                                                                                                                                                                                                                              |                                                         | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| basement                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                                                                        | <input checked="" type="checkbox"/>                                                   | <input type="checkbox"/> | asbestos pipe insulation                                                                                                                                                                                                                     | 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<br><b>Guardian Contracting, Inc.</b>                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                 | NJDEP Waste Hauler ID No.<br><b>20223</b>                                             |                          | Cubic Yards of Waste<br><b>3</b>                                                                                                                                                                                                             | Name of Registered Landfill<br><b>Fairless Landfill</b> |                                     |                          |                          |                          |
| City, State<br><b>Toms River, New Jersey</b>                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                 | Disposal Date<br><b>09/03/26</b>                                                      |                          | City, State<br><b>Morrisville, Pennsylvania</b>                                                                                                                                                                                              |                                                         |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Nicholas Fernicola</b>                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                 | Title<br><b>Project Manager</b>                                                       |                          | Signature<br>                                                                                                                                            |                                                         | Date<br><b>8/18/26</b>              |                          |                          |                          |



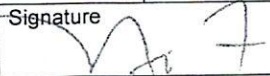
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

| Date of Notification (1)<br><b>08 / 18 / 26</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                    | Name of Building Owner/Operator (2)<br><b>RECEIVED 50537</b>                                                                                                                                                                                                                                                                          |                                                                                                   |                                                                                                                              |                           |                                     |                          |                          |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)                                                                                                           | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>1215 Bay Avenue</b>                                                                                                                                                                                                                                                                                              |                                                                                                   |                                                                                                                              |                           |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                    | City, State, Zip Code<br><b>Point Pleasant, NJ 08742</b>                                                                                                                                                                                                                                                                              |                                                                                                   |                                                                                                                              |                           |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                    | Name of Contact                                                                                                                                                                                                                                                                                                                       | Telephone Number                                                                                  |                                                                                                                              |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                       |                                                                                                   |                                                                                                                              |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Residence</b>                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                    | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                                                                                                          |                                                                                                   |                                                                                                                              |                           |                                     |                          |                          |                          |
| Street Address<br><b>1215 Bay Avenue</b>                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                    | Square Feet<br><b>1500</b>                                                                                                                                                                                                                                                                                                            | # of Floors<br><b>2</b>                                                                           |                                                                                                                              |                           |                                     |                          |                          |                          |
| City (5)<br><b>Point Pleasant</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                    | Bldg. Age<br><b>120</b>                                                                                                                                                                                                                                                                                                               |                                                                                                   |                                                                                                                              |                           |                                     |                          |                          |                          |
| County (6)<br><b>Ocean</b>                                                                                                                                                                                                                                                                                      | County Code (7) (STATE USE ONLY)                                                                                                                                                                                                   | Current Use (Prior if being demolished)<br><b>Residence</b>                                                                                                                                                                                                                                                                           |                                                                                                   |                                                                                                                              |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Guardian Contracting</b>                                                                                                                                                                                                                              |                                                                                                                                                                                                                                    | ASCM No.                                                                                                                                                                                                                                                                                                                              | Name of Abatement Contractor (9)<br><b>Guardian Contracting, Inc.</b>                             |                                                                                                                              |                           |                                     |                          |                          |                          |
| Street Address<br><b>1889 Route 9, Unit 61</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                    | Street Address<br><b>1889 Route 9, Unit 61</b>                                                                                                                                                                                                                                                                                        |                                                                                                   |                                                                                                                              |                           |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Toms River, New Jersey</b>                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    | City, State, Zip Code<br><b>Toms River, New Jersey 08755</b>                                                                                                                                                                                                                                                                          |                                                                                                   |                                                                                                                              |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Nicholas Fernicola</b>                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                    | Telephone No.<br><b>732-349-9932</b>                                                                                                                                                                                                                                                                                                  | License No.<br><b>00624</b>                                                                       |                                                                                                                              |                           |                                     |                          |                          |                          |
| Start Date (10)<br><b>09 / 09 / 26</b>                                                                                                                                                                                                                                                                          | Scheduled Completion Date (11)<br><b>09 / 18 / 26</b>                                                                                                                                                                              | Name of OSHA Monitor<br><b>E.M.S.L. Analytical</b>                                                                                                                                                                                                                                                                                    |                                                                                                   |                                                                                                                              |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM |                                                                                                                                                                                                                                    | Street Address<br><b>1056 Stelton</b>                                                                                                                                                                                                                                                                                                 |                                                                                                   |                                                                                                                              |                           |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                    | City, State, Zip Code<br><b>Piscataway, New Jersey 08854</b>                                                                                                                                                                                                                                                                          |                                                                                                   |                                                                                                                              |                           |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                       |                                                                                                   |                                                                                                                              |                           |                                     |                          |                          |                          |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf                                                                                                                                                                                       |                                                                                                                                                                                                                                    | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                                                   |                                                                                                                              |                           |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)                                                                                                                                                                                                                                    | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                       |                                                                                                   | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                 | Yes                                                                                                                                                                                                                                | No                                                                                                                                                                                                                                                                                                                                    | N/A                                                                                               |                                                                                                                              |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| interior                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                                                                                                                           | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                                                                          | asbestos containing plaster                                                                                                  | 2500 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<br><b>Guardian Contracting, Inc.</b>                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                    | NJDEP Waste Hauler ID No.<br><b>20223</b>                                                                                                                                                                                                                                                                                             | Cubic Yards of Waste<br><b>12</b>                                                                 | Name of Registered Landfill<br><b>Fairless Landfill</b>                                                                      |                           |                                     |                          |                          |                          |
| City, State<br><b>Toms River, New Jersey</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                    | Disposal Date<br><b>09/18/26</b>                                                                                                                                                                                                                                                                                                      |                                                                                                   | City, State<br><b>Morrisville, Pennsylvania</b>                                                                              |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Nicholas Fernicola</b>                                                                                                                                                                                                                                                       | Title<br><b>Project Manager</b>                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                       | Signature<br> |                                                                                                                              |                           | Date<br><b>8/18/26</b>              |                          |                          |                          |



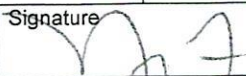
**PAID**  
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
**(Pursuant to NJAC 8:60 and 5:16)**

**RECEIVED**

| Date of Notification (1)<br><b>08 / 18 / 26</b>                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                    | Name of Building Owner/Operator (2)<br><b>5 Janie Lane</b>                                                                                                                                                                                                                                                                            |                                                             |                                                                                                                              |                                                         |                                     |                          |                          |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA (NJAC 5:23-8)                                                                                                    | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>5 Janie Lane</b>                                                                                                                                                                                                                                                                                                 |                                                             |                                                                                                                              |                                                         |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                    | City, State, Zip Code<br><b>Clark, NJ 07066</b>                                                                                                                                                                                                                                                                                       |                                                             |                                                                                                                              |                                                         |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                    | Name of Contact                                                                                                                                                                                                                                                                                                                       | Telephone Number                                            |                                                                                                                              |                                                         |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                       |                                                             |                                                                                                                              |                                                         |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Residence</b>                                                                                                                                                                                                                              |                                                                                                                                                                                                                                    | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                                                                                                          |                                                             |                                                                                                                              |                                                         |                                     |                          |                          |                          |
| Street Address<br><b>1640 Cooper Road</b>                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                    | Square Feet<br><b>1950</b>                                                                                                                                                                                                                                                                                                            | # of Floors<br><b>1</b>                                     |                                                                                                                              |                                                         |                                     |                          |                          |                          |
| City (5)<br><b>Scotch Plains</b>                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                    | Bldg. Age<br><b>70</b>                                                                                                                                                                                                                                                                                                                |                                                             |                                                                                                                              |                                                         |                                     |                          |                          |                          |
| County (6)<br><b>Union</b>                                                                                                                                                                                                                                                                            | County Code (7)(STATE USE ONLY)                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                       | Current Use (Prior if being demolished)<br><b>Residence</b> |                                                                                                                              |                                                         |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Guardian Contracting, Inc.</b>                                                                                                                                                                                                              |                                                                                                                                                                                                                                    | Name of Abatement Contractor (9)<br><b>Guardian Contracting, Inc.</b>                                                                                                                                                                                                                                                                 |                                                             |                                                                                                                              |                                                         |                                     |                          |                          |                          |
| Street Address<br><b>1889 Route 9, Unit 61</b>                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                    | Street Address<br><b>1889 Route 9, Unit 61</b>                                                                                                                                                                                                                                                                                        |                                                             |                                                                                                                              |                                                         |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Toms River, New Jersey 08755</b>                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    | City, State, Zip Code<br><b>Toms River, New Jersey 08755</b>                                                                                                                                                                                                                                                                          |                                                             |                                                                                                                              |                                                         |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Nicholas Frenicola</b>                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                    | Telephone No.<br><b>732-349-9932</b>                                                                                                                                                                                                                                                                                                  | License No.<br><b>00624</b>                                 |                                                                                                                              |                                                         |                                     |                          |                          |                          |
| Start Date (10)<br><b>08 / 28 / 26</b>                                                                                                                                                                                                                                                                | Scheduled Completion Date (11)<br><b>08 / 31 / 26</b>                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                       | Name of OSHA Monitor<br><b>E.M.S.L. Analytical</b>          |                                                                                                                              |                                                         |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____AM-_____PM/_____PM-_____AM |                                                                                                                                                                                                                                    | Street Address<br><b>1056 Stelton</b>                                                                                                                                                                                                                                                                                                 |                                                             |                                                                                                                              |                                                         |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                    | City, State, Zip Code<br><b>Piscataway, New Jersey 08854</b>                                                                                                                                                                                                                                                                          |                                                             |                                                                                                                              |                                                         |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                       |                                                             |                                                                                                                              |                                                         |                                     |                          |                          |                          |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf                                                                                                                                                                             |                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                             |                                                                                                                              |                                                         |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>IN Facility (13)                                                                                                                                                                                                             | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                       |                                                             | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)                               | Abatement Type                      |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                       | Yes                                                                                                                                                                                                                                | No                                                                                                                                                                                                                                                                                                                                    | N/A                                                         |                                                                                                                              |                                                         | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| basement                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                                                                           | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                                    | asbestos pipe insulation                                                                                                     | 10 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<br><b>Guardian Contracting, Inc.</b>                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                    | NJDEP Waste Hauler ID No.<br><b>20223</b>                                                                                                                                                                                                                                                                                             |                                                             | Cubic Yards of Waste<br><b>1</b>                                                                                             | Name of Registered Landfill<br><b>Fairless Landfill</b> |                                     |                          |                          |                          |
| City, State<br><b>Toms River, New Jersey</b>                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    | Disposal Date<br><b>08/31/26</b>                                                                                                                                                                                                                                                                                                      |                                                             | City, State<br><b>Morrisville, Pennsylvania</b>                                                                              |                                                         |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Nicholas Frenicola</b>                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                    | Title<br><b>Project Manager</b>                                                                                                                                                                                                                                                                                                       |                                                             | Signature<br>                            |                                                         | Date<br><b>8/18/26</b>              |                          |                          |                          |



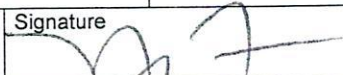
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

|                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                    |                                                                                       |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                              |                                     |                                                         |                          |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><b>08 / 18 / 26</b>                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                    | Name of Building Owner/Operator (2)<br><b>Potts Excavating, Inc.</b>                  |                                                                                                                                                                                                                              | RECEIVED<br>50534<br>AUG 21 2026                                                                                                                                                                                                             |                                     |                                                         |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)                                                                                                 | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>316 Main Street</b>                                              |                                                                                                                                                                                                                              | City, State, Zip Code<br><b>West Creek, NJ 08092</b>                                                                                                                                                                                         |                                     |                                                         |                          |                          |
|                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                    | Name of Contact                                                                       |                                                                                                                                                                                                                              | Telephone Number                                                                                                                                                                                                                             |                                     |                                                         |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                    |                                                                                       |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                              |                                     |                                                         |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Residence</b>                                                                                                                                                                                                                              |                                                                                                                                                                                                                                    |                                                                                       | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                                                                                                                                                                                                                                              |                                     |                                                         |                          |                          |
| Street Address<br><b>2 Bridge Road</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                    |                                                                                       | Square Feet<br><b>1000</b>                                                                                                                                                                                                   |                                                                                                                                                                                                                                              |                                     |                                                         |                          |                          |
| City (5)<br><b>Barnegat</b>                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                    |                                                                                       | # of Floors<br><b>1</b>                                                                                                                                                                                                      |                                                                                                                                                                                                                                              | Bldg. Age<br><b>80</b>              |                                                         |                          |                          |
| County (6)<br><b>Ocean</b>                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                    | County Code (7)(STATE USE ONLY)                                                       |                                                                                                                                                                                                                              | Current Use (Prior if being demolished)<br><b>Residence</b>                                                                                                                                                                                  |                                     |                                                         |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>N/A</b>                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                    | ASCM No.                                                                              |                                                                                                                                                                                                                              | Name of Abatement Contractor (9)<br><b>Guardian Contracting, Inc.</b>                                                                                                                                                                        |                                     |                                                         |                          |                          |
| Street Address                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                    | Street Address<br><b>1889 Route 9, Unit 61</b>                                        |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                              |                                     |                                                         |                          |                          |
| City, State, Zip Code                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                    | City, State, Zip Code<br><b>Toms River, New Jersey 08755</b>                          |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                              |                                     |                                                         |                          |                          |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                    | Telephone No.                                                                         |                                                                                                                                                                                                                              | Telephone No.<br><b>732-349-9932</b>                                                                                                                                                                                                         |                                     |                                                         |                          |                          |
| Start Date (10)<br><b>09 / 01 / 26</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                    | Scheduled Completion Date (11)<br><b>09 / 03 / 26</b>                                 |                                                                                                                                                                                                                              | License No.<br><b>00624</b>                                                                                                                                                                                                                  |                                     |                                                         |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____AM-_____PM/_____PM-_____AM |                                                                                                                                                                                                                                    |                                                                                       | Name of OSHA Monitor<br><b>E.M.S.L. Analytical</b>                                                                                                                                                                           |                                                                                                                                                                                                                                              |                                     |                                                         |                          |                          |
|                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                    |                                                                                       | Street Address<br><b>1056 Stelton</b>                                                                                                                                                                                        |                                                                                                                                                                                                                                              |                                     |                                                         |                          |                          |
|                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                    |                                                                                       | City, State, Zip Code<br><b>Piscataway, New Jersey 08854</b>                                                                                                                                                                 |                                                                                                                                                                                                                                              |                                     |                                                         |                          |                          |
| Scope of Work (Check all that apply)                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                    |                                                                                       |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                              |                                     |                                                         |                          |                          |
| <input type="checkbox"/> >3 sf or >3 lf<br><input checked="" type="checkbox"/> >160 sf or >260 lf                                                                                                                                                                                                     |                                                                                                                                                                                                                                    | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition |                                                                                                                                                                                                                              | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                     |                                                         |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>IN Facility (13)                                                                                                                                                                                                             | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                              |                                                                                       | Description of Asbestos Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)                                                                                              | Amount (Specify SF or LF)<br><b>1000 sf</b>                                                                                                                                                                                                  | Abatement Type                      |                                                         |                          |                          |
|                                                                                                                                                                                                                                                                                                       | Yes                                                                                                                                                                                                                                | No                                                                                    |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                              | N/A                                 | Removal                                                 | Repair                   | Encapsulate              |
| exterior                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                                                                           | <input checked="" type="checkbox"/>                                                   | <input type="checkbox"/>                                                                                                                                                                                                     | asbestos siding                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                                                                                                                                           | <input type="checkbox"/>                                                              | <input type="checkbox"/>                                                                                                                                                                                                     |                                                                                                                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>                                | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                                                                                                                                           | <input type="checkbox"/>                                                              | <input type="checkbox"/>                                                                                                                                                                                                     |                                                                                                                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>                                | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                                                                                                                                           | <input type="checkbox"/>                                                              | <input type="checkbox"/>                                                                                                                                                                                                     |                                                                                                                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>                                | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>Guardian Contracting, Inc.</b>                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                    | NJDEP Waste Hauler ID No.<br><b>20223</b>                                             |                                                                                                                                                                                                                              | Cubic Yards of Waste<br><b>3</b>                                                                                                                                                                                                             |                                     | Name of Registered Landfill<br><b>Fairless Landfill</b> |                          |                          |
| City, State<br><b>Toms River, New Jersey</b>                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    | Disposal Date<br><b>09/03/26</b>                                                      |                                                                                                                                                                                                                              | City, State<br><b>Morrisville, Pennsylvania</b>                                                                                                                                                                                              |                                     |                                                         |                          |                          |
| Completed By (Print or Type)<br><b>Nicholas Fernicola</b>                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                    | Title<br><b>Project Manager</b>                                                       |                                                                                                                                                                                                                              | Signature<br>                                                                                                                                            |                                     | Date<br><b>8/18/26</b>                                  |                          |                          |



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

RECEIVED

|                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                       |                                                 |                                                         |                          |                          |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><b>08 / 21 / 26</b>                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                    | Name of Building Owner/Operator (2)<br><b>SOSSO</b>                                                                                                                                                                                                                                                                                   |                                                 |                                                         |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA (NJAC 5:23-8)                                                                                                    | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>27 Second Street</b><br>City, State, Zip Code<br><b>Manchester, NJ 08759</b><br>Name of Contact _____ Telephone Number _____                                                                                                                                                                                     |                                                 |                                                         |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                       |                                                 |                                                         |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Residence</b>                                                                                                                                                                                                                              |                                                                                                                                                                                                                                    | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                                                                                                          |                                                 |                                                         |                          |                          |                          |
| Street Address<br><b>633 McKinley Avenue</b>                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    | Square Feet<br><b>600</b>                                                                                                                                                                                                                                                                                                             |                                                 |                                                         |                          |                          |                          |
| City (5)<br><b>Toms River</b>                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                    | # of Floors<br><b>1</b>                                                                                                                                                                                                                                                                                                               | Bldg. Age<br><b>80</b>                          |                                                         |                          |                          |                          |
| County (6)<br><b>Ocean</b>                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                    | County Code (7)(STATE USE ONLY)<br>Current Use (Prior if being demolished)<br><b>Residence</b>                                                                                                                                                                                                                                        |                                                 |                                                         |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>N/A</b>                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                    | ASCM No. _____ Name of Abatement Contractor (9)<br><b>Guardian Contracting, Inc.</b>                                                                                                                                                                                                                                                  |                                                 |                                                         |                          |                          |                          |
| Street Address<br>_____                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                    | Street Address<br><b>1889 Route 9, Unit 61</b>                                                                                                                                                                                                                                                                                        |                                                 |                                                         |                          |                          |                          |
| City, State, Zip Code<br>_____                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                    | City, State, Zip Code<br><b>Toms River, New Jersey 08755</b>                                                                                                                                                                                                                                                                          |                                                 |                                                         |                          |                          |                          |
| Project Manager for Monitoring Firm<br>_____                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    | Telephone No.<br><b>732-349-9932</b>                                                                                                                                                                                                                                                                                                  | License No.<br><b>00624</b>                     |                                                         |                          |                          |                          |
| Start Date (10)<br><b>09 / 08 / 26</b>                                                                                                                                                                                                                                                                | Scheduled Completion Date (11)<br><b>09 / 10 / 26</b>                                                                                                                                                                              | Name of OSHA Monitor<br><b>E.M.S.L. Analytical</b>                                                                                                                                                                                                                                                                                    |                                                 |                                                         |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____AM-_____PM/_____PM-_____AM |                                                                                                                                                                                                                                    | Street Address<br><b>1056 Stelton</b><br>City, State, Zip Code<br><b>Piscataway, New Jersey 08854</b>                                                                                                                                                                                                                                 |                                                 |                                                         |                          |                          |                          |
| Scope of Work (Check all that apply)                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                       |                                                 |                                                         |                          |                          |                          |
| <input type="checkbox"/> >3 sf or >3 lf<br><input checked="" type="checkbox"/> >160 sf or >260 lf                                                                                                                                                                                                     |                                                                                                                                                                                                                                    | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                 |                                                         |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>IN Facility (13)                                                                                                                                                                                                             | is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                              | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)                                                                                                                                                                                                          | Amount (Specify SF or LF)<br><b>400 sf</b>      | Abatement Type                                          |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                       | Yes No N/A                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                       |                                                 | Removal                                                 | Repair                   | Encapsulate              | Enclosure                |
| exterior                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>                                                                                                                                              | asbestos siding                                                                                                                                                                                                                                                                                                                       |                                                 | <input checked="" type="checkbox"/>                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                       |                                                 | <input type="checkbox"/>                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                       |                                                 | <input type="checkbox"/>                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                       |                                                 | <input type="checkbox"/>                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>Guardian Contracting, Inc.</b>                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                    | NJDEP Waste Hauler ID No.<br><b>20223</b>                                                                                                                                                                                                                                                                                             | Cubic Yards of Waste<br><b>3</b>                | Name of Registered Landfill<br><b>Fairless Landfill</b> |                          |                          |                          |
| City, State<br><b>Toms River, New Jersey</b>                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    | Disposal Date<br><b>09/10/26</b>                                                                                                                                                                                                                                                                                                      | City, State<br><b>Morrisville, Pennsylvania</b> |                                                         |                          |                          |                          |
| Completed By (Print or Type)<br><b>Nicholas Fernicola</b>                                                                                                                                                                                                                                             | Title<br><b>Project Manager</b>                                                                                                                                                                                                    | Signature<br>                                                                                                                                                                                                                                     | Date<br><b>8/21/26</b>                          |                                                         |                          |                          |                          |



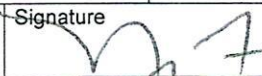
1892

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| Date of Notification (1)<br>08/17/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                            | Name of Building Owner/Operator<br><b>Liberty State Construction LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                      |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DCA<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            | Notification Type<br><input checked="" type="checkbox"/> Initial Notification<br><input type="checkbox"/> Amended #<br><input type="checkbox"/> Emergency notification (including justification)<br><input type="checkbox"/> Cancelled                                                                                                                                                                                                                                                                                                                                            |                                                      |
| Street Address<br>647 NJ 15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            | City, State, Zip Code<br><b>Lake Hopatcong NJ 07849</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                      |
| Name of Contact<br><b>ASBESTOS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            | Telephone Number<br><b>SENSING</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |
| FACILITY INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                      |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Private House</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            | Type of Facility (4)x<br><input type="checkbox"/> School (K-12) Subchapter 8<br><input type="checkbox"/> Subchapter 8 (other than K-12)<br><b>647A:</b><br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)<br>Sq. Feet: 2000+ # of Floors: 2 Bldg. Age: 80+<br>Current Use (prior if being demolished): School<br><b>647B:</b><br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)<br>Sq. Feet: 2,170+ # of Floors: 1 Bldg. Age: 1955<br>Current Use (prior if being demolished): School |                                                      |
| Street Address<br>647A NJ 15<br>647B NJ 15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | County (6)<br><b>Morris</b>                                                | County Code (7)<br>(State Use Only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                      |
| City (5)<br><b>Lake Hopatcong NJ 07849</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                      |
| Name of Monitoring Firm Hired by Bldg. Owner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            | ASCM No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Name of Contractor (9)<br><b>BL Contracting Inc.</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Street Address<br><b>5 Marguerite Lane</b>           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | City State, Zip Code<br><b>Towaco NJ 07082</b>       |
| Project Manager for Monitoring Firm<br>(                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            | Telephone Number<br><b>973-901-0153</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | License Number<br><b>01265</b>                       |
| Scheduled Start Date (10)<br><b>08/27/2026</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Scheduled Completion Date (11)<br><b>09/01/2026</b>                        | Name of OSHA Monitoring<br><b>BL Contracting Inc</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                      |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br><br><input checked="" type="checkbox"/> Other - Describe: <b>Monday- Saturday 7 am- 4pm</b>                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            | Street Address<br><b>5 Marguerite Lane</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                            | City, State, Zip Code<br><b>Towaco NJ 07082</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                      |
| Source of Work (Check all that apply)<br><br><div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Clean up - for 647A first floor<br/><input type="checkbox"/> Wrap &amp; Cut Procedure<br/><input type="checkbox"/> Full Containment<br/><input type="checkbox"/> Tent Glove-bag Procedure<br/><input checked="" type="checkbox"/> Non-Friable Procedure</div><div><input type="checkbox"/> Renovation<br/><input checked="" type="checkbox"/> Demolition</div></div><br><div style="display: flex; justify-content: space-between;"><div><math>\geq 3</math> sf or <math>\geq 3</math> lf<br/><b>X <math>\geq 160</math> sf or <math>\geq 260</math> lf</b></div><div></div></div> |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                      |
| Location of Asbestos-Containing Material (ACM) in Facility (13)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Is Location Normally Used Solely by Main/Custodial Staff (12)<br>YES NO NA | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Amount (Specify SF or LF)                            |
| 647A - Second Floor Livingroom & Kitchen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/>                                        | Floor Tile/ Flooring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 350 SF                                               |
| 647A- First Floor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/>                                        | Loose Pipe Insulation/Debris                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 350 SF                                               |
| 647 B- Bedroom                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/>                                        | Floor Tile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 120 SF                                               |
| Name of Reg. Waste Hauler<br><b>BL Contracting Inc</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NJDEP Waste Hauler ID #<br><b>0036784</b>                                  | Cubic Yards of Waste<br><b>8</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Name of Registered Landfill<br>T.R.R.F               |
| Disposal Date<br><b>09/15/2026</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            | City, State<br><b>Tully town, PA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                      |
| Completed by (Print or Type)<br><b>Nedo Vasilic</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Title<br>Project Manager                                                   | Signature<br><i>Nedo Vasilic</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Date<br><b>08/17/2026</b>                            |

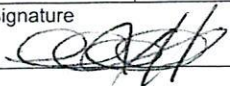


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

| Date of Notification (1)<br><div style="text-align: center;">08 / 21 / 26</div>                                                                                                                                                                                                                              |                                                                                                                                                                                                                                    | Name of Building Owner/Operator (2)<br><div style="text-align: right;">RECEIVED<br/>50548<br/>AUG 24 2026</div>                                                                                                                                                                                                                       |                                                                       |                                                                                                                              |                           |                                     |                          |                          |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)                                                                                                        | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>3174 Johnson Avenue</b><br>City, State, Zip Code<br><b>Manchester, NJ 08759</b><br>Name of Contact _____ Telephone Number _____                                                                                                                                                                                  |                                                                       |                                                                                                                              |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                       |                                                                       |                                                                                                                              |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Residence</b>                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                    | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                                                                                                          |                                                                       |                                                                                                                              |                           |                                     |                          |                          |                          |
| Street Address<br><b>1425 Lawrence Avenue</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                       |                                                                       |                                                                                                                              |                           |                                     |                          |                          |                          |
| City (5)<br><b>Toms River</b>                                                                                                                                                                                                                                                                                | Square Feet<br><b>800</b>                                                                                                                                                                                                          | # of Floors<br><b>1</b>                                                                                                                                                                                                                                                                                                               | Bldg. Age<br><b>80</b>                                                |                                                                                                                              |                           |                                     |                          |                          |                          |
| County (6)<br><b>Ocean</b>                                                                                                                                                                                                                                                                                   | County Code (7) (STATE USE ONLY)                                                                                                                                                                                                   | Current Use (Prior if being demolished)<br><b>Residence</b>                                                                                                                                                                                                                                                                           |                                                                       |                                                                                                                              |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>N/A</b>                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                    | ASCM No.                                                                                                                                                                                                                                                                                                                              | Name of Abatement Contractor (9)<br><b>Guardian Contracting, Inc.</b> |                                                                                                                              |                           |                                     |                          |                          |                          |
| Street Address                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                    | Street Address<br><b>1889 Route 9, Unit 61</b>                                                                                                                                                                                                                                                                                        |                                                                       |                                                                                                                              |                           |                                     |                          |                          |                          |
| City, State, Zip Code                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                    | City, State, Zip Code<br><b>Toms River, New Jersey 08755</b>                                                                                                                                                                                                                                                                          |                                                                       |                                                                                                                              |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                                          | Telephone No.                                                                                                                                                                                                                      | Telephone No.<br><b>732-349-9932</b>                                                                                                                                                                                                                                                                                                  | License No.<br><b>00624</b>                                           |                                                                                                                              |                           |                                     |                          |                          |                          |
| Start Date (10)<br><div style="text-align: center;">09 / 08 / 26</div>                                                                                                                                                                                                                                       | Scheduled Completion Date (11)<br><div style="text-align: center;">09 / 10 / 26</div>                                                                                                                                              | Name of OSHA Monitor<br><b>E.M.S.L. Analytical</b>                                                                                                                                                                                                                                                                                    |                                                                       |                                                                                                                              |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM |                                                                                                                                                                                                                                    | Street Address<br><b>1056 Stelton</b><br>City, State, Zip Code<br><b>Piscataway, New Jersey 08854</b>                                                                                                                                                                                                                                 |                                                                       |                                                                                                                              |                           |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                       |                                                                       |                                                                                                                              |                           |                                     |                          |                          |                          |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                                                            |                                                                                                                                                                                                                                    | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                       |                                                                                                                              |                           |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>IN Facility (13)                                                                                                                                                                                                                    | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                       |                                                                       | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                              | Yes                                                                                                                                                                                                                                | No                                                                                                                                                                                                                                                                                                                                    | N/A                                                                   |                                                                                                                              |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| <b>exterior-house 1</b>                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                                                                                                                                                                           | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                                              | <b>asbestos siding</b>                                                                                                       | <b>800 sf</b>             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>exterior-house 2</b>                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                                              | <b>asbestos siding</b>                                                                                                       | <b>800 sf</b>             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                                              |                                                                                                                              |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                                              |                                                                                                                              |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>Guardian Contracting, Inc.</b>                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                    | NJDEP Waste Hauler ID No.<br><b>20223</b>                                                                                                                                                                                                                                                                                             | Cubic Yards of Waste<br><b>4</b>                                      | Name of Registered Landfill<br><b>Fairless Landfill</b>                                                                      |                           |                                     |                          |                          |                          |
| City, State<br><b>Toms River, New Jersey</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                    | Disposal Date<br><b>09/10/26</b>                                                                                                                                                                                                                                                                                                      |                                                                       | City, State<br><b>Morrisville, Pennsylvania</b>                                                                              |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Nicholas Fernicola</b>                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                    | Title<br><b>Project Manager</b>                                                                                                                                                                                                                                                                                                       |                                                                       | Signature<br>                            |                           |                                     | Date<br><b>8/21/26</b>   |                          |                          |



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

|                                                                                                                                                                                                                                    |                                                                       |                                                                                                                                                                                                                                        |                                              |                                                                                                                                                                                                                                              |                                                                                                   |                |                    |             |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------|--------------------|-------------|-----------|
| Date of Notification (1)<br>08/24/2026                                                                                                                                                                                             |                                                                       | Name of Building Owner/Operator (2)<br>RAJC Consulting LLC                                                                                                                                                                             |                                              | <div style="border: 1px solid black; padding: 2px; display: inline-block;">RECEIVED</div><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">AUG 26 2026</div>                                                    |                                                                                                   |                |                    |             |           |
| Agencies Notified                                                                                                                                                                                                                  |                                                                       | Type Notification                                                                                                                                                                                                                      |                                              | Street Address                                                                                                                                                                                                                               |                                                                                                   |                |                    |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                  |                                                                       | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                              | 8 Kossuth st                                                                                                                                                                                                                                 |                                                                                                   |                |                    |             |           |
|                                                                                                                                                                                                                                    |                                                                       |                                                                                                                                                                                                                                        |                                              | City, State, Zip Code<br>Haledon NJ 07508                                                                                                                                                                                                    |                                                                                                   |                |                    |             |           |
|                                                                                                                                                                                                                                    |                                                                       |                                                                                                                                                                                                                                        |                                              | Name of Contact _____ Telephone Number _____                                                                                                                                                                                                 |                                                                                                   |                |                    |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                        |                                                                       |                                                                                                                                                                                                                                        |                                              |                                                                                                                                                                                                                                              |                                                                                                   |                |                    |             |           |
| Name of Facility Where Abatement is Taking Place (3)                                                                                                                                                                               |                                                                       |                                                                                                                                                                                                                                        |                                              | Type of Facility (4)                                                                                                                                                                                                                         |                                                                                                   |                |                    |             |           |
| Street Address<br>8 Kossuth St                                                                                                                                                                                                     |                                                                       |                                                                                                                                                                                                                                        |                                              | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                                            |                                                                                                   |                |                    |             |           |
| City (5)<br>Haledon                                                                                                                                                                                                                |                                                                       |                                                                                                                                                                                                                                        |                                              | Square Feet                                                                                                                                                                                                                                  | # of Floors                                                                                       |                |                    |             |           |
| County (6)<br>Passaic                                                                                                                                                                                                              |                                                                       |                                                                                                                                                                                                                                        |                                              | Bldg. Age                                                                                                                                                                                                                                    |                                                                                                   |                |                    |             |           |
| County Code (7)<br>(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)<br>E & V Services LLC                                                                                                                                                                                       |                                                                                                   |                |                    |             |           |
| Street Address                                                                                                                                                                                                                     |                                                                       |                                                                                                                                                                                                                                        | Street Address<br>711 Sip Street             |                                                                                                                                                                                                                                              |                                                                                                   |                |                    |             |           |
| City, State, Zip Code                                                                                                                                                                                                              |                                                                       |                                                                                                                                                                                                                                        | City, State, Zip Code<br>Union City NJ 07087 |                                                                                                                                                                                                                                              |                                                                                                   |                |                    |             |           |
| Project Manager for Monitoring Firm                                                                                                                                                                                                |                                                                       |                                                                                                                                                                                                                                        | Telephone No.                                | Telephone No.<br>201-875-7290                                                                                                                                                                                                                | License No.<br>02053                                                                              |                |                    |             |           |
| Start Date (10)<br>09/04/2026                                                                                                                                                                                                      |                                                                       | Scheduled Completion Date (11)<br>09/14/2026                                                                                                                                                                                           |                                              | Name of OSHA Monitor                                                                                                                                                                                                                         |                                                                                                   |                |                    |             |           |
| Occupancy Status During Abatement (Check Only One)                                                                                                                                                                                 |                                                                       |                                                                                                                                                                                                                                        |                                              | Street Address                                                                                                                                                                                                                               |                                                                                                   |                |                    |             |           |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other – Describe: _____ |                                                                       |                                                                                                                                                                                                                                        |                                              | City, State, Zip Code                                                                                                                                                                                                                        |                                                                                                   |                |                    |             |           |
| Scope of Work (Check All That Apply)                                                                                                                                                                                               |                                                                       |                                                                                                                                                                                                                                        |                                              |                                                                                                                                                                                                                                              |                                                                                                   |                |                    |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                  |                                                                       | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition                                                                                                                                                  |                                              | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                                                   |                |                    |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)                                                                                                                                          | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |                                                                                                                                                                                                                                        |                                              | Description of Asbestos Containing Material (ACM) (i.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                                                                                                                                                                                                                                     | 920 SF                                                                                            | x              |                    |             |           |
|                                                                                                                                                                                                                                    |                                                                       |                                                                                                                                                                                                                                        |                                              |                                                                                                                                                                                                                                              |                                                                                                   |                |                    |             |           |
|                                                                                                                                                                                                                                    |                                                                       |                                                                                                                                                                                                                                        |                                              |                                                                                                                                                                                                                                              |                                                                                                   |                |                    |             |           |
|                                                                                                                                                                                                                                    |                                                                       |                                                                                                                                                                                                                                        |                                              |                                                                                                                                                                                                                                              |                                                                                                   |                |                    |             |           |
| Name of Registered Waste Hauler<br>TRISTATE TRANSFER INC                                                                                                                                                                           |                                                                       |                                                                                                                                                                                                                                        | NJDEP Waste Hauler ID No.<br>24-1129         | Cubic Yards of Waste<br>2                                                                                                                                                                                                                    | Name of Registered Landfill<br>MINERVA ENTERPRISES LLC                                            |                |                    |             |           |
| City, State<br>BRONX NY 10474                                                                                                                                                                                                      |                                                                       |                                                                                                                                                                                                                                        | Disposal Date                                |                                                                                                                                                                                                                                              | City, State<br>WAYNESBURG OH 44688                                                                |                |                    |             |           |
| Completed by<br>Angel Penaherrera                                                                                                                                                                                                  |                                                                       |                                                                                                                                                                                                                                        | Title<br>Owner                               |                                                                                                                                                                                                                                              | Signature<br> |                | Date<br>08/24/2026 |             |           |



1345

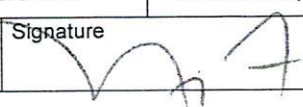
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Check# 1345

| Date of Notification (1)<br>08/22/2026                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                    | Name of Building Owner/Operator (2)<br><div style="text-align: right;">RECEIVED</div>                                                                                                                                                                                                                                                 |                                                 |                                                                                                                                |                           |                    |        |             |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------|--------|-------------|-----------|
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                              | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>8 Cummings Street<br>City, State, Zip Code<br>Cranford, NJ 07016<br>Name of Contact _____ Telephone Number _____                                                                                                                                                                                                    |                                                 |                                                                                                                                |                           |                    |        |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                       |                                                 |                                                                                                                                |                           |                    |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Private house                                                                                                                                                                                                                    |                                                                                                                                                                                                                                    | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                                                                                                             |                                                 |                                                                                                                                |                           |                    |        |             |           |
| Street Address<br>8 Cummings Street                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                    | Square Feet                                                                                                                                                                                                                                                                                                                           | # of Floors                                     |                                                                                                                                |                           |                    |        |             |           |
| City (5)<br>Cranford, NJ 07016                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                    | Bldg. Age                                                                                                                                                                                                                                                                                                                             |                                                 |                                                                                                                                |                           |                    |        |             |           |
| County (6)<br>Union                                                                                                                                                                                                                                                                      | County Code (7)<br>(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)<br>Gr Tech LLC |                                                                                                                                |                           |                    |        |             |           |
| Street Address                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                    | Street Address<br>576 Valley Road#283                                                                                                                                                                                                                                                                                                 |                                                 |                                                                                                                                |                           |                    |        |             |           |
| City, State, Zip Code                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                    | City, State, Zip Code<br>Wayne, NJ 07470                                                                                                                                                                                                                                                                                              |                                                 |                                                                                                                                |                           |                    |        |             |           |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                    | Telephone No.<br>973-356-3511                                                                                                                                                                                                                                                                                                         | License No.<br>01127                            |                                                                                                                                |                           |                    |        |             |           |
| Start Date (10)<br>09/01/2026                                                                                                                                                                                                                                                            | Scheduled Completion Date (11)<br>09/02/2026                                                                                                                                                                                       | Name of OSHA Monitor<br>Envirovision Consultants, Inc                                                                                                                                                                                                                                                                                 |                                                 |                                                                                                                                |                           |                    |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |                                                                                                                                                                                                                                    | Street Address<br>20-21 Wagaraw Road, Bldg.# 35 E                                                                                                                                                                                                                                                                                     |                                                 |                                                                                                                                |                           |                    |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    | City, State, Zip Code<br>Fair Lawn, NJ 07410                                                                                                                                                                                                                                                                                          |                                                 |                                                                                                                                |                           |                    |        |             |           |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                       |                                                 |                                                                                                                                |                           |                    |        |             |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                                        |                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                 |                                                                                                                                |                           |                    |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)                                                                                                                                                                                                | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                       |                                                 | Description of Asbestos Containing Material (ACM)<br>(i.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                                                                                                                | 15 LF                     | x                  |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                       |                                                 |                                                                                                                                |                           |                    |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                       |                                                 |                                                                                                                                |                           |                    |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                       |                                                 |                                                                                                                                |                           |                    |        |             |           |
| Name of Registered Waste Hauler<br>Gr Tech LLC                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                    | NJDEP Waste Hauler ID No.<br>0033785                                                                                                                                                                                                                                                                                                  | Cubic Yards of Waste<br>TBD                     | Name of Registered Landfill<br>T.R.R.F. Inc                                                                                    |                           |                    |        |             |           |
| City, State<br>Wayne, NJ 07470                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                    | Disposal Date<br>TBD                                                                                                                                                                                                                                                                                                                  |                                                 | City, State<br>Tullytown, PA                                                                                                   |                           |                    |        |             |           |
| Completed by<br>G.Ristanovic                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                    | Title<br>Owner                                                                                                                                                                                                                                                                                                                        | Signature<br>Gradimir Ristanovic                |                                                                                                                                |                           | Date<br>08/22/2026 |        |             |           |

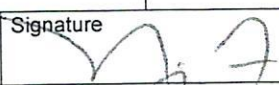


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

| Date of Notification (1)<br><b>08 / 20 / 26</b>                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                    | Name of Building Owner/Operator (2)<br><b>Ingalls Custom Contracting</b>                                                                                                                                                     |                                                    |                                                                                                                              |                                                         |                                     |                          |                          |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)                                                                                                                                                                                                                                                        | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>2307 Hwy. 71</b>                                                                                                                                                                                        |                                                    |                                                                                                                              |                                                         |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                    | City, State, Zip Code<br><b>Spring Lake Heights, NJ 07762</b>                                                                                                                                                                |                                                    |                                                                                                                              |                                                         |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                    | Name of Contact _____ Telephone Number _____                                                                                                                                                                                 |                                                    |                                                                                                                              |                                                         |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                              |                                                    |                                                                                                                              |                                                         |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Residence</b>                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                    | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                                                    |                                                                                                                              |                                                         |                                     |                          |                          |                          |
| Street Address<br><b>311 Madison Avenue</b>                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                              |                                                    |                                                                                                                              |                                                         |                                     |                          |                          |                          |
| City (5)<br><b>Spring Lake</b>                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                    | Square Feet<br><b>4300</b>                                                                                                                                                                                                   | # of Floors<br><b>3</b>                            |                                                                                                                              |                                                         |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                    | Bldg. Age<br><b>115</b>                                                                                                                                                                                                      |                                                    |                                                                                                                              |                                                         |                                     |                          |                          |                          |
| County (6)<br><b>Monmouth</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                    | County Code (7) (STATE USE ONLY)<br><b>Residence</b>                                                                                                                                                                         |                                                    |                                                                                                                              |                                                         |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Guardian Contracting, Inc.</b>                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                    | ASCM No. _____                                                                                                                                                                                                               |                                                    |                                                                                                                              |                                                         |                                     |                          |                          |                          |
| Street Address<br><b>1889 Route 9, Unit 61</b>                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                    | Name of Abatement Contractor (9)<br><b>Guardian Contracting, Inc.</b>                                                                                                                                                        |                                                    |                                                                                                                              |                                                         |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Toms River, New Jersey 08755</b>                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                    | Street Address<br><b>1889 Route 9, Unit 61</b>                                                                                                                                                                               |                                                    |                                                                                                                              |                                                         |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Nicholas Fernicola</b>                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                    | City, State, Zip Code<br><b>Toms River, New Jersey 08755</b>                                                                                                                                                                 |                                                    |                                                                                                                              |                                                         |                                     |                          |                          |                          |
| Telephone No.<br><b>732-349-9932</b>                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                    | Telephone No.<br><b>732-349-9932</b>                                                                                                                                                                                         | License No.<br><b>00624</b>                        |                                                                                                                              |                                                         |                                     |                          |                          |                          |
| Start Date (10)<br><b>09 / 02 / 26</b>                                                                                                                                                                                                                                                                                                                                                                                                                       | Scheduled Completion Date (11)<br><b>09 / 04 / 26</b>                                                                                                                                                                              |                                                                                                                                                                                                                              | Name of OSHA Monitor<br><b>E.M.S.L. Analytical</b> |                                                                                                                              |                                                         |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM                                                                                                                                                    |                                                                                                                                                                                                                                    | Street Address<br><b>1056 Stelton</b>                                                                                                                                                                                        |                                                    |                                                                                                                              |                                                         |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                    | City, State, Zip Code<br><b>Piscataway, New Jersey 08854</b>                                                                                                                                                                 |                                                    |                                                                                                                              |                                                         |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                              |                                                    |                                                                                                                              |                                                         |                                     |                          |                          |                          |
| <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                              |                                                    |                                                                                                                              |                                                         |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)                                                                                                                                                                                                                                                                                                                                                                                 | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                              |                                                                                                                                                                                                                              |                                                    | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)                               | Abatement Type                      |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Yes                                                                                                                                                                                                                                | No                                                                                                                                                                                                                           | N/A                                                |                                                                                                                              |                                                         | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| <b>1st &amp; 2nd floor</b>                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                           | <input checked="" type="checkbox"/>                                                                                                                                                                                          | <input type="checkbox"/>                           | <b>asbestos pipe insulation</b>                                                                                              | <b>56 lf</b>                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                     | <input type="checkbox"/>                           |                                                                                                                              |                                                         | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                     | <input type="checkbox"/>                           |                                                                                                                              |                                                         | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                     | <input type="checkbox"/>                           |                                                                                                                              |                                                         | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>Guardian Contracting, Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                    | NJDEP Waste Hauler ID No.<br><b>20223</b>                                                                                                                                                                                    |                                                    | Cubic Yards of Waste<br><b>2</b>                                                                                             | Name of Registered Landfill<br><b>Fairless Landfill</b> |                                     |                          |                          |                          |
| City, State<br><b>Toms River, New Jersey</b>                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                    | Disposal Date<br><b>09/04/26</b>                                                                                                                                                                                             |                                                    | City, State<br><b>Morrisville, Pennsylvania</b>                                                                              |                                                         |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Nicholas Fernicola</b>                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                    | Title<br><b>Project Manager</b>                                                                                                                                                                                              |                                                    | Signature<br>                            |                                                         | Date<br><b>8/20/26</b>              |                          |                          |                          |



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

| Date of Notification (1)<br><b>08 / 20 / 26</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                 | Name of Building Owner/Operator (2)<br><b>649 Homestead Road</b>                                                                                                                                                                                                                                                                      |                                                 |                                                                                                                                 |                           |                                     |                          |                          |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA (NJAC 5:23-8)                                                                                                           | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>649 Homestead Road</b><br>City, State, Zip Code<br><b>Jackson, NJ 08527</b><br>Name of Contact _____ Telephone Number _____                                                                                                                                                                                      |                                                 |                                                                                                                                 |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                       |                                                 |                                                                                                                                 |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Residence</b>                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                 | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                                                                                                          |                                                 |                                                                                                                                 |                           |                                     |                          |                          |                          |
| Street Address<br><b>15 Lakewood Road</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                 | Square Feet<br><b>900</b>                                                                                                                                                                                                                                                                                                             | # of Floors<br><b>2</b>                         |                                                                                                                                 |                           |                                     |                          |                          |                          |
| City (5)<br><b>Manasquan</b>                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                 | Bldg. Age<br><b>100</b>                                                                                                                                                                                                                                                                                                               |                                                 |                                                                                                                                 |                           |                                     |                          |                          |                          |
| County (6)<br><b>Monmouth</b>                                                                                                                                                                                                                                                                                | County Code (7)(STATE USE ONLY)                                                                                                                                                                                                 | Current Use (Prior if being demolished)<br><b>Residence</b>                                                                                                                                                                                                                                                                           |                                                 |                                                                                                                                 |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Guardian Contracting, Inc.</b>                                                                                                                                                                                                                     |                                                                                                                                                                                                                                 | Name of Abatement Contractor (9)<br><b>Guardian Contracting, Inc.</b>                                                                                                                                                                                                                                                                 |                                                 |                                                                                                                                 |                           |                                     |                          |                          |                          |
| Street Address<br><b>1889 Route 9, Unit 61</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                 | Street Address<br><b>1889 Route 9, Unit 61</b>                                                                                                                                                                                                                                                                                        |                                                 |                                                                                                                                 |                           |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Toms River, New Jersey 08755</b>                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                 | City, State, Zip Code<br><b>Toms River, New Jersey 08755</b>                                                                                                                                                                                                                                                                          |                                                 |                                                                                                                                 |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Nicholas Fernicola</b>                                                                                                                                                                                                                                             | Telephone No.<br><b>732-349-9932</b>                                                                                                                                                                                            | Telephone No.<br><b>732-349-9932</b>                                                                                                                                                                                                                                                                                                  | License No.<br><b>00624</b>                     |                                                                                                                                 |                           |                                     |                          |                          |                          |
| Start Date (10)<br><b>09 / 02 / 26</b>                                                                                                                                                                                                                                                                       | Scheduled Completion Date (11)<br><b>09 / 03 / 26</b>                                                                                                                                                                           | Name of OSHA Monitor<br><b>E.M.S.L. Analytical</b>                                                                                                                                                                                                                                                                                    |                                                 |                                                                                                                                 |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM |                                                                                                                                                                                                                                 | Street Address<br><b>1056 Stelton</b>                                                                                                                                                                                                                                                                                                 |                                                 |                                                                                                                                 |                           |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                 | City, State, Zip Code<br><b>Piscataway, New Jersey 08854</b>                                                                                                                                                                                                                                                                          |                                                 |                                                                                                                                 |                           |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                       |                                                 |                                                                                                                                 |                           |                                     |                          |                          |                          |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                                                            |                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                 |                                                                                                                                 |                           |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>IN Facility (13)                                                                                                                                                                                                                    | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                       |                                                 | Description of Asbestos Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                              | Yes                                                                                                                                                                                                                             | No                                                                                                                                                                                                                                                                                                                                    | N/A                                             |                                                                                                                                 |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| <b>basementr</b>                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>                                                                                                                                                                                                        | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                        | <b>asbestos pipe insulation</b>                                                                                                 | <b>10 lf</b>              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                        |                                                                                                                                 |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                        |                                                                                                                                 |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                        |                                                                                                                                 |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>Guardian Contracting, Inc.</b>                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                 | NJDEP Waste Hauler ID No.<br><b>20223</b>                                                                                                                                                                                                                                                                                             | Cubic Yards of Waste<br><b>2</b>                | Name of Registered Landfill<br><b>Fairless Landfill</b>                                                                         |                           |                                     |                          |                          |                          |
| City, State<br><b>Toms River, New Jersey</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                 | Disposal Date<br><b>09/03/26</b>                                                                                                                                                                                                                                                                                                      | City, State<br><b>Morrisville, Pennsylvania</b> |                                                                                                                                 |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Nicholas Fernicola</b>                                                                                                                                                                                                                                                    | Title<br><b>Project Manager</b>                                                                                                                                                                                                 | Signature<br>                                                                                                                                                                                                                                     |                                                 |                                                                                                                                 |                           | Date<br><b>8/20/26</b>              |                          |                          |                          |



13509

PAID

Print Form

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

RECEIVED

|                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                               |    |                                                                                                                                                                                                                                                         |                 |                                                          |    |                                                            |         |        |             |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------------------|----|------------------------------------------------------------|---------|--------|-------------|-----------|
| Date of Notification (1)<br>8/20/26                                                                                                                                                                                                        |  | MS# 26-125                                                                                                                                                                                                    |    | Name of Building Owner/Operator (2)                                                                                                                                                                                                                     |                 |                                                          |    |                                                            |         |        |             |           |
| Agencies Notified                                                                                                                                                                                                                          |  | Type Notification                                                                                                                                                                                             |    | Street Address                                                                                                                                                                                                                                          |                 |                                                          |    |                                                            |         |        |             |           |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                         |  | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |    | 12 Bancroft Pl                                                                                                                                                                                                                                          |                 |                                                          |    |                                                            |         |        |             |           |
|                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                               |    | City, State, Zip Code<br>Fair Lawn, NJ 07410                                                                                                                                                                                                            |                 |                                                          |    |                                                            |         |        |             |           |
|                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                               |    | Name of Contact                                                                                                                                                                                                                                         |                 |                                                          |    |                                                            |         |        |             |           |
|                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                               |    | Telephone Number                                                                                                                                                                                                                                        |                 |                                                          |    |                                                            |         |        |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                |  |                                                                                                                                                                                                               |    |                                                                                                                                                                                                                                                         |                 |                                                          |    |                                                            |         |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>REsidential                                                                                                                                                                        |  |                                                                                                                                                                                                               |    | Type of Facility (4)                                                                                                                                                                                                                                    |                 |                                                          |    |                                                            |         |        |             |           |
| Street Address<br>12 Bancroft Pl                                                                                                                                                                                                           |  |                                                                                                                                                                                                               |    | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                                                       |                 |                                                          |    |                                                            |         |        |             |           |
| City (5)<br>Fair Lawn, NJ 07410                                                                                                                                                                                                            |  |                                                                                                                                                                                                               |    | Square Feet<br>1,100                                                                                                                                                                                                                                    |                 | # of Floors<br>2                                         |    |                                                            |         |        |             |           |
|                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                               |    |                                                                                                                                                                                                                                                         |                 | Bldg. Age<br>70                                          |    |                                                            |         |        |             |           |
| County (6)<br>Bergen                                                                                                                                                                                                                       |  |                                                                                                                                                                                                               |    | County Code (7)<br>(STATE USE ONLY) _____                                                                                                                                                                                                               |                 | Current Use (Prior if being demolished)<br>Residential   |    |                                                            |         |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A                                                                                                                                                                                 |  |                                                                                                                                                                                                               |    | ASCM No.                                                                                                                                                                                                                                                |                 | Name of Abatement Contractor (9)<br>D&S Restoration, Inc |    |                                                            |         |        |             |           |
| Street Address                                                                                                                                                                                                                             |  |                                                                                                                                                                                                               |    | Street Address<br>20 California Ave                                                                                                                                                                                                                     |                 |                                                          |    |                                                            |         |        |             |           |
| City, State, Zip Code                                                                                                                                                                                                                      |  |                                                                                                                                                                                                               |    | City, State, Zip Code<br>Paterson, NJ 07503                                                                                                                                                                                                             |                 |                                                          |    |                                                            |         |        |             |           |
| Project Manager for Monitoring Firm                                                                                                                                                                                                        |  |                                                                                                                                                                                                               |    | Telephone No.                                                                                                                                                                                                                                           |                 | Telephone No.<br>973-345-8020                            |    |                                                            |         |        |             |           |
|                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                               |    |                                                                                                                                                                                                                                                         |                 | License No.<br>01169                                     |    |                                                            |         |        |             |           |
| Start Date (10)<br>09/02/26                                                                                                                                                                                                                |  | Scheduled Completion Date (11)<br>09/03/26                                                                                                                                                                    |    | Name of OSHA Monitor<br>D&S Restoration, Inc                                                                                                                                                                                                            |                 |                                                          |    |                                                            |         |        |             |           |
| Occupancy Status During Abatement (Check Only One)                                                                                                                                                                                         |  |                                                                                                                                                                                                               |    | Street Address<br>20 California Ave                                                                                                                                                                                                                     |                 |                                                          |    |                                                            |         |        |             |           |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: Regular Hours |  |                                                                                                                                                                                                               |    | City, State, Zip Code<br>Paterson, NJ 07503                                                                                                                                                                                                             |                 |                                                          |    |                                                            |         |        |             |           |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                       |  |                                                                                                                                                                                                               |    |                                                                                                                                                                                                                                                         |                 |                                                          |    |                                                            |         |        |             |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                          |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                                                                                                                         |    | <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><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 |                                                          | 60 |                                                            | X       |        |             |           |
|                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                               |    |                                                                                                                                                                                                                                                         |                 |                                                          |    |                                                            |         |        |             |           |
|                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                               |    |                                                                                                                                                                                                                                                         |                 |                                                          |    |                                                            |         |        |             |           |
|                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                               |    |                                                                                                                                                                                                                                                         |                 |                                                          |    |                                                            |         |        |             |           |
| Name of Registered Waste Hauler<br>D&S Restoration, Inc                                                                                                                                                                                    |  |                                                                                                                                                                                                               |    | NJDEP Waste Hauler ID No.<br>13506                                                                                                                                                                                                                      |                 | Cubic Yards of Waste<br>1/2                              |    | Name of Registered Landfill<br>Tullytown Recource Recovery |         |        |             |           |
| City, State<br>20 California Ave Paterson, NJ 07503                                                                                                                                                                                        |  |                                                                                                                                                                                                               |    | Disposal Date<br>TBD                                                                                                                                                                                                                                    |                 | City, State<br>Tullytown, PA                             |    |                                                            |         |        |             |           |
| Completed by<br>Bogdan Joldzic                                                                                                                                                                                                             |  |                                                                                                                                                                                                               |    | Title<br>President                                                                                                                                                                                                                                      |                 | Signature<br><i>Bogdan Joldzic</i>                       |    | Date<br>08/20/2026                                         |         |        |             |           |

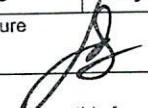


064768

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

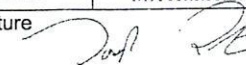
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|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                   |                                                                   |                                                                                                                             |                           |                |        |                         |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|--------|-------------------------|-----------|
| Date of Notification (1)<br><b>08-21-26</b>                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                        | Name of Building Owner/Operator (2)<br><b>All County Services LLC</b>                                                                                                                                                             |                                                                   |                                                                                                                             |                           |                |        |                         |           |
| Agencies Notified<br><br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                          | Type Notification<br><br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>57 Maple Ave.</b>                                                                                                                                                                                            |                                                                   |                                                                                                                             |                           |                |        |                         |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                        | City, State, Zip Code<br><b>Woodland Park, NJ 07424</b>                                                                                                                                                                           |                                                                   |                                                                                                                             |                           |                |        |                         |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                        | Name of Contact                                                                                                                                                                                                                   | Telephone Number                                                  |                                                                                                                             |                           |                |        |                         |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                   |                                                                   |                                                                                                                             |                           |                |        |                         |           |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Private Home</b>                                                                                                                                                                                                              |                                                                                                                                                                                                                                        | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)         |                                                                   |                                                                                                                             |                           |                |        |                         |           |
| Street Address<br><b>41 Bonetown Rd.</b>                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                        | Square Feet                                                                                                                                                                                                                       | # of Floors<br><b>2</b>                                           |                                                                                                                             |                           |                |        |                         |           |
| City (5)<br><b>Raritan</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                        | Bldg. Age                                                                                                                                                                                                                         |                                                                   |                                                                                                                             |                           |                |        |                         |           |
| County (6)<br><b>Hunterdon</b>                                                                                                                                                                                                                                                           | County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                                                    | Current Use (Prior if being demolished)                                                                                                                                                                                           |                                                                   |                                                                                                                             |                           |                |        |                         |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>N/A</b>                                                                                                                                                                                                                        |                                                                                                                                                                                                                                        | ASCM No.                                                                                                                                                                                                                          | Name of Abatement Contractor (9)<br><b>Delfa Contracting LLC.</b> |                                                                                                                             |                           |                |        |                         |           |
| Street Address                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                        | Street Address<br><b>1119 East Grand St.</b>                                                                                                                                                                                      |                                                                   |                                                                                                                             |                           |                |        |                         |           |
| City, State, Zip Code                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                        | City, State, Zip Code<br><b>Elizabeth, NJ 07201</b>                                                                                                                                                                               |                                                                   |                                                                                                                             |                           |                |        |                         |           |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                        | Telephone No.<br><b>908 576-7646</b>                                                                                                                                                                                              | License No.<br><b>01206</b>                                       |                                                                                                                             |                           |                |        |                         |           |
| Start Date (10)<br><b>09-01-26</b>                                                                                                                                                                                                                                                       | Scheduled Completion Date (11)<br><b>09-02-26</b>                                                                                                                                                                                      | Name of OSHA Monitor<br><b>Delfa Contracting LLC</b>                                                                                                                                                                              |                                                                   |                                                                                                                             |                           |                |        |                         |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |                                                                                                                                                                                                                                        | Street Address<br><b>1119 East Grand St.</b>                                                                                                                                                                                      |                                                                   |                                                                                                                             |                           |                |        |                         |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                        | City, State, Zip Code<br><b>Elizabeth, NJ 07201</b>                                                                                                                                                                               |                                                                   |                                                                                                                             |                           |                |        |                         |           |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                   |                                                                   |                                                                                                                             |                           |                |        |                         |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                                        |                                                                                                                                                                                                                                        | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition                                                                                                                                             |                                                                   |                                                                                                                             |                           |                |        |                         |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                        | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                   |                                                                                                                             |                           |                |        |                         |           |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)                                                                                                                                                                                                      | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                                  |                                                                                                                                                                                                                                   |                                                                   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |                         |           |
|                                                                                                                                                                                                                                                                                          | Yes                                                                                                                                                                                                                                    | No                                                                                                                                                                                                                                | N/A                                                               |                                                                                                                             |                           | Removal        | Repair | Encapsulate             | Enclosure |
| <b>Basement</b>                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                        | <b>X</b>                                                                                                                                                                                                                          |                                                                   | <b>Pipe Insulation</b>                                                                                                      | <b>60 LF</b>              | <b>X</b>       |        |                         |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                   |                                                                   |                                                                                                                             |                           |                |        |                         |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                   |                                                                   |                                                                                                                             |                           |                |        |                         |           |
| Name of Registered Waste Hauler<br><b>Delfa Contracting LLC</b>                                                                                                                                                                                                                          |                                                                                                                                                                                                                                        | NJDEP Waste Hauler ID No.<br><b>35240</b>                                                                                                                                                                                         | Cubic Yards of Waste<br><b>2</b>                                  | Name of Registered Landfill<br><b>Tullytown Resource Recovery Facility</b>                                                  |                           |                |        |                         |           |
| City, State<br><b>Elizabeth, NJ</b>                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                        | Disposal Date<br><b>09-04-26</b>                                                                                                                                                                                                  |                                                                   | City, State<br><b>Tullytown, PA</b>                                                                                         |                           |                |        |                         |           |
| Completed by<br><b>Jaime Delgado</b>                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                        | Title<br><b>Proj. Manager.</b>                                                                                                                                                                                                    |                                                                   | Signature<br>                           |                           |                |        | Date<br><b>08-21-26</b> |           |



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

|                                                                                                                                                                                                                                                                                          |                                                                       |                                                                                                                                                                                                                                              |                                                            |                                                                                                                             |                           |                                     |        |             |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------|--------|-------------|-----------|
| Date of Notification (1)<br><b>08/20/2026</b>                                                                                                                                                                                                                                            |                                                                       | Name of Building Owner/Operator (2)                                                                                                                                                                                                          |                                                            |                                                                                                                             |                           |                                     |        |             |           |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                       |                                                                       | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation           |                                                            |                                                                                                                             |                           |                                     |        |             |           |
| Street Address<br><b>429 Mountainview Rd</b>                                                                                                                                                                                                                                             |                                                                       | City, State, Zip Code<br><b>Englewood NJ 07631</b>                                                                                                                                                                                           |                                                            |                                                                                                                             |                           |                                     |        |             |           |
| Name of Contact                                                                                                                                                                                                                                                                          |                                                                       | Telephone Number                                                                                                                                                                                                                             |                                                            |                                                                                                                             |                           |                                     |        |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                              |                                                                       |                                                                                                                                                                                                                                              |                                                            |                                                                                                                             |                           |                                     |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Residence</b>                                                                                                                                                                                                                 |                                                                       | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |                                                            |                                                                                                                             |                           |                                     |        |             |           |
| Street Address<br><b>429 Mountainview Rd</b>                                                                                                                                                                                                                                             |                                                                       | Square Feet                                                                                                                                                                                                                                  | # of Floors                                                |                                                                                                                             |                           |                                     |        |             |           |
| City (5)<br><b>Englewood</b>                                                                                                                                                                                                                                                             |                                                                       | Bldg. Age                                                                                                                                                                                                                                    |                                                            |                                                                                                                             |                           |                                     |        |             |           |
| County (6)<br><b>Bergen</b>                                                                                                                                                                                                                                                              | County Code (7)<br>(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)<br>AAA Lead Professionals |                                                                                                                             |                           |                                     |        |             |           |
| Street Address                                                                                                                                                                                                                                                                           |                                                                       | Street Address<br>6 White Dove Court                                                                                                                                                                                                         |                                                            |                                                                                                                             |                           |                                     |        |             |           |
| City, State, Zip Code                                                                                                                                                                                                                                                                    |                                                                       | City, State, Zip Code<br>Lakewood, NJ, 08701                                                                                                                                                                                                 |                                                            |                                                                                                                             |                           |                                     |        |             |           |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                      |                                                                       | Telephone No.<br>732-719-5649                                                                                                                                                                                                                | License No.<br>1200                                        |                                                                                                                             |                           |                                     |        |             |           |
| Start Date (10)<br><b>08/31/2026</b>                                                                                                                                                                                                                                                     | Scheduled Completion Date (11)<br><b>08/31/2026</b>                   | Name of OSHA Monitor<br>AAA Lead Professionals                                                                                                                                                                                               |                                                            |                                                                                                                             |                           |                                     |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: _____ |                                                                       | Street Address<br>6 White Dove Court                                                                                                                                                                                                         |                                                            |                                                                                                                             |                           |                                     |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                       | City, State, Zip Code<br>Lakewood, NJ, 08701                                                                                                                                                                                                 |                                                            |                                                                                                                             |                           |                                     |        |             |           |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                                                                     |                                                                       |                                                                                                                                                                                                                                              |                                                            |                                                                                                                             |                           |                                     |        |             |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                                        |                                                                       | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                                                                                                                                                        |                                                            |                                                                                                                             |                           |                                     |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                       | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                            |                                                                                                                             |                           |                                     |        |             |           |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)                                                                                                                                                                                                      | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |                                                                                                                                                                                                                                              |                                                            | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |        |             |           |
|                                                                                                                                                                                                                                                                                          | Yes                                                                   | No                                                                                                                                                                                                                                           | N/A                                                        |                                                                                                                             |                           | Removal                             | Repair | Encapsulate | Enclosure |
| Interior                                                                                                                                                                                                                                                                                 |                                                                       |                                                                                                                                                                                                                                              |                                                            | Pipe Insulation                                                                                                             | 45LF                      | <input checked="" type="checkbox"/> |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                       |                                                                                                                                                                                                                                              |                                                            |                                                                                                                             |                           |                                     |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                       |                                                                                                                                                                                                                                              |                                                            |                                                                                                                             |                           |                                     |        |             |           |
| Name of Registered Waste Hauler<br><b>Lead Professionals Inc</b>                                                                                                                                                                                                                         |                                                                       | NJDEP Waste Hauler ID No.<br><b>35103</b>                                                                                                                                                                                                    | Cubic Yards of Waste<br><b>1</b>                           | Name of Registered Landfill<br><b>IESI</b>                                                                                  |                           |                                     |        |             |           |
| City, State<br><b>Lakewood, NJ</b>                                                                                                                                                                                                                                                       |                                                                       | Disposal Date<br><b>08/31/2026</b>                                                                                                                                                                                                           |                                                            | City, State<br><b>BETHLEHEM, PA</b>                                                                                         |                           |                                     |        |             |           |
| Completed by<br><b>JOSEPH PERLSTEIN</b>                                                                                                                                                                                                                                                  |                                                                       | Title<br><b>OWNER</b>                                                                                                                                                                                                                        |                                                            | Signature<br>                           |                           | Date<br><b>08/20/2026</b>           |        |             |           |



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

RECEIVED

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------|------------------|-------------|-----------|
| Date of Notification (1)<br>08/20/26                                                                                                                                                                                                                      |                                                                       | Name of Building Owner/Operator (2)                                                                                                                                                                                                                   |                                                                                                                                                                                                   |                                                                                                                                                                                                                                              |                                                  |                |                  |             |           |
| Agencies Notified                                                                                                                                                                                                                                         |                                                                       | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                                                                                                                                                                                   |                                                                                                                                                                                                                                              |                                                  |                |                  |             |           |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                               |                                                                       | Street Address<br>321 Jersey Ave<br>City, State, Zip Code<br>Long Branch NJ 07740<br>Name of Contact<br>Telephone Number                                                                                                                              |                                                                                                                                                                                                   |                                                                                                                                                                                                                                              |                                                  |                |                  |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                               |                                                                       |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                   |                                                                                                                                                                                                                                              |                                                  |                |                  |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>sng fam home                                                                                                                                                                                      |                                                                       |                                                                                                                                                                                                                                                       | Type of Facility (4)                                                                                                                                                                              |                                                                                                                                                                                                                                              |                                                  |                |                  |             |           |
| Street Address<br>321 Jersey ave                                                                                                                                                                                                                          |                                                                       |                                                                                                                                                                                                                                                       | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                                                                                                                                                                                                                                              |                                                  |                |                  |             |           |
| City (5)<br>Long Branch                                                                                                                                                                                                                                   |                                                                       |                                                                                                                                                                                                                                                       | Square Feet<br>1145                                                                                                                                                                               | # of Floors<br>2                                                                                                                                                                                                                             | Bldg. Age<br>73                                  |                |                  |             |           |
| County (6)<br>Monmouth                                                                                                                                                                                                                                    |                                                                       | County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                                                                   |                                                                                                                                                                                                   | Current Use (Prior if being demolished)<br>n/a                                                                                                                                                                                               |                                                  |                |                  |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Iris Laboratories                                                                                                                                                                                  |                                                                       | ASCM No.                                                                                                                                                                                                                                              |                                                                                                                                                                                                   | Name of Abatement Contractor (9)<br>JCR Manangement Specialist LLC                                                                                                                                                                           |                                                  |                |                  |             |           |
| Street Address<br>2333 US 22 west                                                                                                                                                                                                                         |                                                                       | Street Address<br>306 Victor PI                                                                                                                                                                                                                       |                                                                                                                                                                                                   |                                                                                                                                                                                                                                              |                                                  |                |                  |             |           |
| City, State, Zip Code<br>Union NJ 07083                                                                                                                                                                                                                   |                                                                       | City, State, Zip Code<br>Neptune NJ 07753                                                                                                                                                                                                             |                                                                                                                                                                                                   |                                                                                                                                                                                                                                              |                                                  |                |                  |             |           |
| Project Manager for Monitoring Firm<br>Rick Eustaquio                                                                                                                                                                                                     |                                                                       | Telephone No.<br>973-494-3762                                                                                                                                                                                                                         |                                                                                                                                                                                                   | Telephone No.<br>7327591871                                                                                                                                                                                                                  | License No.<br>02087                             |                |                  |             |           |
| Start Date (10)<br>08/29/26                                                                                                                                                                                                                               |                                                                       | Scheduled Completion Date (11)<br>08/31/26                                                                                                                                                                                                            |                                                                                                                                                                                                   | Name of OSHA Monitor<br>JCR Management Specialist LLC                                                                                                                                                                                        |                                                  |                |                  |             |           |
| Occupancy Status During Abatement (Check Only One)                                                                                                                                                                                                        |                                                                       |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                   | Street Address<br>306 Victor PI                                                                                                                                                                                                              |                                                  |                |                  |             |           |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: home owner leaving residence |                                                                       |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                   | City, State, Zip Code<br>Neptune NJ 07753                                                                                                                                                                                                    |                                                  |                |                  |             |           |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                                      |                                                                       |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                   |                                                                                                                                                                                                                                              |                                                  |                |                  |             |           |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf                                                                                                                                 |                                                                       | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                                                                                                                                                                 |                                                                                                                                                                                                   | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                  |                |                  |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)                                                                                                                                                                 | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                   | Description of Asbestos Containing Material (ACM)<br>(i.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                                                                                                                                                                                                                                                  |                                                                       |                                                                                                                                                                                                                                                       | XX                                                                                                                                                                                                | VAT                                                                                                                                                                                                                                          | 120sf                                            | XX             |                  |             |           |
|                                                                                                                                                                                                                                                           |                                                                       |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                   |                                                                                                                                                                                                                                              |                                                  |                |                  |             |           |
|                                                                                                                                                                                                                                                           |                                                                       |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                   |                                                                                                                                                                                                                                              |                                                  |                |                  |             |           |
|                                                                                                                                                                                                                                                           |                                                                       |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                   |                                                                                                                                                                                                                                              |                                                  |                |                  |             |           |
| Name of Registered Waste Hauler<br>Century Waste                                                                                                                                                                                                          |                                                                       | NJDEP Waste Hauler ID No.<br>482653                                                                                                                                                                                                                   |                                                                                                                                                                                                   | Cubic Yards of Waste<br>2yds                                                                                                                                                                                                                 | Name of Registered Landfill<br>Fairless Landfill |                |                  |             |           |
| City, State<br>Elizabeth NJ                                                                                                                                                                                                                               |                                                                       |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                   | Disposal Date<br>08/31/26                                                                                                                                                                                                                    | City, State<br>Morrisville Pa                    |                |                  |             |           |
| Completed by<br>John Riley                                                                                                                                                                                                                                |                                                                       | Title<br>Owner                                                                                                                                                                                                                                        |                                                                                                                                                                                                   | Signature<br><i>John Riley</i>                                                                                                                                                                                                               |                                                  |                | Date<br>08/20/26 |             |           |



1343

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

RECEIVED

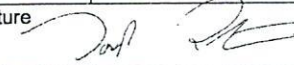
Check# 1343

|                                                                                                                                                                                                                              |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                              |                                  |                                                                                                                                |                           |                |        |             |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|--------|-------------|-----------|
| Date of Notification (1)<br>08/21/2026                                                                                                                                                                                       |                                                                                                                                                                                                                                  | Name of Building Owner/Operator (2)                                                                                                                                                                                                          |                                  |                                                                                                                                |                           |                |        |             |           |
| Agencies Notified                                                                                                                                                                                                            | Type Notification                                                                                                                                                                                                                | Street Address                                                                                                                                                                                                                               |                                  |                                                                                                                                |                           |                |        |             |           |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                       | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | 447 Sussex Road                                                                                                                                                                                                                              |                                  |                                                                                                                                |                           |                |        |             |           |
|                                                                                                                                                                                                                              |                                                                                                                                                                                                                                  | City, State, Zip Code                                                                                                                                                                                                                        |                                  |                                                                                                                                |                           |                |        |             |           |
|                                                                                                                                                                                                                              |                                                                                                                                                                                                                                  | Wood-Ridge, NJ, 07075                                                                                                                                                                                                                        |                                  |                                                                                                                                |                           |                |        |             |           |
|                                                                                                                                                                                                                              |                                                                                                                                                                                                                                  | Name of Contact                                                                                                                                                                                                                              | Telephone Number                 |                                                                                                                                |                           |                |        |             |           |
|                                                                                                                                                                                                                              |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                              |                                  |                                                                                                                                |                           |                |        |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                  |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                              |                                  |                                                                                                                                |                           |                |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)                                                                                                                                                                         |                                                                                                                                                                                                                                  | Type of Facility (4)                                                                                                                                                                                                                         |                                  |                                                                                                                                |                           |                |        |             |           |
| Private house                                                                                                                                                                                                                |                                                                                                                                                                                                                                  | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                                            |                                  |                                                                                                                                |                           |                |        |             |           |
| Street Address                                                                                                                                                                                                               |                                                                                                                                                                                                                                  | Square Feet                                                                                                                                                                                                                                  | # of Floors                      |                                                                                                                                |                           |                |        |             |           |
| 447 Sussex Road                                                                                                                                                                                                              |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                              |                                  |                                                                                                                                |                           |                |        |             |           |
| City (5)                                                                                                                                                                                                                     |                                                                                                                                                                                                                                  | Bldg. Age                                                                                                                                                                                                                                    |                                  |                                                                                                                                |                           |                |        |             |           |
| Wood-Ridge, NJ, 07075                                                                                                                                                                                                        |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                              |                                  |                                                                                                                                |                           |                |        |             |           |
| County (6)                                                                                                                                                                                                                   | County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                                              | Current Use (Prior if being demolished)                                                                                                                                                                                                      |                                  |                                                                                                                                |                           |                |        |             |           |
| Bergen                                                                                                                                                                                                                       |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                              |                                  |                                                                                                                                |                           |                |        |             |           |
| 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.                                                                                                                                                                                                                                | License No.                      |                                                                                                                                |                           |                |        |             |           |
|                                                                                                                                                                                                                              |                                                                                                                                                                                                                                  | 973-356-3511                                                                                                                                                                                                                                 | 01127                            |                                                                                                                                |                           |                |        |             |           |
| Start Date (10)                                                                                                                                                                                                              | Scheduled Completion Date (11)                                                                                                                                                                                                   | Name of OSHA Monitor                                                                                                                                                                                                                         |                                  |                                                                                                                                |                           |                |        |             |           |
| 08/31/2026                                                                                                                                                                                                                   | 09/01/2026                                                                                                                                                                                                                       | Envirovision Consultants, Inc                                                                                                                                                                                                                |                                  |                                                                                                                                |                           |                |        |             |           |
| Occupancy Status During Abatement (Check Only One)                                                                                                                                                                           |                                                                                                                                                                                                                                  | Street Address                                                                                                                                                                                                                               |                                  |                                                                                                                                |                           |                |        |             |           |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: |                                                                                                                                                                                                                                  | 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<br><input type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                            |                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                                                                                                                                                        |                                  |                                                                                                                                |                           |                |        |             |           |
|                                                                                                                                                                                                                              |                                                                                                                                                                                                                                  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                  |                                                                                                                                |                           |                |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)                                                                                                                                    | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                            |                                                                                                                                                                                                                                              |                                  | Description of Asbestos Containing Material (ACM)<br>(i.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                                                                                                                | 60 LF                     | x              |        |             |           |
|                                                                                                                                                                                                                              |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                              |                                  |                                                                                                                                |                           |                |        |             |           |
|                                                                                                                                                                                                                              |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                              |                                  |                                                                                                                                |                           |                |        |             |           |
| Name of Registered Waste Hauler                                                                                                                                                                                              |                                                                                                                                                                                                                                  | NJDEP Waste Hauler ID No.                                                                                                                                                                                                                    | Cubic Yards of Waste             | Name of Registered Landfill                                                                                                    |                           |                |        |             |           |
| Gr Tech LLC                                                                                                                                                                                                                  |                                                                                                                                                                                                                                  | 0033785                                                                                                                                                                                                                                      | TBD                              | T.R.R.F. Inc                                                                                                                   |                           |                |        |             |           |
| City, State                                                                                                                                                                                                                  |                                                                                                                                                                                                                                  | Disposal Date                                                                                                                                                                                                                                |                                  | City, State                                                                                                                    |                           |                |        |             |           |
| Wayne, NJ 07470                                                                                                                                                                                                              |                                                                                                                                                                                                                                  | TBD                                                                                                                                                                                                                                          |                                  | Tullytown, PA                                                                                                                  |                           |                |        |             |           |
| Completed by                                                                                                                                                                                                                 |                                                                                                                                                                                                                                  | Title                                                                                                                                                                                                                                        | Signature                        |                                                                                                                                |                           | Date           |        |             |           |
| G.Ristanovic                                                                                                                                                                                                                 |                                                                                                                                                                                                                                  | Owner                                                                                                                                                                                                                                        | Gradimir Ristanovic              |                                                                                                                                |                           | 08/21/2026     |        |             |           |



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

RECEIVED

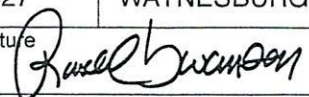
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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------|--------|-------------|-----------|
| Date of Notification (1)<br><b>08/19/2026</b>                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                        | Name of Building Owner/Operator (2)<br><b>Eichler Realty Company</b>                                                                                                                                                                         |                                                                                                   |                                                                                                                             |                           |                                     |        |             |           |
| Agencies Notified                                                                                                                                                                                                                                                                                   | Type Notification                                                                                                                                                                                                                      | Street Address<br><b>88 Monroe PI</b>                                                                                                                                                                                                        |                                                                                                   |                                                                                                                             |                           |                                     |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                                   | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br><b>Bloomfield, NJ 07003</b>                                                                                                                                                                                         |                                                                                                   |                                                                                                                             |                           |                                     |        |             |           |
|                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                        | Name of Contact                                                                                                                                                                                                                              | Telephone Number                                                                                  |                                                                                                                             |                           |                                     |        |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                              |                                                                                                   |                                                                                                                             |                           |                                     |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Multi Family</b>                                                                                                                                                                                                                         |                                                                                                                                                                                                                                        | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |                                                                                                   |                                                                                                                             |                           |                                     |        |             |           |
| Street Address<br><b>88 Monroe PI</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                        | Square Feet                                                                                                                                                                                                                                  | # of Floors                                                                                       |                                                                                                                             |                           |                                     |        |             |           |
| City (5)<br><b>Bloomfield</b>                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                        | Bldg. Age                                                                                                                                                                                                                                    |                                                                                                   |                                                                                                                             |                           |                                     |        |             |           |
| County (6)<br><b>Essex</b>                                                                                                                                                                                                                                                                          | County Code (7)<br>(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)<br>AAA Lead Professionals                                        |                                                                                                                             |                           |                                     |        |             |           |
| Street Address                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                        | Street Address<br>6 White Dove Court                                                                                                                                                                                                         |                                                                                                   |                                                                                                                             |                           |                                     |        |             |           |
| City, State, Zip Code                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                        | City, State, Zip Code<br>Lakewood, NJ, 08701                                                                                                                                                                                                 |                                                                                                   |                                                                                                                             |                           |                                     |        |             |           |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                        | Telephone No.<br>732-719-5649                                                                                                                                                                                                                | License No.<br>1200                                                                               |                                                                                                                             |                           |                                     |        |             |           |
| Start Date (10)<br><b>08/28/2026</b>                                                                                                                                                                                                                                                                | Scheduled Completion Date (11)<br><b>09/28/2026</b>                                                                                                                                                                                    | Name of OSHA Monitor<br>AAA Lead Professionals                                                                                                                                                                                               |                                                                                                   |                                                                                                                             |                           |                                     |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: _____ |                                                                                                                                                                                                                                        | Street Address<br>6 White Dove Court                                                                                                                                                                                                         |                                                                                                   |                                                                                                                             |                           |                                     |        |             |           |
|                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                        | City, State, Zip Code<br>Lakewood, NJ, 08701                                                                                                                                                                                                 |                                                                                                   |                                                                                                                             |                           |                                     |        |             |           |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                              |                                                                                                   |                                                                                                                             |                           |                                     |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                                                   |                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                                                                                                                                                        |                                                                                                   |                                                                                                                             |                           |                                     |        |             |           |
|                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><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                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                              |                                                                                                   | Plaster                                                                                                                     | 15,000 SF                 | <input checked="" type="checkbox"/> |        |             |           |
|                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                              |                                                                                                   |                                                                                                                             |                           |                                     |        |             |           |
|                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                              |                                                                                                   |                                                                                                                             |                           |                                     |        |             |           |
| Name of Registered Waste Hauler<br><b>Lead Professionals Inc</b>                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                        | NJDEP Waste Hauler ID No.<br><b>35103</b>                                                                                                                                                                                                    | Cubic Yards of Waste<br><b>100</b>                                                                | Name of Registered Landfill<br><b>IESI</b>                                                                                  |                           |                                     |        |             |           |
| City, State<br><b>Lakewood, NJ</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                        | Disposal Date<br><b>09/28/2026</b>                                                                                                                                                                                                           |                                                                                                   | City, State<br><b>BETHLEHEM, PA</b>                                                                                         |                           |                                     |        |             |           |
| Completed by<br><b>JOSEPH PERLSTEIN</b>                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                        | Title<br><b>OWNER</b>                                                                                                                                                                                                                        | Signature<br> |                                                                                                                             | Date<br><b>08/19/2026</b> |                                     |        |             |           |



2026-27 ANNUAL NOTIFICATION  
IN LIEU OF EMERGENCY LETTER

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

CHECK # 2080

|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                               |                                                                                       |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                               |                                                 |                    |        |             |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------|-------------|-----------|
| Date of Notification (1)<br>08/12/2026                                                                                                                                                                                                                                                   |                                                                                                                                                                                                               | Name of Building Owner/Operator (2)<br>MAPLEWOOD III LLC                              |                                                                                                                                                                                                                           | RECEIVED<br>AUG 24 2026                                                                                                                                                                                                                                                       |                                                 |                    |        |             |           |
| Agencies Notified                                                                                                                                                                                                                                                                        | Type Notification                                                                                                                                                                                             | Street Address<br>2000 MAPLEWOOD DRIVE                                                |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                               |                                                 |                    |        |             |           |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                                   | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>MAPLE SHADE NJ 08052                                         |                                                                                                                                                                                                                           | Name of Contact _____ Telephone Number _____                                                                                                                                                                                                                                  |                                                 |                    |        |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                               |                                                                                       |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                               |                                                 |                    |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>PARK CROSSING APARTMENTS                                                                                                                                                                                                         |                                                                                                                                                                                                               |                                                                                       | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                                                                                                                                                                                                                                                                               |                                                 |                    |        |             |           |
| Street Address<br>2000 MAPLEWOOD DRIVE                                                                                                                                                                                                                                                   |                                                                                                                                                                                                               |                                                                                       | Square Feet<br>1250                                                                                                                                                                                                       | # of Floors<br>2                                                                                                                                                                                                                                                              | Bldg. Age<br>50+                                |                    |        |             |           |
| City (5)<br>MAPLE SHADE                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                               | County Code (7)<br>(STATE USE ONLY) _____                                             |                                                                                                                                                                                                                           | Current Use (Prior if being demolished)<br>RESIDENTIAL                                                                                                                                                                                                                        |                                                 |                    |        |             |           |
| County (6)<br>BURLINGTON                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                               | Name of Monitoring Firm Hired by Building Owner (8)<br>ACER ASSOC.                    |                                                                                                                                                                                                                           | ASCM No. _____ Name of Abatement Contractor (9)<br>ASSURED ENVIRONMENTAL SERVICES INC.                                                                                                                                                                                        |                                                 |                    |        |             |           |
| Street Address<br>1012 INDUSTRIAL DRIVE                                                                                                                                                                                                                                                  |                                                                                                                                                                                                               | City, State, Zip Code<br>WEST BERLIN NJ 08091                                         |                                                                                                                                                                                                                           | Street Address<br>570 CLEMS RUN<br>City, State, Zip Code<br>MULLICA HILL NJ 08062                                                                                                                                                                                             |                                                 |                    |        |             |           |
| Project Manager for Monitoring Firm<br>MATT DEPALMA                                                                                                                                                                                                                                      |                                                                                                                                                                                                               | Telephone No.<br>856-809-1202                                                         |                                                                                                                                                                                                                           | Telephone No.<br>610-304-4676                                                                                                                                                                                                                                                 | License No.<br>01145                            |                    |        |             |           |
| Start Date (10)<br>08/21/2026                                                                                                                                                                                                                                                            |                                                                                                                                                                                                               | Scheduled Completion Date (11)<br>08/20/2027                                          |                                                                                                                                                                                                                           | Name of OSHA Monitor<br>EMSL                                                                                                                                                                                                                                                  |                                                 |                    |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |                                                                                                                                                                                                               |                                                                                       | Street Address<br>200 RT. 130 NORTH<br>City, State, Zip Code<br>CINNAMINSON NJ 08077                                                                                                                                      |                                                                                                                                                                                                                                                                               |                                                 |                    |        |             |           |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                                                                     |                                                                                                                                                                                                               |                                                                                       |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                               |                                                 |                    |        |             |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                             |                                                                                                                                                                                                               | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition |                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                 |                    |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)                                                                                                                                                                                                | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                         |                                                                                       | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)                                                                                               | Amount (Specify SF or LF)                                                                                                                                                                                                                                                     | Abatement Type                                  |                    |        |             |           |
|                                                                                                                                                                                                                                                                                          | Yes                                                                                                                                                                                                           | No                                                                                    |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                               | N/A                                             | Removal            | Repair | Encapsulate | Enclosure |
| THROUGHOUT ENTIRE COMPLEX                                                                                                                                                                                                                                                                |                                                                                                                                                                                                               |                                                                                       | X                                                                                                                                                                                                                         | JOINT COMPOUND                                                                                                                                                                                                                                                                | 5000 SF                                         | X                  |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                               |                                                                                       |                                                                                                                                                                                                                           | FLOOR TILE                                                                                                                                                                                                                                                                    | 5000 SF                                         | X                  |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                               |                                                                                       |                                                                                                                                                                                                                           | MASTIC                                                                                                                                                                                                                                                                        | 5000 SF                                         | X                  |        | X           |           |
| Name of Registered Waste Hauler<br>ASSURED ENVIRONMENTAL                                                                                                                                                                                                                                 |                                                                                                                                                                                                               | NJDEP Waste Hauler ID No.<br>0034895                                                  |                                                                                                                                                                                                                           | Cubic Yards of Waste<br>120                                                                                                                                                                                                                                                   | Name of Registered Landfill<br>MINERVA LANDFILL |                    |        |             |           |
| City, State<br>MULLICA HILL NJ                                                                                                                                                                                                                                                           |                                                                                                                                                                                                               | Disposal Date<br>08/20/2027                                                           |                                                                                                                                                                                                                           | City, State<br>WAYNESBURG, OH                                                                                                                                                                                                                                                 |                                                 |                    |        |             |           |
| Completed by<br>RON SWANSON                                                                                                                                                                                                                                                              |                                                                                                                                                                                                               | Title<br>GENERAL MANAGER                                                              |                                                                                                                                                                                                                           | Signature<br>                                                                                                                                                                             |                                                 | Date<br>08/12/2026 |        |             |           |



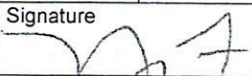
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

HMD-25-230

| Date of Notification (1)<br>8/20/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       | Name of Building Owner/Operator (2)<br>2000 Linwood Avenue<br>Fort Lee, NJ 07024                                                                                                                                                                      |     |                                                                                                                                                                                                                           |                           |                                                 |        |             |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------|--------|-------------|-----------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                                                                                                                                                                                                                       |                                                                       | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |     | Street Address<br>2000 Linwood Avenue<br>City, State, Zip Code<br>Fort Lee, NJ 07024<br>Name of Contact<br>Telephone Number                                                                                               |                           |                                                 |        |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       |                                                                                                                                                                                                                                                       |     |                                                                                                                                                                                                                           |                           |                                                 |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>2000 Linwood Condo Association                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |                                                                                                                                                                                                                                                       |     | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                           |                                                 |        |             |           |
| Street Address<br>2000 Linwood Avenue                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                                                                                                                                                                                                                                       |     | Square Feet<br>78,000                                                                                                                                                                                                     |                           |                                                 |        |             |           |
| City (5)<br>Fort Lee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       |                                                                                                                                                                                                                                                       |     | # of Floors<br>23                                                                                                                                                                                                         |                           |                                                 |        |             |           |
| County (6)<br>Bergen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       |                                                                                                                                                                                                                                                       |     | Bldg. Age<br>50+                                                                                                                                                                                                          |                           |                                                 |        |             |           |
| County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       | Current Use (Prior if being demolished)<br>Residential                                                                                                                                                                                                |     |                                                                                                                                                                                                                           |                           |                                                 |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>McCabe Environmental Services, LLC                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       | ASCM No.<br>N/A                                                                                                                                                                                                                                       |     | Name of Abatement Contractor (9)<br>Hazmat Diagnostic, LLC                                                                                                                                                                |                           |                                                 |        |             |           |
| Street Address<br>464 Valley Brook Avenue                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       | Street Address<br>16 Glenwild Ave                                                                                                                                                                                                                     |     |                                                                                                                                                                                                                           |                           |                                                 |        |             |           |
| City, State, Zip Code<br>Lyndhurst NJ 07071                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       | City, State, Zip Code<br>Bloomington, NJ 07403                                                                                                                                                                                                        |     |                                                                                                                                                                                                                           |                           |                                                 |        |             |           |
| Project Manager for Monitoring Firm<br>Jarred Panecki                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       | Telephone No.<br>(732) 552-9615                                                                                                                                                                                                                       |     | License No.<br>01181                                                                                                                                                                                                      |                           |                                                 |        |             |           |
| Start Date (10)<br>09/15/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       | Scheduled Completion Date (11)<br>09/18/2026                                                                                                                                                                                                          |     | Name of OSHA Monitor<br>Hazmat Diagnostic, LLC                                                                                                                                                                            |                           |                                                 |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: Occupied                                                                                                                                                                                                              |                                                                       |                                                                                                                                                                                                                                                       |     | Street Address<br>16 Glenwild Ave<br>City, State, Zip Code<br>Bloomington, NJ 07403                                                                                                                                       |                           |                                                 |        |             |           |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                       |                                                                                                                                                                                                                                                       |     |                                                                                                                                                                                                                           |                           |                                                 |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)                                                                                                                                                                                                                                                                                                                                                                                                                | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |                                                                                                                                                                                                                                                       |     | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)                                                                                               | Amount (Specify SF or LF) | Abatement Type                                  |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Yes                                                                   | No                                                                                                                                                                                                                                                    | N/A |                                                                                                                                                                                                                           |                           | Removal                                         | Repair | Encapsulate | Enclosure |
| 23B/ 23C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       |                                                                                                                                                                                                                                                       | X   | Pipe Insulation                                                                                                                                                                                                           | 6 LF                      | X                                               |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       |                                                                                                                                                                                                                                                       |     |                                                                                                                                                                                                                           |                           |                                                 |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       |                                                                                                                                                                                                                                                       |     |                                                                                                                                                                                                                           |                           |                                                 |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       |                                                                                                                                                                                                                                                       |     |                                                                                                                                                                                                                           |                           |                                                 |        |             |           |
| Name of Registered Waste Hauler<br>Hazmat Diagnostic, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       | NJDEP Waste Hauler ID No.<br>0035440                                                                                                                                                                                                                  |     | Cubic Yards of Waste<br>TBD                                                                                                                                                                                               |                           | Name of Registered Landfill<br>Minerva Landfill |        |             |           |
| City, State<br>Bloomington, NJ                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                       |                                                                                                                                                                                                                                                       |     | Disposal Date<br>TBD                                                                                                                                                                                                      |                           | City, State<br>Waynesburg, OH                   |        |             |           |
| Completed by<br>Deni Naumovski                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                       | Title<br>CEO                                                                                                                                                                                                                                          |     | Signature<br>Deni Naumovski                                                                                                                                                                                               |                           | Date<br>8/20/2026                               |        |             |           |



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

| Date of Notification (1)<br><div style="text-align: center;">08 / 21 / 26</div>                                                                                                                                                                                                                              |                                                                                                                                                                                                                                    | Name of Building Owner/Operator (2)<br><div style="text-align: right;">RECEIVED 51</div>                                                                                                                                                                                                                                              |                                  |                                                                                                                                 |                           |                                     |                          |                          |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)                                                                                                        | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>36 Sunset Trail</b><br>City, State, Zip Code<br><b>Medford, NJ 08055</b><br>Name of Contact _____ Telephone Number _____                                                                                                                                                                                         |                                  |                                                                                                                                 |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                       |                                  |                                                                                                                                 |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Residence</b>                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                    | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                                                                                                          |                                  |                                                                                                                                 |                           |                                     |                          |                          |                          |
| Street Address<br><b>1905 N Atlantic Avenue</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                       |                                  |                                                                                                                                 |                           |                                     |                          |                          |                          |
| City (5)<br><b>LB Twp</b>                                                                                                                                                                                                                                                                                    | Square Feet<br><b>2500</b>                                                                                                                                                                                                         | # of Floors<br><b>2</b>                                                                                                                                                                                                                                                                                                               | Bldg. Age<br><b>80</b>           |                                                                                                                                 |                           |                                     |                          |                          |                          |
| County (6)<br><b>Ocean</b>                                                                                                                                                                                                                                                                                   | County Code (7)(STATE USE ONLY)                                                                                                                                                                                                    | Current Use (Prior if being demolished)<br><b>Residence</b>                                                                                                                                                                                                                                                                           |                                  |                                                                                                                                 |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>N/A</b>                                                                                                                                                                                                                                            | ASCM No.                                                                                                                                                                                                                           | Name of Abatement Contractor (9)<br><b>Guardian Contracting, Inc.</b>                                                                                                                                                                                                                                                                 |                                  |                                                                                                                                 |                           |                                     |                          |                          |                          |
| Street Address                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                    | Street Address<br><b>1889 Route 9, Unit 61</b>                                                                                                                                                                                                                                                                                        |                                  |                                                                                                                                 |                           |                                     |                          |                          |                          |
| City, State, Zip Code                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                    | City, State, Zip Code<br><b>Toms River, New Jersey 08755</b>                                                                                                                                                                                                                                                                          |                                  |                                                                                                                                 |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                                          | Telephone No.                                                                                                                                                                                                                      | Telephone No.<br><b>732-349-9932</b>                                                                                                                                                                                                                                                                                                  | License No.<br><b>00624</b>      |                                                                                                                                 |                           |                                     |                          |                          |                          |
| Start Date (10)<br><div style="text-align: center;">09 / 01 / 26</div>                                                                                                                                                                                                                                       | Scheduled Completion Date (11)<br><div style="text-align: center;">09 / 04 / 26</div>                                                                                                                                              | Name of OSHA Monitor<br><b>E.M.S.L. Analytical</b>                                                                                                                                                                                                                                                                                    |                                  |                                                                                                                                 |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM |                                                                                                                                                                                                                                    | Street Address<br><b>1056 Stelton</b><br>City, State, Zip Code<br><b>Piscataway, New Jersey 08854</b>                                                                                                                                                                                                                                 |                                  |                                                                                                                                 |                           |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                       |                                  |                                                                                                                                 |                           |                                     |                          |                          |                          |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf                                                                                                                                                                                    |                                                                                                                                                                                                                                    | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                  |                                                                                                                                 |                           |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>IN Facility (13)                                                                                                                                                                                                                    | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                       |                                  | Description of Asbestos Containing Material (ACM)<br>(i.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                                                                                                                 | 2500 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<br><b>Guardian Contracting, Inc.</b>                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                    | NJDEP Waste Hauler ID No.<br><b>20223</b>                                                                                                                                                                                                                                                                                             | Cubic Yards of Waste<br><b>4</b> | Name of Registered Landfill<br><b>Fairless Landfill</b>                                                                         |                           |                                     |                          |                          |                          |
| City, State<br><b>Toms River, New Jersey</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                    | Disposal Date<br><b>09/04/26</b>                                                                                                                                                                                                                                                                                                      |                                  | City, State<br><b>Morrisville, Pennsylvania</b>                                                                                 |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Nicholas Fernicola</b>                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                    | Title<br><b>Project Manager</b>                                                                                                                                                                                                                                                                                                       |                                  | Signature<br>                               |                           |                                     | Date<br><b>8/21/26</b>   |                          |                          |



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

RECEIVED

| Date of Notification (1)<br>8 / 14 / 26                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                           | Name of Building Owner/Operator (2)                                                                                                                                                                                          |                                                                                                   |                                                                                                                              |                           |                                     |                          |                          |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)                                                                                                                                                                                                                                      | Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended Amendment #<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>16 Old Orchard Ct<br>City, State, Zip Code<br>Cedar Grove, NJ 07009<br>Name of Contact _____ Telephone Number _____                                                                                        |                                                                                                   |                                                                                                                              |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                           |                                                                                                                                                                                                                              |                                                                                                   |                                                                                                                              |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br>16 Old Orchard Ct                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                           | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                                                                                                   |                                                                                                                              |                           |                                     |                          |                          |                          |
| City (5)<br>Cedar Grove                                                                                                                                                                                                                                                                                                                                                                                                         | Square Feet<br>1080                                                                                                                                                                                                       | # of Floors<br>2                                                                                                                                                                                                             | Bldg. Age<br>66                                                                                   |                                                                                                                              |                           |                                     |                          |                          |                          |
| County (6)<br>Essex                                                                                                                                                                                                                                                                                                                                                                                                             | County Code (7)(STATE USE ONLY)                                                                                                                                                                                           | Current Use (Prior if being demolished)<br>Home                                                                                                                                                                              |                                                                                                   |                                                                                                                              |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br>AZ Solution Consulting                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                           | ASCM No.                                                                                                                                                                                                                     | Name of Abatement Contractor (9)<br>Brick Industries, Inc.                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| Street Address<br>27 Susquehanna Ave                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                           | Street Address<br>PO Box 915                                                                                                                                                                                                 |                                                                                                   |                                                                                                                              |                           |                                     |                          |                          |                          |
| City, State, Zip Code<br>Rochelle Park, NJ 07662                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                           | City, State, Zip Code<br>Brick, NJ 08723                                                                                                                                                                                     |                                                                                                   |                                                                                                                              |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br>Aleksander Zivanov                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                           | Telephone No.<br>347-612-1572                                                                                                                                                                                                | Telephone No.<br>7328997499                                                                       |                                                                                                                              |                           |                                     |                          |                          |                          |
| License No.<br>01196                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                           |                                                                                                                                                                                                                              |                                                                                                   |                                                                                                                              |                           |                                     |                          |                          |                          |
| Start Date (10)<br>8 / 17 / 26                                                                                                                                                                                                                                                                                                                                                                                                  | Scheduled Completion Date (11)<br>8 / 18 / 26                                                                                                                                                                             | Name of OSHA Monitor<br>AZ Solution Consulting                                                                                                                                                                               |                                                                                                   |                                                                                                                              |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM                                                                                                                       |                                                                                                                                                                                                                           | Street Address<br>27 Susquehanna Ave<br>City, State, Zip Code<br>Rochelle Park, NJ 07662                                                                                                                                     |                                                                                                   |                                                                                                                              |                           |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                           |                                                                                                                                                                                                                              |                                                                                                   |                                                                                                                              |                           |                                     |                          |                          |                          |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                                                                                                                                                                           |                                                                                                                                                                                                                              |                                                                                                   |                                                                                                                              |                           |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)                                                                                                                                                                                                                                                                                                                                                    | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                     |                                                                                                                                                                                                                              |                                                                                                   | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                 | Yes                                                                                                                                                                                                                       | No                                                                                                                                                                                                                           | N/A                                                                                               |                                                                                                                              |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| Basement                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                                                                                                                  | <input type="checkbox"/>                                                                                                                                                                                                     | <input type="checkbox"/>                                                                          | Floor tile                                                                                                                   | 20SF                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                                                                                                                  | <input type="checkbox"/>                                                                                                                                                                                                     | <input type="checkbox"/>                                                                          | Joint compound                                                                                                               | 25SF                      | <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<br>Brick Industries, Inc.                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                           | NJDEP Waste Hauler ID No.<br>21602                                                                                                                                                                                           | Cubic Yards of Waste                                                                              | Name of Registered Landfill<br>Fairless Landfill                                                                             |                           |                                     |                          |                          |                          |
| City, State<br>Brick, NJ                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                           | Disposal Date<br>8/19/26                                                                                                                                                                                                     | City, State<br>Morrisville, PA                                                                    |                                                                                                                              |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br>Eric Plackis                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           | Title<br>President                                                                                                                                                                                                           | Signature<br> |                                                                                                                              |                           |                                     | Date<br>8/14/26          |                          |                          |



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

|                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                       |                            |                                                                                                                              |                           |                                     |                          |                          |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br>8 / 10 / 26                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                            | Name of Building Owner/Operator (2)<br>556 Jersey Avenue                                                                                                                                                                                                                                                                              |                            |                                                                                                                              |                           |                                     |                          |                          |                          |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)                                                                                                        | Type Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended Amendment #1<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>556 Jersey Avenue<br>City, State, Zip Code<br>Spring Lake, NJ 07762<br>Name of Contact                                                                                                                                                                                                                              |                            |                                                                                                                              |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                       |                            |                                                                                                                              |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br>556 Jersey Avenue                                                                                                                                                                                                                         |                                                                                                                                                                                                                            | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                                                                                                          |                            |                                                                                                                              |                           |                                     |                          |                          |                          |
| City (5)<br>Spring Lake                                                                                                                                                                                                                                                                           | Square Feet<br>1960                                                                                                                                                                                                        | # of Floors<br>2                                                                                                                                                                                                                                                                                                                      | Bldg. Age<br>68            |                                                                                                                              |                           |                                     |                          |                          |                          |
| County (6)<br>Monmouth                                                                                                                                                                                                                                                                            | County Code (7)(STATE USE ONLY)                                                                                                                                                                                            | Current Use (Prior if being demolished)<br>Home                                                                                                                                                                                                                                                                                       |                            |                                                                                                                              |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br>AZ Solution Consulting                                                                                                                                                                                                                     |                                                                                                                                                                                                                            | Name of Abatement Contractor (9)<br>Brick Industries, Inc.                                                                                                                                                                                                                                                                            |                            |                                                                                                                              |                           |                                     |                          |                          |                          |
| Street Address<br>27 Susquehanna Ave                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                            | Street Address<br>PO Box 915                                                                                                                                                                                                                                                                                                          |                            |                                                                                                                              |                           |                                     |                          |                          |                          |
| City, State, Zip Code<br>Rochelle Park, NJ 07662                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                            | City, State, Zip Code<br>Brick, NJ 08723                                                                                                                                                                                                                                                                                              |                            |                                                                                                                              |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br>Aleksander Zivanov                                                                                                                                                                                                                                         |                                                                                                                                                                                                                            | Telephone No.<br>347-612-1572                                                                                                                                                                                                                                                                                                         | License No.<br>01196       |                                                                                                                              |                           |                                     |                          |                          |                          |
| Start Date (10)<br>8 / 11 / 26                                                                                                                                                                                                                                                                    | Scheduled Completion Date (11)<br>8 / 16 / 26                                                                                                                                                                              | Name of OSHA Monitor<br>AZ Solution Consulting                                                                                                                                                                                                                                                                                        |                            |                                                                                                                              |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: ____AM-____PM/____PM-____AM |                                                                                                                                                                                                                            | Street Address<br>27 Susquehanna Ave<br>City, State, Zip Code<br>Rochelle Park, NJ 07662                                                                                                                                                                                                                                              |                            |                                                                                                                              |                           |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                       |                            |                                                                                                                              |                           |                                     |                          |                          |                          |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                                                            |                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                            |                                                                                                                              |                           |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)                                                                                                                                                                                                                      | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                       |                            | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                   | Yes                                                                                                                                                                                                                        | No                                                                                                                                                                                                                                                                                                                                    | N/A                        |                                                                                                                              |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| First floor/garage                                                                                                                                                                                                                                                                                | <input type="checkbox"/>                                                                                                                                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>   | Drywall and joint compound                                                                                                   | 4008SF                    | <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<br>Brick Industries, Inc.                                                                                                                                                                                                                                         |                                                                                                                                                                                                                            | NJDEP Waste Hauler ID No.<br>21602                                                                                                                                                                                                                                                                                                    | Cubic Yards of Waste<br>20 | Name of Registered Landfill<br>Fairless Landfill                                                                             |                           |                                     |                          |                          |                          |
| City, State<br>Brick, NJ                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                            | Disposal Date<br>8/17/26                                                                                                                                                                                                                                                                                                              |                            | City, State<br>Morrisville, PA                                                                                               |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br>Eric Plackis                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                            | Title<br>President                                                                                                                                                                                                                                                                                                                    |                            | Signature<br>                            |                           | Date<br>8/10/26                     |                          |                          |                          |

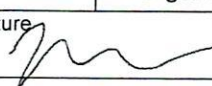


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

|                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                              |                                                                               |                                                                                                                              |                           |                                     |                          |                          |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><div style="text-align: center;">8 / 23 / 26</div>                                                                                                                                                                                                                               |                                                                                                                                                                                                                                    | Name of Building Owner/Operator (2)<br><div style="text-align: right; font-weight: bold;">RECEIVED</div>                                                                                                                     |                                                                               |                                                                                                                              |                           |                                     |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)                                                                                                        | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>329 PINE STREET</b><br>City, State, Zip Code<br><b>POMPTON LAKES</b><br>Name of Contact _____ Telephone Number _____                                                                                    |                                                                               |                                                                                                                              |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                              |                                                                               |                                                                                                                              |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>PRIVATE RESIDENCE</b>                                                                                                                                                                                                                             |                                                                                                                                                                                                                                    | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                                                                               |                                                                                                                              |                           |                                     |                          |                          |                          |
| Street Address<br><b>329 PINE STREET</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                    | Square Feet<br><b>1,512</b>                                                                                                                                                                                                  |                                                                               |                                                                                                                              |                           |                                     |                          |                          |                          |
| City (5)<br><b>POMPTON LAKES</b>                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                    | # of Floors<br><b>2</b>                                                                                                                                                                                                      | Bldg. Age<br><b>75</b>                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| County (6)<br><b>Passaic</b>                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                    | County Code (7) (STATE USE ONLY)<br>Current Use (Prior if being demolished)                                                                                                                                                  |                                                                               |                                                                                                                              |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Enis International Service LLC</b>                                                                                                                                                                                                                 |                                                                                                                                                                                                                                    | ASCM No.                                                                                                                                                                                                                     | Name of Abatement Contractor (9)<br><b>Dynamics Development Services inc.</b> |                                                                                                                              |                           |                                     |                          |                          |                          |
| Street Address<br><b>60 East 93<sup>rd</sup> Street</b>                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                    | Street Address<br><b>557 Grand Concourse suite 3-51</b>                                                                                                                                                                      |                                                                               |                                                                                                                              |                           |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Brooklyn, NY 11212</b>                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                    | City, State, Zip Code<br><b>Bronx, NY 10451</b>                                                                                                                                                                              |                                                                               |                                                                                                                              |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Wasiu Okunuga</b>                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                    | Telephone No.<br><b>718-600-8896</b>                                                                                                                                                                                         | License No.<br><b>01241</b>                                                   |                                                                                                                              |                           |                                     |                          |                          |                          |
| Start Date (10)<br><b>9 / 03 / 26</b>                                                                                                                                                                                                                                                                        | Scheduled Completion Date (11)<br><b>11 / 03 / 26</b>                                                                                                                                                                              |                                                                                                                                                                                                                              | Name of OSHA Monitor                                                          |                                                                                                                              |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM |                                                                                                                                                                                                                                    | Street Address<br><br>City, State, Zip Code                                                                                                                                                                                  |                                                                               |                                                                                                                              |                           |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                              |                                                                               |                                                                                                                              |                           |                                     |                          |                          |                          |
| <input type="checkbox"/> >3 sf or >3 lf<br><input checked="" type="checkbox"/> >160 sf or >260 lf                                                                                                                                                                                                            |                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                                                                                                                                        |                                                                               |                                                                                                                              |                           |                                     |                          |                          |                          |
| <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure                                                                 |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                              |                                                                               |                                                                                                                              |                           |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED IN Facility (13)</b>                                                                                                                                                                                                                       | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                              |                                                                                                                                                                                                                              |                                                                               | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                              | Yes                                                                                                                                                                                                                                | No                                                                                                                                                                                                                           | N/A                                                                           |                                                                                                                              |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| <b>Kitchen and second floor bathroom</b>                                                                                                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                     | <input checked="" type="checkbox"/>                                           | <b>Pipe Insulation</b>                                                                                                       | <b>18lf</b>               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                     | <input type="checkbox"/>                                                      |                                                                                                                              |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                     | <input type="checkbox"/>                                                      |                                                                                                                              |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                     | <input type="checkbox"/>                                                      |                                                                                                                              |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>Century Waste Services</b>                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                    | NJDEP Waste Hauler ID No.<br><b>32797</b>                                                                                                                                                                                    | Cubic Yards of Waste<br><b>20</b>                                             | Name of Registered Landfill<br><b>Grand Central Sanitary Landfill</b>                                                        |                           |                                     |                          |                          |                          |
| City, State<br><b>Elizabeth, NJ</b>                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    | Disposal Date<br><b>9/7/26</b>                                                                                                                                                                                               |                                                                               | City, State<br><b>Pen Argyl, PA 10872</b>                                                                                    |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Angela martinez</b>                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                    | Title<br><b>Owner</b>                                                                                                                                                                                                        |                                                                               | Signature<br><i>Angela Martinez</i>                                                                                          |                           |                                     | Date<br><b>8/23/26</b>   |                          |                          |



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

| Date of Notification (1)<br>8/21/2026                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                        | Name of Building Owner/Operator (2)<br><div style="text-align: right;">RECEIVED</div>                                                                                                             |                                                               |                                                                                                                                |                           |                |                   |             |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|-------------------|-------------|-----------|
| Agencies Notified                                                                                                                                                                                                                                                                                                                                                                                                         | Type Notification                                                                                                                                                                                                                      | Street Address                                                                                                                                                                                    |                                                               |                                                                                                                                |                           |                |                   |             |           |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | 58 Seamen Road                                                                                                                                                                                    |                                                               |                                                                                                                                |                           |                |                   |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                        | City, State, Zip Code<br>West Orange, NJ 07052                                                                                                                                                    |                                                               |                                                                                                                                |                           |                |                   |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                        | Name of Contact                                                                                                                                                                                   | Telephone Number                                              |                                                                                                                                |                           |                |                   |             |           |
| FACILITY INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                        |                                                                                                                                                                                                   |                                                               |                                                                                                                                |                           |                |                   |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Single Family                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                        | Type of Facility (4)                                                                                                                                                                              |                                                               |                                                                                                                                |                           |                |                   |             |           |
| Street Address<br>58 Seaman Rd                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                                                               |                                                                                                                                |                           |                |                   |             |           |
| City (5)<br>West Orange                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                        | Square Feet<br>unknown                                                                                                                                                                            | # of Floors<br>2                                              |                                                                                                                                |                           |                |                   |             |           |
| County (6)<br>Essex                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                        | County Code (7)<br>(STATE USE ONLY)                                                                                                                                                               | Current Use (Prior if being demolished)<br>Child Center       |                                                                                                                                |                           |                |                   |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>TBD                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                        | ASCM No.                                                                                                                                                                                          | Name of Abatement Contractor (9)<br>Gold Coast Management LLC |                                                                                                                                |                           |                |                   |             |           |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                        | Street Address<br>30 Sherman Ave                                                                                                                                                                  |                                                               |                                                                                                                                |                           |                |                   |             |           |
| City, State, Zip Code                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                        | City, State, Zip Code<br>Jersey City, NJ 07307                                                                                                                                                    |                                                               |                                                                                                                                |                           |                |                   |             |           |
| Project Manager for Monitoring Firm<br>TBD                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                        | Telephone No.                                                                                                                                                                                     | License No.                                                   |                                                                                                                                |                           |                |                   |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                        | 908-270-8556                                                                                                                                                                                      | 02109                                                         |                                                                                                                                |                           |                |                   |             |           |
| Start Date (10)<br>8/31/2026                                                                                                                                                                                                                                                                                                                                                                                              | Scheduled Completion Date (11)<br>9/1/2026                                                                                                                                                                                             | Name of OSHA Monitor<br>David Cuevas                                                                                                                                                              |                                                               |                                                                                                                                |                           |                |                   |             |           |
| Occupancy Status During Abatement (Check Only One)                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                        | Street Address                                                                                                                                                                                    |                                                               |                                                                                                                                |                           |                |                   |             |           |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____                                                                                                                                                                                        |                                                                                                                                                                                                                                        | 74 Franklin Ave                                                                                                                                                                                   |                                                               |                                                                                                                                |                           |                |                   |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                        | City, State, Zip Code<br>East Orange, NJ 07017                                                                                                                                                    |                                                               |                                                                                                                                |                           |                |                   |             |           |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                        |                                                                                                                                                                                                   |                                                               |                                                                                                                                |                           |                |                   |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                                                                                                                                                                                        |                                                                                                                                                                                                   |                                                               |                                                                                                                                |                           |                |                   |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)                                                                                                                                                                                                                                                                                                                                 | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                                  |                                                                                                                                                                                                   |                                                               | Description of Asbestos Containing Material (ACM)<br>(i.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                                                                                                                                                                                                                                      |                                                                                                                                                                                                   | X                                                             | VAT                                                                                                                            | 250 SF                    | X              |                   |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                        |                                                                                                                                                                                                   |                                                               |                                                                                                                                |                           |                |                   |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                        |                                                                                                                                                                                                   |                                                               |                                                                                                                                |                           |                |                   |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                        |                                                                                                                                                                                                   |                                                               |                                                                                                                                |                           |                |                   |             |           |
| Name of Registered Waste Hauler<br>Century Waste                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                        | NJDEP Waste Hauler ID No.<br>NJ860                                                                                                                                                                | Cubic Yards of Waste<br>3                                     | Name of Registered Landfill<br>Conestoga Landfill                                                                              |                           |                |                   |             |           |
| City, State<br>Elizabeth, NJ                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                        | Disposal Date                                                                                                                                                                                     |                                                               | City, State<br>Morgantown PA                                                                                                   |                           |                |                   |             |           |
| Completed by<br>John Kim                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                        | Title<br>President                                                                                                                                                                                |                                                               | Signature<br>                              |                           |                | Date<br>8/21/2026 |             |           |



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AUG 24 2026

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                    |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                   |                |                         |             |           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------|-------------------------|-------------|-----------|
| Date of Notification (1)<br><b>08-20-26</b>                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                    | Name of Building Owner/Operator (2)<br><b>TTL Services LLC</b>                                      |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                   |                |                         |             |           |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                                                                                                                                                                                       | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                                                                                     | Street Address<br><b>52 Garfield Ave.</b><br>City, State, Zip Code<br><b>Paterson, NJ 07522</b><br>Name of Contact _____ Telephone Number _____                                                                                                                                                                                                                                              |                                                                                                   |                |                         |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>FACILITY INFORMATION</b>                                                                                                                                                                                                        |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                   |                |                         |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Name of Facility Where Abatement is Taking Place (3)<br><b>Private Home</b><br>Street Address<br><b>5715 Madison St.</b><br>City (5)<br><b>West New York</b><br>County (6)<br><b>Hudson</b>                                        |                                                                                                     | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)<br>Square Feet _____ # of Floors <b>2</b> Bldg. Age _____<br>County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished)<br><b>Private Home</b> |                                                                                                   |                |                         |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Name of Monitoring Firm Hired by Building Owner (8)<br><b>N/A</b><br>Street Address _____<br>City, State, Zip Code _____                                                                                                           |                                                                                                     | ASCM No. _____ Name of Abatement Contractor (9)<br><b>Delfa Contracting LLC.</b><br>Street Address<br><b>1119 East Grand St.</b><br>City, State, Zip Code<br><b>Elizabeth, NJ 07201</b>                                                                                                                                                                                                      |                                                                                                   |                |                         |             |           |
| Project Manager for Monitoring Firm _____ Telephone No. _____                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                    | Telephone No. <b>908 576-7646</b> License No. <b>01206</b>                                          |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                   |                |                         |             |           |
| Start Date (10)<br><b>08-31-26</b>                                                                                                                                                                                                                                                                                                                                                                                                                                | Scheduled Completion Date (11)<br><b>09-07-26</b>                                                                                                                                                                                  |                                                                                                     | Name of OSHA Monitor<br><b>Delfa Contracting LLC</b>                                                                                                                                                                                                                                                                                                                                         |                                                                                                   |                |                         |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____                                                                                                                                                                          |                                                                                                                                                                                                                                    | Street Address<br><b>1119 East Grand St.</b><br>City, State, Zip Code<br><b>Elizabeth, NJ 07201</b> |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                   |                |                         |             |           |
| Scope of Work (Check All That Apply)<br><input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><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)<br>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 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                    |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                   |                |                         |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                    |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                   |                |                         |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                    |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                   |                |                         |             |           |
| 1st Floor                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                    | X                                                                                                   | VAT                                                                                                                                                                                                                                                                                                                                                                                          | 225 SF                                                                                            | X              |                         |             |           |
| Exterior                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    | X                                                                                                   | Window & Dor Caulking                                                                                                                                                                                                                                                                                                                                                                        | 64 LF                                                                                             | X              |                         |             |           |
| Roof                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                    | X                                                                                                   | Roofing Materials                                                                                                                                                                                                                                                                                                                                                                            | 1500 SF                                                                                           | X              |                         |             |           |
| Name of Registered Waste Hauler<br><b>Delfa Contracting LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                    | NJDEP Waste Hauler ID No.<br><b>35240</b>                                                           | Cubic Yards of Waste<br><b>15</b>                                                                                                                                                                                                                                                                                                                                                            | Name of Registered Landfill<br><b>Tullytown Resource Recovery Facility</b>                        |                |                         |             |           |
| City, State<br><b>Elizabeth, NJ</b>                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                    | Disposal Date<br><b>08-10-26</b>                                                                    |                                                                                                                                                                                                                                                                                                                                                                                              | City, State<br><b>Tullytown, PA</b>                                                               |                |                         |             |           |
| Completed by<br><b>Jaime Delgado</b>                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                    | Title<br><b>Proj. Manager.</b>                                                                      |                                                                                                                                                                                                                                                                                                                                                                                              | Signature<br> |                | Date<br><b>08-20-26</b> |             |           |



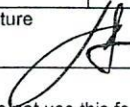
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Print Form

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

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------|------------------|-------------|-----------|
| Date of Notification (1)<br>08-20-26                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    | Name of Building Owner/Operator (2)<br>TTL Services LLC                               |                                                                                                                                                                                                                                                                                                                                         |                                                                                                   |                |                  |             |           |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                                                                                                                                                                                                                                       | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                                                                       | Street Address<br>52 Garfield Ave.<br>City, State, Zip Code<br>Paterson, NJ 07522<br>Name of Contact _____ Telephone Number _____                                                                                                                                                                                                       |                                                                                                   |                |                  |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>FACILITY INFORMATION</b>                                                                                                                                                                                                        |                                                                                       |                                                                                                                                                                                                                                                                                                                                         |                                                                                                   |                |                  |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Name of Facility Where Abatement is Taking Place (3)<br>Private Home<br>Street Address<br>5801 Madison St.<br>City (5)<br>West New York<br>County (6)<br>Hudson                                                                    |                                                                                       | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)<br>Square Feet _____ # of Floors 2 Bldg. Age _____<br>Current Use (Prior if being demolished)<br>Private Home |                                                                                                   |                |                  |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Name of Monitoring Firm Hired by Building Owner (8)<br>N/A<br>Street Address _____<br>City, State, Zip Code _____                                                                                                                  |                                                                                       | ASCM No. _____<br>Name of Abatement Contractor (9)<br>Delfa Contracting LLC.<br>Street Address<br>1119 East Grand St.<br>City, State, Zip Code<br>Elizabeth, NJ 07201                                                                                                                                                                   |                                                                                                   |                |                  |             |           |
| Project Manager for Monitoring Firm _____ Telephone No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                    | Telephone No. 908 576-7646 License No. 01206                                          |                                                                                                                                                                                                                                                                                                                                         |                                                                                                   |                |                  |             |           |
| Start Date (10)<br>08-31-26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Scheduled Completion Date (11)<br>09-11-26                                                                                                                                                                                         | Name of OSHA Monitor<br>Delfa Contracting LLC                                         |                                                                                                                                                                                                                                                                                                                                         |                                                                                                   |                |                  |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____                                                                                                                                                                                                                      |                                                                                                                                                                                                                                    | Street Address<br>1119 East Grand St.<br>City, State, Zip Code<br>Elizabeth, NJ 07201 |                                                                                                                                                                                                                                                                                                                                         |                                                                                                   |                |                  |             |           |
| Scope of Work (Check All That Apply)<br><input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><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)<br>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                                                                                     | Flue Cement                                                                                                                                                                                                                                                                                                                             | 10 SF                                                                                             | X              |                  |             |           |
| Roof                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    | X                                                                                     | Roofing Materials                                                                                                                                                                                                                                                                                                                       | 1115 SF                                                                                           | X              |                  |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                    |                                                                                       |                                                                                                                                                                                                                                                                                                                                         |                                                                                                   |                |                  |             |           |
| Name of Registered Waste Hauler<br>Delfa Contracting LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                    | NJDEP Waste Hauler ID No.<br>35240                                                    | Cubic Yards of Waste<br>15                                                                                                                                                                                                                                                                                                              | Name of Registered Landfill<br>Tullytown Resource Recovery Facility                               |                |                  |             |           |
| City, State<br>Elizabeth, NJ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                    | Disposal Date<br>09-10-26                                                             |                                                                                                                                                                                                                                                                                                                                         | City, State<br>Tullytown, PA                                                                      |                |                  |             |           |
| Completed by<br>Jaime Delgado                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                    | Title<br>Proj. Manager.                                                               |                                                                                                                                                                                                                                                                                                                                         | Signature<br> |                | Date<br>08-20-26 |             |           |



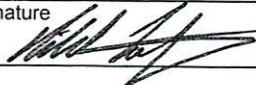
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

| Date of Notification (1)<br>08/21/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                    | Name of Building Owner/Operator (2)<br><div style="text-align: right;">AUG 27 2026</div>                                                                                                                                  |                                                             |                                                                                                                                |                           |                    |        |             |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------|--------|-------------|-----------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                                                                                                                                                                                                  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>150 White Oak Lane<br><br>City, State, Zip Code<br>Bedminster, NJ 07921<br><br>Name of Contact _____ Telephone Number _____                                                                             |                                                             |                                                                                                                                |                           |                    |        |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           |                                                             |                                                                                                                                |                           |                    |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Residential                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                    | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                                                             |                                                                                                                                |                           |                    |        |             |           |
| Street Address<br>150 White Oak Lane                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                    | Square Feet                                                                                                                                                                                                               | # of Floors                                                 |                                                                                                                                |                           |                    |        |             |           |
| City (5)<br>Bedminster                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                    | Bldg. Age                                                                                                                                                                                                                 |                                                             |                                                                                                                                |                           |                    |        |             |           |
| County (6)<br>Somerset                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | County Code (7)<br>(STATE USE ONLY) _____                                                                                                                                                                                          | Current Use (Prior if being demolished)                                                                                                                                                                                   |                                                             |                                                                                                                                |                           |                    |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>A. Seine Lighthouse Solutions                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                    | ASCM No.                                                                                                                                                                                                                  | Name of Abatement Contractor (9)<br>All Pro Management, LLC |                                                                                                                                |                           |                    |        |             |           |
| Street Address<br>PO Box 354                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                    | Street Address<br>27 Outwater Lane                                                                                                                                                                                        |                                                             |                                                                                                                                |                           |                    |        |             |           |
| City, State, Zip Code<br>South Orange, NJ 07079                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                    | City, State, Zip Code<br>Garfield, NJ 07026                                                                                                                                                                               |                                                             |                                                                                                                                |                           |                    |        |             |           |
| Project Manager for Monitoring Firm<br>Sarah Calandra                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                    | Telephone No.<br>201-394-2666                                                                                                                                                                                             | Telephone No.<br>973-928-4888                               |                                                                                                                                |                           |                    |        |             |           |
| Start Date (10)<br>08/31/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                    | Scheduled Completion Date (11)<br>09/30/2026                                                                                                                                                                              | License No.<br>1188                                         |                                                                                                                                |                           |                    |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other – Describe: _____                                                                                                                                                                                                |                                                                                                                                                                                                                                    | Name of OSHA Monitor<br>A. Seine Lighthouse Solutions                                                                                                                                                                     |                                                             |                                                                                                                                |                           |                    |        |             |           |
| Street Address<br>PO Box 354                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                    | City, State, Zip Code<br>South Orange, NJ 07079                                                                                                                                                                           |                                                             |                                                                                                                                |                           |                    |        |             |           |
| Scope of Work (Check All That Apply)<br><input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           |                                                             |                                                                                                                                |                           |                    |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)                                                                                                                                                                                                                                                                                                                                                                                               | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                              |                                                                                                                                                                                                                           |                                                             | Description of Asbestos Containing Material (ACM)<br>(i.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                                                                                                                | 450 LF                    | X                  |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           |                                                             |                                                                                                                                |                           |                    |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           |                                                             |                                                                                                                                |                           |                    |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           |                                                             |                                                                                                                                |                           |                    |        |             |           |
| Name of Registered Waste Hauler<br>Century Waste LLC                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                    | NJDEP Waste Hauler ID No.<br>32797                                                                                                                                                                                        | Cubic Yards of Waste                                        | Name of Registered Landfill<br>Fairless Landfill                                                                               |                           |                    |        |             |           |
| City, State<br>Elizabeth, NJ                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                    | Disposal Date                                                                                                                                                                                                             |                                                             | City, State<br>Morrisville, PA                                                                                                 |                           |                    |        |             |           |
| Completed by<br>Jacqueline Anello                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                    | Title<br>Office Administrator                                                                                                                                                                                             |                                                             | Signature<br><i>Jacqueline Anello</i>                                                                                          |                           | Date<br>08/21/2026 |        |             |           |



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

| Date of Notification (1)<br>8/11/26                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                               | Name of Building Owner/Operator (2)<br><div style="text-align: right; font-weight: bold;">RECEIVED</div>                                                                                                                  |                                                                                                   |                                                                                                                             |                           |                |        |             |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|--------|-------------|-----------|
| Agencies Notified                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Type Notification                                                                                                                                                                                             | Street Address<br>1175 Irvin Ave.                                                                                                                                                                                         |                                                                                                   |                                                                                                                             |                           |                |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Union, NJ 07083<br><br>Name of Contact _____ Telephone Number _____                                                                                                                              |                                                                                                   |                                                                                                                             |                           |                |        |             |           |
| FACILITY INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                               |                                                                                                                                                                                                                           |                                                                                                   |                                                                                                                             |                           |                |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Residential Home                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                               | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                                                                                                   |                                                                                                                             |                           |                |        |             |           |
| Street Address<br>1175 Irvin Ave.                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                               | Square Feet<br>2100                                                                                                                                                                                                       | # of Floors<br>2                                                                                  |                                                                                                                             |                           |                |        |             |           |
| City (5)<br>Union                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                               | Bldg. Age<br>60 +/-                                                                                                                                                                                                       |                                                                                                   |                                                                                                                             |                           |                |        |             |           |
| County (6)<br>Union                                                                                                                                                                                                                                                                                                                                                                                                                                                          | County Code (7)<br>(STATE USE ONLY) _____                                                                                                                                                                     | Current Use (Prior if being demolished)<br>Commercial Building                                                                                                                                                            |                                                                                                   |                                                                                                                             |                           |                |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Project Manager                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                               | ASCM No. _____                                                                                                                                                                                                            | Name of Abatement Contractor (9)<br>All Stages Abatement                                          |                                                                                                                             |                           |                |        |             |           |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                               | Street Address<br>55 Cannonball Rd.                                                                                                                                                                                       |                                                                                                   |                                                                                                                             |                           |                |        |             |           |
| City, State, Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                               | City, State, Zip Code<br>Pompton Lakes, NJ 07442                                                                                                                                                                          |                                                                                                   |                                                                                                                             |                           |                |        |             |           |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                               | Telephone No.<br>201-600-3184                                                                                                                                                                                             | License No.<br>01305                                                                              |                                                                                                                             |                           |                |        |             |           |
| Start Date (10)<br>8/28/26                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Scheduled Completion Date (11)<br>8/31/26                                                                                                                                                                     | Name of OSHA Monitor<br>Same As Above                                                                                                                                                                                     |                                                                                                   |                                                                                                                             |                           |                |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><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)<br><input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><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                                                                                                                         | 504 SF                    | x              |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                               |                                                                                                                                                                                                                           |                                                                                                   |                                                                                                                             |                           |                |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                               |                                                                                                                                                                                                                           |                                                                                                   |                                                                                                                             |                           |                |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                               |                                                                                                                                                                                                                           |                                                                                                   |                                                                                                                             |                           |                |        |             |           |
| Name of Registered Waste Hauler<br>All Stages Abatement                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                               | NJDEP Waste Hauler ID No.<br>0036592                                                                                                                                                                                      | Cubic Yards of Waste<br>6 YD                                                                      | Name of Registered Landfill<br>Chrin Brothers Sanitary Landfill                                                             |                           |                |        |             |           |
| City, State<br>Pompton Lakes, NJ                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                               |                                                                                                                                                                                                                           | Disposal Date<br>TBD                                                                              | City, State<br>Easton, PA                                                                                                   |                           |                |        |             |           |
| Completed by<br>Richard Cristofol                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                               | Title<br>President                                                                                                                                                                                                        | Signature<br> | Date<br>8/11/26                                                                                                             |                           |                |        |             |           |



PAID

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 17:27 and 17:28)

1104

6 AUG 27 2026

DEPARTMENT OF ENVIRONMENTAL PROTECTION  
ASBESTOS CONTROL & LICENSING

Date of Notification (1)  
8-19-26

Name of Building Owner/Operator (2)  
303 E Jefferson Ave  
Wildwood NJ 08260

Street Address  
City, State, Zip Code

Name of Contact

Agencies Notified  
☒ EPA  
☒ DEP  
☒ DOL  
☐ DOH  
☐ DCA

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

FACILITY INFORMATION

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

Street Address  
303 E Jefferson Ave

City (3)  
Wildwood

County (3)  
Cape May

County Code (7)  
(STATE USE ONLY)

ASCR No.

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

Square Feet  
1600

# of Floors  
2

Blg. Age  
20

Current Use (Prior if being demolished)  
Resident

Name of Abatement Contractor (5)  
Am. Ice Abatement Corporation / LC

Street Address  
1212 Burlington Ave

City, State, Zip Code  
Asbury Park NJ 08901

Telephone No.  
609-346-1916

License No.  
01070

Name of OSHA Monitor  
Self.

Start Date (10)  
Sept 2, 2026

Scheduled Completion Date (11)  
Sept 20 2026

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)  
☐ 25 sf or 25 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 Commercial Staff? (12) |    |     | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |               |           |
|------------------------------------------------------------------------------|------------------------------------------------------------|----|-----|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|--------|---------------|-----------|
|                                                                              | Yes                                                        | No | N/A |                                                                                                                             |                           | Removal        | Repair | Encapsulation | Enclosure |
| Outside                                                                      |                                                            |    | ✓   | ACM Siding                                                                                                                  | 2500                      | ✓              |        |               |           |
|                                                                              |                                                            |    |     |                                                                                                                             |                           |                |        |               |           |
|                                                                              |                                                            |    |     |                                                                                                                             |                           |                |        |               |           |
|                                                                              |                                                            |    |     |                                                                                                                             |                           |                |        |               |           |

Name of Registered Waste Handler  
Billy D. Middle Turp NJ

NJDEP Waste Form - (7) No.

Cubic Yards of Waste

Name of Registered Landfill

City, State

Disposal Date  
1ED

Signature  
[Signature]

Date  
Aug 19, 2026

Noted by  
[Signature]

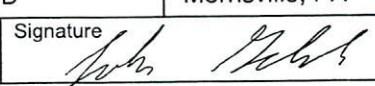
Printed Name  
K. Resident.

- Do not use this form for asbestos licensure exempted activities

(R-05-03)

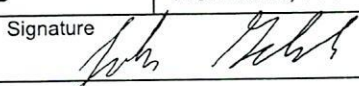


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

|                                                                                                                                                                                                                                    |                                                                       |                                                                                                                                                                                                                          |                                      |                                                                                                                                                                                                                                              |                                                  |                |        |             |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------|--------|-------------|-----------|
| Date of Notification (1)<br>8/21/26                                                                                                                                                                                                |                                                                       | Name of Building Owner/Operator (2)<br>Elmwood Park Public Schools                                                                                                                                                       |                                      | RECEIVED                                                                                                                                                                                                                                     |                                                  |                |        |             |           |
| Agencies Notified                                                                                                                                                                                                                  |                                                                       | Type Notification                                                                                                                                                                                                        |                                      | Street Address<br>60 East 53rd Street                                                                                                                                                                                                        |                                                  |                |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA                           |                                                                       | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                      | City, State, Zip Code<br>Elmwood Park, NJ 07407<br>Name of Contact<br>Steve Bakreski<br>Telephone Number<br>201-745-1608                                                                                                                     |                                                  |                |        |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                        |                                                                       |                                                                                                                                                                                                                          |                                      |                                                                                                                                                                                                                                              |                                                  |                |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Gantner Ave Elementary School                                                                                                                                              |                                                                       |                                                                                                                                                                                                                          |                                      | Type of Facility (4)                                                                                                                                                                                                                         |                                                  |                |        |             |           |
| Street Address<br>99 Roosevelt Ave                                                                                                                                                                                                 |                                                                       |                                                                                                                                                                                                                          |                                      | <input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                                            |                                                  |                |        |             |           |
| City (5)<br>Elmwood Park                                                                                                                                                                                                           |                                                                       |                                                                                                                                                                                                                          |                                      | Square Feet                                                                                                                                                                                                                                  | # of Floors                                      |                |        |             |           |
| County (6)<br>Bergen                                                                                                                                                                                                               |                                                                       |                                                                                                                                                                                                                          |                                      | County Code (7)<br>(STATE USE ONLY) _____                                                                                                                                                                                                    | Current Use (Prior if being demolished)          |                |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Envirovision Consultants                                                                                                                                                    |                                                                       |                                                                                                                                                                                                                          | ASC No.<br>0079                      | Name of Abatement Contractor (9)<br>Academy Construction Inc                                                                                                                                                                                 |                                                  |                |        |             |           |
| Street Address<br>20-21 Wagaraw Road - Bldg. 35E                                                                                                                                                                                   |                                                                       |                                                                                                                                                                                                                          |                                      | Street Address<br>7 East Garden Place                                                                                                                                                                                                        |                                                  |                |        |             |           |
| City, State, Zip Code<br>Fair Lawn, NJ 07410                                                                                                                                                                                       |                                                                       |                                                                                                                                                                                                                          |                                      | City, State, Zip Code<br>Pompton Plains, NJ 07444                                                                                                                                                                                            |                                                  |                |        |             |           |
| Project Manager for Monitoring Firm<br>Fred Larson                                                                                                                                                                                 |                                                                       |                                                                                                                                                                                                                          | Telephone No.<br>973-636-9145        | Telephone No.<br>973 832 4244                                                                                                                                                                                                                | License No.<br>01379                             |                |        |             |           |
| Start Date (10)<br>8/27/26                                                                                                                                                                                                         |                                                                       | Scheduled Completion Date (11)<br>9/15/26                                                                                                                                                                                |                                      | Name of OSHA Monitor<br>Same as above                                                                                                                                                                                                        |                                                  |                |        |             |           |
| Occupancy Status During Abatement (Check Only One)                                                                                                                                                                                 |                                                                       |                                                                                                                                                                                                                          |                                      | Street Address                                                                                                                                                                                                                               |                                                  |                |        |             |           |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |                                                                       |                                                                                                                                                                                                                          |                                      | City, State, Zip Code                                                                                                                                                                                                                        |                                                  |                |        |             |           |
| Scope of Work (Check All That Apply)                                                                                                                                                                                               |                                                                       |                                                                                                                                                                                                                          |                                      |                                                                                                                                                                                                                                              |                                                  |                |        |             |           |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf                                                                                                          |                                                                       | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                                                                                                                                    |                                      | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                  |                |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)                                                                                                                                          | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |                                                                                                                                                                                                                          |                                      | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)                                                                                                               | Amount (Specify SF or LF)                        | Abatement Type |        |             |           |
|                                                                                                                                                                                                                                    | Yes                                                                   | No                                                                                                                                                                                                                       | N/A                                  |                                                                                                                                                                                                                                              |                                                  | Removal        | Repair | Encapsulate | Enclosure |
| Multi-Purpose Room                                                                                                                                                                                                                 |                                                                       |                                                                                                                                                                                                                          | X                                    | Transite Panels                                                                                                                                                                                                                              | 650 sf                                           | X              |        | X           |           |
|                                                                                                                                                                                                                                    |                                                                       |                                                                                                                                                                                                                          |                                      |                                                                                                                                                                                                                                              |                                                  |                |        |             |           |
|                                                                                                                                                                                                                                    |                                                                       |                                                                                                                                                                                                                          |                                      |                                                                                                                                                                                                                                              |                                                  |                |        |             |           |
|                                                                                                                                                                                                                                    |                                                                       |                                                                                                                                                                                                                          |                                      |                                                                                                                                                                                                                                              |                                                  |                |        |             |           |
| Name of Registered Waste Hauler<br>Academy Construction Inc                                                                                                                                                                        |                                                                       |                                                                                                                                                                                                                          | NJDEP Waste Hauler ID No.<br>0034422 | Cubic Yards of Waste<br>5 cu yd                                                                                                                                                                                                              | Name of Registered Landfill<br>Fairless Landfill |                |        |             |           |
| City, State<br>Pompton Plains, NJ                                                                                                                                                                                                  |                                                                       |                                                                                                                                                                                                                          |                                      | Disposal Date<br>TBD                                                                                                                                                                                                                         | City, State<br>Morrisville, PA                   |                |        |             |           |
| Completed by<br>John Geleski                                                                                                                                                                                                       |                                                                       |                                                                                                                                                                                                                          | Title<br>Supervisor                  | Signature<br>                                                                                                                                            | Date<br>8/21/26                                  |                |        |             |           |



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

|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                          |                                                                                                                                                                                                                                              |                                                              |                                                                                                                             |                           |                |                 |             |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|-----------------|-------------|-----------|
| Date of Notification (1)<br>8/20/26                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                          | Name of Building Owner/Operator (2)<br>Elmwood Park Public Schools                                                                                                                                                                           |                                                              |                                                                                                                             |                           |                |                 |             |           |
| Agencies Notified                                                                                                                                                                                                                                                                        | Type Notification                                                                                                                                                                                                        | Street Address<br>60 E. 53rd St                                                                                                                                                                                                              |                                                              |                                                                                                                             |                           |                |                 |             |           |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                                   | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Elmwood Park, NJ 07407                                                                                                                                                                                              |                                                              |                                                                                                                             |                           |                |                 |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                          | Name of Contact<br>Steve Bakreski                                                                                                                                                                                                            | Telephone Number<br>201-745-1608                             |                                                                                                                             |                           |                |                 |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                          |                                                                                                                                                                                                                                              |                                                              |                                                                                                                             |                           |                |                 |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>High School                                                                                                                                                                                                                      |                                                                                                                                                                                                                          | Type of Facility (4)<br><input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |                                                              |                                                                                                                             |                           |                |                 |             |           |
| Street Address<br>375 River Road                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                          | Square Feet                                                                                                                                                                                                                                  | # of Floors                                                  |                                                                                                                             |                           |                |                 |             |           |
| City (5)<br>Elmwood Park                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                          | Bldg. Age                                                                                                                                                                                                                                    |                                                              |                                                                                                                             |                           |                |                 |             |           |
| County (6)<br>Bergen                                                                                                                                                                                                                                                                     | County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                                      | Current Use (Prior if being demolished)                                                                                                                                                                                                      |                                                              |                                                                                                                             |                           |                |                 |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Envirovision                                                                                                                                                                                                                      |                                                                                                                                                                                                                          | ASCM No.<br>0079                                                                                                                                                                                                                             | Name of Abatement Contractor (9)<br>Academy Construction Inc |                                                                                                                             |                           |                |                 |             |           |
| Street Address<br>20-21 Wagaraw Road - Bldg 35E                                                                                                                                                                                                                                          |                                                                                                                                                                                                                          | Street Address<br>7 East Garden Place                                                                                                                                                                                                        |                                                              |                                                                                                                             |                           |                |                 |             |           |
| City, State, Zip Code<br>Fair Lawn, NJ 07410                                                                                                                                                                                                                                             |                                                                                                                                                                                                                          | City, State, Zip Code<br>Pompton Plains, NJ 07444                                                                                                                                                                                            |                                                              |                                                                                                                             |                           |                |                 |             |           |
| Project Manager for Monitoring Firm<br>Fred Larson                                                                                                                                                                                                                                       |                                                                                                                                                                                                                          | Telephone No.<br>973-636-9145                                                                                                                                                                                                                | Telephone No.<br>973 832 4244                                |                                                                                                                             |                           |                |                 |             |           |
| Start Date (10)<br>8/21/26                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                          | Scheduled Completion Date (11)<br>8/30/26                                                                                                                                                                                                    | License No.<br>01379                                         |                                                                                                                             |                           |                |                 |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |                                                                                                                                                                                                                          | Name of OSHA Monitor<br>Same as above                                                                                                                                                                                                        |                                                              |                                                                                                                             |                           |                |                 |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                          | Street Address                                                                                                                                                                                                                               |                                                              |                                                                                                                             |                           |                |                 |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                          | City, State, Zip Code                                                                                                                                                                                                                        |                                                              |                                                                                                                             |                           |                |                 |             |           |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                          |                                                                                                                                                                                                                                              |                                                              |                                                                                                                             |                           |                |                 |             |           |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf                                                                                                                                                                |                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                                                                                                                                                        |                                                              |                                                                                                                             |                           |                |                 |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                          | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                              |                                                                                                                             |                           |                |                 |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)                                                                                                                                                                                                | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                    |                                                                                                                                                                                                                                              |                                                              | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |                 |             |           |
|                                                                                                                                                                                                                                                                                          | Yes                                                                                                                                                                                                                      | No                                                                                                                                                                                                                                           | N/A                                                          |                                                                                                                             |                           | Removal        | Repair          | Encapsulate | Enclosure |
| Room 111                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                          |                                                                                                                                                                                                                                              | X                                                            | VAT & Mastic                                                                                                                | 1000 sf                   | X              |                 |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                          |                                                                                                                                                                                                                                              |                                                              |                                                                                                                             |                           |                |                 |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                          |                                                                                                                                                                                                                                              |                                                              |                                                                                                                             |                           |                |                 |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                          |                                                                                                                                                                                                                                              |                                                              |                                                                                                                             |                           |                |                 |             |           |
| Name of Registered Waste Hauler<br>Academy Construction Inc                                                                                                                                                                                                                              |                                                                                                                                                                                                                          | NJDEP Waste Hauler ID No.<br>0034422                                                                                                                                                                                                         | Cubic Yards of Waste<br>3 cu yd                              | Name of Registered Landfill<br>Fairless Landfill                                                                            |                           |                |                 |             |           |
| City, State<br>Pompton Plains, NJ                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                          | Disposal Date<br>TBD                                                                                                                                                                                                                         |                                                              | City, State<br>Morrisville, PA                                                                                              |                           |                |                 |             |           |
| Completed by<br>John Geleski                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                          | Title<br>Supervisor                                                                                                                                                                                                                          |                                                              | Signature<br>                           |                           |                | Date<br>8/20/26 |             |           |



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

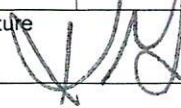


RECEIVED

| Date of Notification (1)<br>08/18/2026                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                        | Name of Building Owner/Operator (2)<br>Clinton Urban Renewal LLC                                                                                                                                                                                                   |                                                             |                                                                                                                                |                           |                    |        |             |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------|--------|-------------|-----------|
| Agencies Notified<br><br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                          | Type Notification<br><br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>165 Clinton Avenue                                                                                                                                                                                                                               |                                                             |                                                                                                                                |                           |                    |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                        | City, State, Zip Code<br>Newark NJ 07108                                                                                                                                                                                                                           |                                                             |                                                                                                                                |                           |                    |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                        | Name of Contact                                                                                                                                                                                                                                                    | Telephone Number                                            |                                                                                                                                |                           |                    |        |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                    |                                                             |                                                                                                                                |                           |                    |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Commercial property                                                                                                                                                                                                              |                                                                                                                                                                                                                                        | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                                          |                                                             |                                                                                                                                |                           |                    |        |             |           |
| Street Address<br>165 Clinton Avenue                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                        | Square Feet                                                                                                                                                                                                                                                        | # of Floors                                                 |                                                                                                                                |                           |                    |        |             |           |
| City (5)<br>Newark                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                        | Bldg. Age                                                                                                                                                                                                                                                          |                                                             |                                                                                                                                |                           |                    |        |             |           |
| County (6)<br>Essex                                                                                                                                                                                                                                                                      | County Code (7)<br>(STATE USE ONLY) _____                                                                                                                                                                                              | Current Use (Prior if being demolished)                                                                                                                                                                                                                            |                                                             |                                                                                                                                |                           |                    |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A                                                                                                                                                                                                                               |                                                                                                                                                                                                                                        | ASCM No.                                                                                                                                                                                                                                                           | Name of Abatement Contractor (9)<br>Davas Environmental LLC |                                                                                                                                |                           |                    |        |             |           |
| Street Address                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                        | Street Address<br>277 Falmouth Avenue                                                                                                                                                                                                                              |                                                             |                                                                                                                                |                           |                    |        |             |           |
| City, State, Zip Code                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                        | City, State, Zip Code<br>Elmwood Park, NJ 07407                                                                                                                                                                                                                    |                                                             |                                                                                                                                |                           |                    |        |             |           |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                        | Telephone No.                                                                                                                                                                                                                                                      | License No.<br>02020                                        |                                                                                                                                |                           |                    |        |             |           |
| Start Date (10)<br>09/02/2026                                                                                                                                                                                                                                                            | Scheduled Completion Date (11)<br>09/05/2026                                                                                                                                                                                           | Name of OSHA Monitor<br>Davas Environmental LLC                                                                                                                                                                                                                    |                                                             |                                                                                                                                |                           |                    |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |                                                                                                                                                                                                                                        | Street Address<br>277 Falmouth Avenue                                                                                                                                                                                                                              |                                                             |                                                                                                                                |                           |                    |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                        | City, State, Zip Code<br>Elmwood Park NJ 07407                                                                                                                                                                                                                     |                                                             |                                                                                                                                |                           |                    |        |             |           |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                    |                                                             |                                                                                                                                |                           |                    |        |             |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                                        |                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                                                                                                                                                                              |                                                             |                                                                                                                                |                           |                    |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                             |                                                                                                                                |                           |                    |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)                                                                                                                                                                                                | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                                  |                                                                                                                                                                                                                                                                    |                                                             | Description of Asbestos Containing Material (ACM)<br>(i.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                                                                                                                | 120LF                     | x                  |        |             |           |
| Hallway 8th Floor                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                        | x                                                                                                                                                                                                                                                                  |                                                             | pipe insulation                                                                                                                | 4 LF                      | x                  |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                    |                                                             |                                                                                                                                |                           |                    |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                    |                                                             |                                                                                                                                |                           |                    |        |             |           |
| Name of Registered Waste Hauler<br>Newark Carting                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                        | NJDEP Waste Hauler ID No.<br>04509                                                                                                                                                                                                                                 | Cubic Yards of Waste<br>TBD                                 | Name of Registered Landfill<br>IESI BETHLEHEM LANDFILL                                                                         |                           |                    |        |             |           |
| City, State<br>369 RAYMOND BLVD. NEWARK NJ 07105                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                    | Disposal Date<br>TBD                                        | City, State<br>BETHELEHEM, PA 18015                                                                                            |                           |                    |        |             |           |
| Completed by<br>EDGARD SALAS                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                        | Title<br>PRESIDENT                                                                                                                                                                                                                                                 | Signature<br>                                               |                                                                                                                                |                           | Date<br>08/18/2026 |        |             |           |

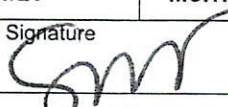


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:26 and 8:27)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                              |                                                                              |                                                                                                                              |                                              |                                     |                          |                          |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><b>07 / 15 / 26</b>                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                    | N. Building Owner/Operator (2)<br><b>Central United Methodist Church Job #2607-3573 check#N/A</b>                                                                                                                            |                                                                              |                                                                                                                              |                                              |                                     |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA (NJAC 5:23-8)                                                                                                                                                                                                                                                         | Type Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended Amendment # <b>1</b><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>729 Arnold Avenue</b>                                                                                                                                                                                   |                                                                              |                                                                                                                              |                                              |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                    | City, State, Zip Code<br><b>Point Pleasant NJ 08742</b>                                                                                                                                                                      |                                                                              |                                                                                                                              |                                              |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                    | Name of Contact<br><b>Michael Kim</b>                                                                                                                                                                                        | Telephone Number<br><b>732-892-3233</b>                                      |                                                                                                                              |                                              |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                              |                                                                              |                                                                                                                              |                                              |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Oxenford Hall</b>                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                    | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                                                                              |                                                                                                                              |                                              |                                     |                          |                          |                          |
| Street Address<br><b>729 Arnold Avenue</b>                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                              |                                                                              |                                                                                                                              |                                              |                                     |                          |                          |                          |
| City (5)<br><b>Point Pleasant Beach</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                    | Square Feet<br><b>1650</b>                                                                                                                                                                                                   | # of Floors<br><b>1</b>                                                      |                                                                                                                              |                                              |                                     |                          |                          |                          |
| County (6)<br><b>Ocean</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                    | County Code (7) (STATE USE ONLY)                                                                                                                                                                                             | Bldg. Age<br><b>100</b>                                                      |                                                                                                                              |                                              |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Finog Environmental</b>                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                    | ASCM No.                                                                                                                                                                                                                     | Name of Abatement Contractor (9)<br><b>Asbestos and Mold Services, Corp.</b> |                                                                                                                              |                                              |                                     |                          |                          |                          |
| Street Address<br><b>617 Stokes Road #4-318</b>                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                    | Street Address<br><b>70 Stacy Haines Road Suite 4</b>                                                                                                                                                                        |                                                                              |                                                                                                                              |                                              |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Medford NJ 08055</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                    | City, State, Zip Code<br><b>Lumberton NJ 08048</b>                                                                                                                                                                           |                                                                              |                                                                                                                              |                                              |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Rebecca Rubnitz</b>                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                    | Telephone No.<br><b>856-596-9994</b>                                                                                                                                                                                         | License No.<br><b>00862</b>                                                  |                                                                                                                              |                                              |                                     |                          |                          |                          |
| Start Date (10)<br><b>07 / 27 / 26</b>                                                                                                                                                                                                                                                                                                                                                                                                                      | Scheduled Completion Date (11)<br><b>08 / 07 / 26</b>                                                                                                                                                                              |                                                                                                                                                                                                                              | Name of OSHA Monitor<br><b>EMSL Analytical, Inc.</b>                         |                                                                                                                              |                                              |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM                                                                                                                                                   |                                                                                                                                                                                                                                    | Street Address<br><b>200 U.S. Route 130 North</b>                                                                                                                                                                            |                                                                              |                                                                                                                              |                                              |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                    | City, State, Zip Code<br><b>Cinnaminson, NJ 08077</b>                                                                                                                                                                        |                                                                              |                                                                                                                              |                                              |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                              |                                                                              |                                                                                                                              |                                              |                                     |                          |                          |                          |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure <b>Enclosure</b><br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                              |                                                                              |                                                                                                                              |                                              |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED IN Facility (13)</b>                                                                                                                                                                                                                                                                                                                                                                      | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                              |                                                                                                                                                                                                                              |                                                                              | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)<br><b>1,677 SF</b> | Abatement Type                      |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Yes                                                                                                                                                                                                                                | No                                                                                                                                                                                                                           | N/A                                                                          |                                                                                                                              |                                              | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| <b>Throughout</b>                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                     | <input checked="" type="checkbox"/>                                          | <b>Floor Tile and Mastic</b>                                                                                                 |                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>                                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                     | <input type="checkbox"/>                                                     |                                                                                                                              |                                              | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>                                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                     | <input type="checkbox"/>                                                     |                                                                                                                              |                                              | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>                                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                     | <input type="checkbox"/>                                                     |                                                                                                                              |                                              | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>Asbestos and Mold Services Corp</b>                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                    | NJDEP Waste Hauler ID No.<br><b>0035680</b>                                                                                                                                                                                  | Cubic Yards of Waste<br><b>80</b>                                            | Name of Registered Landfill<br><b>Fairless Hills</b>                                                                         |                                              |                                     |                          |                          |                          |
| City, State<br><b>Lumberton, NJ</b>                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                    | Disposal Date<br><b>08/07/2026</b>                                                                                                                                                                                           |                                                                              | City, State<br><b>Morrisville, PA</b>                                                                                        |                                              |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Kaysi Gruner</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                    | Title<br><b>Admin</b>                                                                                                                                                                                                        |                                                                              | Signature<br>                            |                                              |                                     | Date<br><b>7/31/26</b>   |                          |                          |

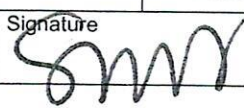


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

| Date of Notification (1)<br>8 / 21 / 26                                                                                                                                                                                                                                                                         |                                                                       | Name of Building Owner/Operator (2)<br>Transcontinental Gas Pipe Line                                                                                                                                                              |                                     | Job # 2608-6623 Check#18142                                                                                                                                                                                                                  |                                                         |                                     |                          |                          |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA (NJAC 5:23-8)                                                                                                             |                                                                       | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                     | Street Address<br><b>315 Cold Soil Rd.</b><br>City, State, Zip Code<br><b>Princeton, NJ 08540</b><br>Name of Contact<br><b>Kevin Schmidt</b><br>Telephone Number<br><b>610-755-8956</b>                                                      |                                                         |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                     |                                                                       |                                                                                                                                                                                                                                    |                                     |                                                                                                                                                                                                                                              |                                                         |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Williams/Transco Dig #49370</b>                                                                                                                                                                                                                      |                                                                       |                                                                                                                                                                                                                                    |                                     | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                 |                                                         |                                     |                          |                          |                          |
| Street Address<br><b>235 Mountain Ave.</b>                                                                                                                                                                                                                                                                      |                                                                       |                                                                                                                                                                                                                                    |                                     | Square Feet<br># of Floors<br>Bldg. Age                                                                                                                                                                                                      |                                                         |                                     |                          |                          |                          |
| City (5)<br><b>Gillette</b>                                                                                                                                                                                                                                                                                     |                                                                       | County (6)<br><b>Morris</b>                                                                                                                                                                                                        |                                     | County Code (7) (STATE USE ONLY)<br>Current Use (Prior if being demolished)<br><b>Gas Pipe Line</b>                                                                                                                                          |                                                         |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>NA</b>                                                                                                                                                                                                                                                |                                                                       | ASCM No.                                                                                                                                                                                                                           |                                     | Name of Abatement Contractor (9)<br><b>AbateTech, Inc.</b>                                                                                                                                                                                   |                                                         |                                     |                          |                          |                          |
| Street Address                                                                                                                                                                                                                                                                                                  |                                                                       | Street Address<br><b>30 Maple Ave. PO Box 25</b>                                                                                                                                                                                   |                                     |                                                                                                                                                                                                                                              |                                                         |                                     |                          |                          |                          |
| City, State, Zip Code                                                                                                                                                                                                                                                                                           |                                                                       | City, State, Zip Code<br><b>Lumberton, NJ 08048</b>                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                              |                                                         |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                                             |                                                                       | Telephone No.                                                                                                                                                                                                                      |                                     | Telephone No.<br><b>609-265-2107</b><br>License No.<br><b>00529</b>                                                                                                                                                                          |                                                         |                                     |                          |                          |                          |
| Start Date (10)<br>8 / 31 / 26                                                                                                                                                                                                                                                                                  |                                                                       | Scheduled Completion Date (11)<br>9 / 1 / 26                                                                                                                                                                                       |                                     | Name of OSHA Monitor<br><b>IATL Analytical</b>                                                                                                                                                                                               |                                                         |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM |                                                                       |                                                                                                                                                                                                                                    |                                     | Street Address<br><b>9000 Commerce Parkway Suite B</b><br>City, State, Zip Code<br><b>Mt Laurel, NJ 08054</b>                                                                                                                                |                                                         |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)                                                                                                                                                                                                                                                                            |                                                                       |                                                                                                                                                                                                                                    |                                     |                                                                                                                                                                                                                                              |                                                         |                                     |                          |                          |                          |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                                                               |                                                                       | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition                                                                                                                                              |                                     | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                         |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>IN Facility (13)                                                                                                                                                                                                                       | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |                                                                                                                                                                                                                                    |                                     | Description of Asbestos Containing Material (ACM) (i.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 #49370 Dig                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>                                              | <input type="checkbox"/>                                                                                                                                                                                                           | <input checked="" type="checkbox"/> | Coal Tar Wrap- 36" Line                                                                                                                                                                                                                      | 10 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<br><b>AbateTech, Inc.</b>                                                                                                                                                                                                                                                       |                                                                       | NJDEP Waste Hauler ID No.<br><b>18750</b>                                                                                                                                                                                          |                                     | Cubic Yards of Waste<br><b>12</b>                                                                                                                                                                                                            | Name of Registered Landfill<br><b>Fairless Landfill</b> |                                     |                          |                          |                          |
| City, State<br><b>Lumberton, NJ</b>                                                                                                                                                                                                                                                                             |                                                                       | Disposal Date<br><b>9/1/26</b>                                                                                                                                                                                                     |                                     | City, State<br><b>Morrisville, PA 19067</b>                                                                                                                                                                                                  |                                                         |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Gwendolyn Trumbetti</b>                                                                                                                                                                                                                                                      |                                                                       | Title<br><b>Operations Coordinator</b>                                                                                                                                                                                             |                                     | Signature<br>                                                                                                                                            |                                                         | Date<br><b>8-21-26</b>              |                          |                          |                          |

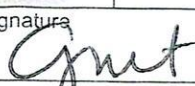


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

| Date of Notification (1)<br><b>8 / 21 / 26</b>                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       | Name of Building Owner/Operator (2)<br><b>Transcontinental Gas Pipe Line</b>                                                                                                                                                       |                                     | Job # 2608-6621    Check#18141                                                                                                                                                                                               |                                                         |                                     |                          |                          |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA (NJAC 5:23-8)                                                                                                                                                                                                                                  |                                                                       | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                     | Street Address<br><b>315 Cold Soil Rd.</b><br>City, State, Zip Code<br><b>Princeton, NJ 08540</b><br>Name of Contact<br><b>Kevin Schmidt</b>                                                                                 |                                                         |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       |                                                                                                                                                                                                                                    |                                     | Telephone Number<br><b>610-755-8956</b>                                                                                                                                                                                      |                                                         |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       |                                                                                                                                                                                                                                    |                                     |                                                                                                                                                                                                                              |                                                         |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Williams/Transco Dig #3960</b>                                                                                                                                                                                                                                                                                                                                            |                                                                       |                                                                                                                                                                                                                                    |                                     | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                                                         |                                     |                          |                          |                          |
| Street Address<br><b>100 Orion Way</b>                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       |                                                                                                                                                                                                                                    |                                     | Square Feet<br># of Floors<br>Bldg. Age                                                                                                                                                                                      |                                                         |                                     |                          |                          |                          |
| City (5)<br><b>Branchburg</b>                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       |                                                                                                                                                                                                                                    |                                     |                                                                                                                                                                                                                              |                                                         |                                     |                          |                          |                          |
| County (6)<br><b>Somerset</b>                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       | County Code (7) (STATE USE ONLY)                                                                                                                                                                                                   |                                     | Current Use (Prior if being demolished)<br><b>Gas Pipe Line</b>                                                                                                                                                              |                                                         |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>NA</b>                                                                                                                                                                                                                                                                                                                                                                     |                                                                       | ASCM No.                                                                                                                                                                                                                           |                                     | Name of Abatement Contractor (9)<br><b>AbateTech, Inc.</b>                                                                                                                                                                   |                                                         |                                     |                          |                          |                          |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       | Street Address<br><b>30 Maple Ave. PO Box 25</b>                                                                                                                                                                                   |                                     |                                                                                                                                                                                                                              |                                                         |                                     |                          |                          |                          |
| City, State, Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       | City, State, Zip Code<br><b>Lumberton, NJ 08048</b>                                                                                                                                                                                |                                     |                                                                                                                                                                                                                              |                                                         |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       | Telephone No.                                                                                                                                                                                                                      |                                     | Telephone No.<br><b>609-265-2107</b><br>License No.<br><b>00529</b>                                                                                                                                                          |                                                         |                                     |                          |                          |                          |
| Start Date (10)<br><b>8 / 31 / 26</b>                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       | Scheduled Completion Date (11)<br><b>9 / 1 / 26</b>                                                                                                                                                                                |                                     | Name of OSHA Monitor<br><b>IATL Analytical</b>                                                                                                                                                                               |                                                         |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM                                                                                                                         |                                                                       |                                                                                                                                                                                                                                    |                                     | Street Address<br><b>9000 Commerce Parkway Suite B</b><br>City, State, Zip Code<br><b>Mt Laurel, NJ 08054</b>                                                                                                                |                                                         |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       |                                                                                                                                                                                                                                    |                                     |                                                                                                                                                                                                                              |                                                         |                                     |                          |                          |                          |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation<br><input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                       |                                                                                                                                                                                                                                    |                                     |                                                                                                                                                                                                                              |                                                         |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>IN Facility (13)                                                                                                                                                                                                                                                                                                                                            | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |                                                                                                                                                                                                                                    |                                     | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)                                                                                                 | Amount (Specify SF or LF)                               | Abatement Type                      |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | Yes                                                                   | No                                                                                                                                                                                                                                 | N/A                                 |                                                                                                                                                                                                                              |                                                         | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| <b>Exterior #3960 Dig</b>                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>                                              | <input type="checkbox"/>                                                                                                                                                                                                           | <input checked="" type="checkbox"/> | <b>Coal Tar Wrap- 36" Line</b>                                                                                                                                                                                               | <b>10 LF</b>                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                              | <input type="checkbox"/>                                                                                                                                                                                                           | <input type="checkbox"/>            |                                                                                                                                                                                                                              |                                                         | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                              | <input type="checkbox"/>                                                                                                                                                                                                           | <input type="checkbox"/>            |                                                                                                                                                                                                                              |                                                         | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                              | <input type="checkbox"/>                                                                                                                                                                                                           | <input type="checkbox"/>            |                                                                                                                                                                                                                              |                                                         | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>AbateTech, Inc.</b>                                                                                                                                                                                                                                                                                                                                                                            |                                                                       | NJDEP Waste Hauler ID No.<br><b>18750</b>                                                                                                                                                                                          |                                     | Cubic Yards of Waste<br><b>12</b>                                                                                                                                                                                            | Name of Registered Landfill<br><b>Fairless Landfill</b> |                                     |                          |                          |                          |
| City, State<br><b>Lumberton, NJ</b>                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       | Disposal Date<br><b>9/1/26</b>                                                                                                                                                                                                     |                                     | City, State<br><b>Morrisville, PA 19067</b>                                                                                                                                                                                  |                                                         |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Gwendolyn Trumbetti</b>                                                                                                                                                                                                                                                                                                                                                                           |                                                                       | Title<br><b>Operations Coordinator</b>                                                                                                                                                                                             |                                     | Signature<br>                                                                                                                            |                                                         | Date<br><b>8-21-26</b>              |                          |                          |                          |



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

|                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                       |                          |                                                                                                                                                                                                                                              |                                                         |                                     |                          |                          |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><b>8 / 18 / 26</b>                                                                                                                                                                                                                                                                  |  | Name of Building Owner/Operator (2)<br><b>Transcontinental Gas Pipe Line</b>                                                                                                                                                          |                          | Job # <b>2604-6565</b> Check # <b>18138</b>                                                                                                                                                                                                  |                                                         |                                     |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA (NJAC 5:23-8)                                                                                                             |  | Type Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <b>2</b><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                          | Street Address<br><b>315 Cold Soil Rd.</b><br>City, State, Zip Code<br><b>Princeton, NJ 08540</b><br>Name of Contact<br><b>Kevin Schmidt</b>                                                                                                 |                                                         |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                       |                          | Telephone Number<br><b>610-755-8956</b>                                                                                                                                                                                                      |                                                         |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                       |                          |                                                                                                                                                                                                                                              |                                                         |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Williams/Transco Dig #C 1013790-2</b>                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                       |                          | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                 |                                                         |                                     |                          |                          |                          |
| Street Address<br><b>Southfields Drive</b>                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                       |                          |                                                                                                                                                                                                                                              |                                                         |                                     |                          |                          |                          |
| City (5)<br><b>Hopewell Twp</b>                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                       |                          | Square Feet                                                                                                                                                                                                                                  | # of Floors                                             |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                       |                          | Bldg. Age                                                                                                                                                                                                                                    |                                                         |                                     |                          |                          |                          |
| County (6)<br><b>Mercer</b>                                                                                                                                                                                                                                                                                     |  | County Code (7) (STATE USE ONLY)                                                                                                                                                                                                      |                          | Current Use (Prior if being demolished)<br><b>Gas Pipe Line</b>                                                                                                                                                                              |                                                         |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>NA</b>                                                                                                                                                                                                                                                |  | ASCM No.                                                                                                                                                                                                                              |                          | Name of Abatement Contractor (9)<br><b>AbateTech, Inc.</b>                                                                                                                                                                                   |                                                         |                                     |                          |                          |                          |
| Street Address                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                       |                          | Street Address<br><b>30 Maple Ave. PO Box 25</b>                                                                                                                                                                                             |                                                         |                                     |                          |                          |                          |
| City, State, Zip Code                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                       |                          | City, State, Zip Code<br><b>Lumberton, NJ 08048</b>                                                                                                                                                                                          |                                                         |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                                             |  | Telephone No.                                                                                                                                                                                                                         |                          | Telephone No.<br><b>609-265-2107</b>                                                                                                                                                                                                         | License No.<br><b>00529</b>                             |                                     |                          |                          |                          |
| Start Date (10)<br><b>8 / 19 / 26</b>                                                                                                                                                                                                                                                                           |  | Scheduled Completion Date (11)<br><b>8 / 21 / 26</b>                                                                                                                                                                                  |                          | Name of OSHA Monitor<br><b>IATL Analytical</b>                                                                                                                                                                                               |                                                         |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM |  |                                                                                                                                                                                                                                       |                          | Street Address<br><b>9000 Commerce Parkway Suite B</b>                                                                                                                                                                                       |                                                         |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                       |                          | City, State, Zip Code<br><b>Mt Laurel, NJ 08054</b>                                                                                                                                                                                          |                                                         |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                       |                          |                                                                                                                                                                                                                                              |                                                         |                                     |                          |                          |                          |
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf<br><input type="checkbox"/> ≥ 160 sf or ≥ 260 lf                                                                                                                                                                                                           |  | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition                                                                                                                                                 |                          | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                         |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)                                                                                                                                                                                                                             |  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>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)<br><b>13 LF</b>               | Abatement Type                      |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                       |                          |                                                                                                                                                                                                                                              |                                                         | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| <b>Exterior #C1013790-2</b>                                                                                                                                                                                                                                                                                     |  | <input type="checkbox"/>                                                                                                                                                                                                              | <input type="checkbox"/> | <input checked="" type="checkbox"/>                                                                                                                                                                                                          | <b>Coal Tar Wrap- 42" Line</b>                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                 |  | <input type="checkbox"/>                                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                     |                                                         | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                 |  | <input type="checkbox"/>                                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                     |                                                         | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                 |  | <input type="checkbox"/>                                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                     |                                                         | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>AbateTech, Inc.</b>                                                                                                                                                                                                                                                       |  | NJDEP Waste Hauler ID No.<br><b>18750</b>                                                                                                                                                                                             |                          | Cubic Yards of Waste<br><b>12</b>                                                                                                                                                                                                            | Name of Registered Landfill<br><b>Fairless Landfill</b> |                                     |                          |                          |                          |
| City, State<br><b>Lumberton, NJ</b>                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                       |                          | Disposal Date<br><b>8/21/26</b>                                                                                                                                                                                                              | City, State<br><b>Morrisville, PA 19067</b>             |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Gwendolyn Trumbetti</b>                                                                                                                                                                                                                                                      |  | Title<br><b>Operations Coordinator</b>                                                                                                                                                                                                |                          | Signature<br>                                                                                                                                            |                                                         | Date<br><b>8-18-20</b>              |                          |                          |                          |



4981

RECEIVED

PAID

Print Form

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

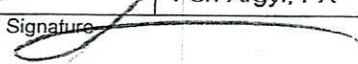
AUG 27 2026  
HMD 25-231

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date of Notification (1)<br>8/25/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                   | Name of Building Owner/Operator (2)<br>Somerset Holmdel, LLC. Ck#4981                                                                                                                                        |                                                                                                                                                                     |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                                                                                                                                                                                                                                                   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation                                                                                                                                |                                                                                                                                                                                                              | Street Address<br>101 Crawford's Corner Rd.<br>City, State, Zip Code<br>Holmdel, NJ 07733<br>Name of Contact<br>David Schreiber<br>Telephone Number<br>732 415 7102 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>FACILITY INFORMATION</b><br>Name of Facility Where Abatement is Taking Place (3)<br>Bell Works<br>Street Address<br>101 Crawford's Corner Rd.<br>City (5)<br>Holmdel<br>County (6)<br>Monmouth<br>County Code (7)<br>(STATE USE ONLY) _____                                                                                                                    |                                                                                                                                                                                                              |                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)<br>Square Feet<br>2 MM<br># of Floors<br>6<br>Bldg. Age<br>1950's<br>Current Use (Prior if being demolished)<br>Commercial Office Space |                                                                                                                                                                                                              |                                                                                                                                                                     |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Damar Environmental Corp<br>Street Address<br>744 Princeton Street<br>City, State, Zip Code<br>New Milford, NJ 07646<br>Project Manager for Monitoring Firm<br>John Aragveli<br>Telephone No.<br>(718) 414-9079                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                   | Name of Abatement Contractor (9)<br>Hazmat Diagnostic, LLC<br>Street Address<br>16 Glenwild Ave.<br>City, State, Zip Code<br>Bloomingdale, NJ 07403<br>Telephone No.<br>973-928-3995<br>License No.<br>01181 |                                                                                                                                                                     |
| Start Date (10)<br>9-5-2026<br>Scheduled Completion Date (11)<br>9-7-2026                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                   | Name of OSHA Monitor<br>Hazmat Diagnostic, LLC<br>Street Address<br>16 Glenwild Ave.<br>City, State, Zip Code<br>Bloomingdale, NJ 07403                                                                      |                                                                                                                                                                     |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br>Other - Describe: _____                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                              |                                                                                                                                                                     |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Wrap n cut<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                              |                                                                                                                                                                     |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility<br>(13)                                                                                                                                                                                                                                                                                                                                                                                                                              | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes No N/A                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                              | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Amount (Specify SF or LF)<br>100 LF                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                              |                                                                                                                                                                     |
| S-1(Basement)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                   | x                                                                                                                                                                                                            | Red Caulk on Ductwork                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                              |                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                              |                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                              |                                                                                                                                                                     |
| Name of Registered Waste Hauler<br>Hazmat Diagnostic, LLC<br>City, State<br>Bloomingdale, NJ                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                   | NJDEP Waste Hauler ID No.<br>0035440<br>Cubic Yards of Waste<br>TBD<br>Disposal Date<br>TBD                                                                                                                  | Name of Registered Landfill<br>Minerva Landfill<br>City, State<br>Waynesburg, OH                                                                                    |
| Completed by<br>Deni Naumovski<br>Title<br>CEO                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                   | Signature<br><i>Deni Naumovski</i><br>Date<br>8/25/2026                                                                                                                                                      |                                                                                                                                                                     |



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

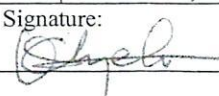
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| Date of Notification (1)<br>8/24/26                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                    | Name of Building Owner/Operator (2)<br>Red Roof Inn                                                                                                                                                                                                                                                                        |                                                  |                                                                                                                             |                                                       |                 |        |             |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------|--------|-------------|-----------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                        | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>1000 Roosevelt Ave                                                                                                                                                                                                                                                                                       |                                                  |                                                                                                                             |                                                       |                 |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    | City, State, Zip Code<br>Carteret NJ 07008                                                                                                                                                                                                                                                                                 |                                                  |                                                                                                                             |                                                       |                 |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    | Name of Contact<br>Bonny Patel                                                                                                                                                                                                                                                                                             | Telephone Number<br>609-678-5869                 |                                                                                                                             |                                                       |                 |        |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                            |                                                  |                                                                                                                             |                                                       |                 |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Red Roof Inn                                                                                                                                                                                                                     |                                                                                                                                                                                                                                    | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                                                                                                  |                                                  |                                                                                                                             |                                                       |                 |        |             |           |
| Street Address<br>10000 Roosevelt Ave                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                    | Square Feet                                                                                                                                                                                                                                                                                                                | # of Floors                                      |                                                                                                                             |                                                       |                 |        |             |           |
| City (5)<br>Carteret, NJ 07008                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                    | Bldg. Age                                                                                                                                                                                                                                                                                                                  |                                                  |                                                                                                                             |                                                       |                 |        |             |           |
| County (6)<br>Middlesex County                                                                                                                                                                                                                                                           | County Code (7)<br>(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)<br>AAA Asbestos |                                                                                                                             |                                                       |                 |        |             |           |
| Street Address                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                    | Street Address<br>2208B Hamilton Blvd                                                                                                                                                                                                                                                                                      |                                                  |                                                                                                                             |                                                       |                 |        |             |           |
| City, State, Zip Code                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                    | City, State, Zip Code<br>South Plainfield, NJ 07080                                                                                                                                                                                                                                                                        |                                                  |                                                                                                                             |                                                       |                 |        |             |           |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                    | Telephone No.                                                                                                                                                                                                                                                                                                              | Telephone No.<br>732-289-7360                    |                                                                                                                             |                                                       |                 |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                            | License No.<br>02010                             |                                                                                                                             |                                                       |                 |        |             |           |
| Start Date (10)<br>9/2/26                                                                                                                                                                                                                                                                | Scheduled Completion Date (11)<br>9/8/26                                                                                                                                                                                           | Name of OSHA Monitor<br>Chris Weber                                                                                                                                                                                                                                                                                        |                                                  |                                                                                                                             |                                                       |                 |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |                                                                                                                                                                                                                                    | Street Address<br>2208B Hamilton Blvd                                                                                                                                                                                                                                                                                      |                                                  |                                                                                                                             |                                                       |                 |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    | City, State, Zip Code<br>South Plainfield, NJ 07080                                                                                                                                                                                                                                                                        |                                                  |                                                                                                                             |                                                       |                 |        |             |           |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                            |                                                  |                                                                                                                             |                                                       |                 |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                                        |                                                                                                                                                                                                                                    | <input type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                  |                                                                                                                             |                                                       |                 |        |             |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)                                                                                                                                                                                                             | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                            |                                                  | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)                             | Abatement Type  |        |             |           |
|                                                                                                                                                                                                                                                                                          | Yes                                                                                                                                                                                                                                | No                                                                                                                                                                                                                                                                                                                         | N/A                                              |                                                                                                                             |                                                       | Removal         | Repair | Encapsulate | Enclosure |
| 2nd floor                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                    | X                                                                                                                                                                                                                                                                                                                          |                                                  | Popcorn Ceiling                                                                                                             | 300SF                                                 | X               |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    | X                                                                                                                                                                                                                                                                                                                          |                                                  |                                                                                                                             |                                                       |                 |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    | X                                                                                                                                                                                                                                                                                                                          |                                                  |                                                                                                                             |                                                       |                 |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    | X                                                                                                                                                                                                                                                                                                                          |                                                  |                                                                                                                             |                                                       |                 |        |             |           |
| Name of Registered Waste Hauler<br>AAA Asbestos                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    | NJDEP Waste Hauler ID No.<br>113709                                                                                                                                                                                                                                                                                        |                                                  | Cubic Yards of Waste<br>TBD                                                                                                 | Name of Registered Landfill<br>Grand Central Landfill |                 |        |             |           |
| City, State<br>Newark, NJ                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                            |                                                  | Disposal Date<br>TBD                                                                                                        | City, State<br>Pen Argyl, PA                          |                 |        |             |           |
| Completed by<br>Frank Formisano                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    | Title<br>Owner                                                                                                                                                                                                                                                                                                             |                                                  | Signature<br>                           |                                                       | Date<br>8/24/26 |        |             |           |



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

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------|---------|--------|------------|
| Date of Notification (1):<br>08/21/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                  | Name of Building Owner/Operator (2)<br>Newark Board of Education |                                                                                                                                                                                                                  |                                                   |                |         |        |            |
| Agencies Notified<br><br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Type Notification<br><br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment#:<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address:<br>190 Muhammad Ali Avenue Room 209              |                                                                                                                                                                                                                  |                                                   |                |         |        |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                  | City, State, Zip Code:<br>Newark, NJ 07108                       |                                                                                                                                                                                                                  |                                                   |                |         |        |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                  | Name of Contact:<br>Mr. Benjamin Olagadeyo                       |                                                                                                                                                                                                                  | Telephone Number:<br>973-332-4012                 |                |         |        |            |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                  |                                                                  |                                                                                                                                                                                                                  |                                                   |                |         |        |            |
| Name of Facility: Sussex Avenue Elementary School                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                  |                                                                  | Type of Facility (4):<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |                                                   |                |         |        |            |
| 307 Sussex Avenue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                  |                                                                  | Square Feet: # of Floors:                                                                                                                                                                                        |                                                   |                |         |        |            |
| City/ (5)<br>Newark                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | County (6):<br>Essex                                                                                                                                                                                                             | County Code (7):<br>07107                                        | Bldg. Age<br>Current Use: School                                                                                                                                                                                 |                                                   |                |         |        |            |
| Name of Monitoring Firm Hired by Building Owner:<br>TTI ENVIRONMENTAL, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                  | ASCM No.:<br>0003                                                | Name of Abatement Contractor (9):<br><b>Apex Development, Inc.</b>                                                                                                                                               |                                                   |                |         |        |            |
| Street Address:<br>1253 North Church Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                  |                                                                  | Street Address:<br><b>358 Broadway</b>                                                                                                                                                                           |                                                   |                |         |        |            |
| City, State, Zip Code:<br>Moorestown, NJ 08057                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                  |                                                                  | City, State, Zip Code:<br><b>Newark, NJ 07104</b>                                                                                                                                                                |                                                   |                |         |        |            |
| Project Manager for Monitoring Firm:<br>James A. Guilardi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                  | Telephone No.:<br>609-314-1683                                   | Telephone No.:<br><b>(973) 350-0101</b>                                                                                                                                                                          | License No.:<br><b>01215</b>                      |                |         |        |            |
| Start Date (10):<br>08/31/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Scheduled Completion Date (11):<br>09/18/2026                                                                                                                                                                                    |                                                                  | Name of OSHA Monitor:<br>Metro Analytical Laboratories                                                                                                                                                           |                                                   |                |         |        |            |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br>Describe:<br><br><input checked="" type="checkbox"/> Other<br>Describe: <i>Occupied Sub-8</i>                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                  |                                                                  | Street Address:<br><b>255 West 36<sup>th</sup> Street, Suite 203</b><br><br>City, State, Zip Code:<br><b>New York, New York, 10018</b>                                                                           |                                                   |                |         |        |            |
| Scope of Work (Check all that apply):<br><br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> <math>\geq 3</math> sf or <math>\geq 3</math> lf<br/> <input type="checkbox"/> <math>\geq 160</math> sf or <math>\geq 260</math> lf         </div> <div> <input type="checkbox"/> Renovation<br/> <input type="checkbox"/> Demolition         </div> <div> <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br/> <input type="checkbox"/> Mini-Enclosure<br/> <input type="checkbox"/> Glovebag Procedure<br/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure         </div> </div> |                                                                                                                                                                                                                                  |                                                                  |                                                                                                                                                                                                                  |                                                   |                |         |        |            |
| Location of Asbestos-Containing Material (ACM)<br>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 | Encapsulat |
| GYMNASIUM/CAFETERIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                  | X                                                                | PIPE AND PIPE FITTING INSULATION                                                                                                                                                                                 | 1,400 LF                                          | *              |         |        |            |
| GYMNASIUM/CAFETERIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                  | X                                                                | BLACK TAR LIKE MATERIAL                                                                                                                                                                                          | 340 SF                                            | *              |         |        |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                  | X                                                                |                                                                                                                                                                                                                  |                                                   |                |         |        |            |
| Name of Registered Waste Hauler:<br>Century Waste Service/Apex Development, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                  | NJDEP Waste Hauler ID No.:<br>04509/0035729                      | Cubic Yards of Waste: 30                                                                                                                                                                                         | Name of Registered landfill:<br>Fairless Landfill |                |         |        |            |
| City, State:<br>Elizabeth, NJ 07201                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                  | Disposal Date:                                                   |                                                                                                                                                                                                                  | City, State:<br>Morrisville, PA 19067             |                |         |        |            |
| Completed By:<br>Chinyelu Oraegbunam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                  | Title:<br>President                                              | Signature:<br>                                                                                                               | Date:<br>08/21/2026                               |                |         |        |            |



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

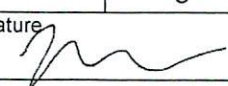
|                                                                                                                                                                                        |                                                                                                                                                                                                                                        |                                                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------|
| Date of Notification (1)<br>8/19/2026                                                                                                                                                  |                                                                                                                                                                                                                                        | Name of Building Owner/Operator (2)<br>East Orange Child Development Corp |                                  |
| Agencies Notified                                                                                                                                                                      | Type Notification                                                                                                                                                                                                                      | Street Address<br>682 Park Ave                                            |                                  |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>East Orange, NJ                                  |                                  |
|                                                                                                                                                                                        |                                                                                                                                                                                                                                        | Name of Contact<br>Kenneth Bray                                           | Telephone Number<br>973-676-1110 |

**FACILITY INFORMATION**

|                                                                                                                                                                                                                                                                                          |                                             |                                                                                                                                                                                                                           |                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br>East Orange Child Development Corp                                                                                                                                                                                               |                                             | Type of Facility (4)<br><input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                                                               |
| Street Address<br>682 Park Ave                                                                                                                                                                                                                                                           |                                             | Square Feet<br>unknown                                                                                                                                                                                                    | # of Floors<br>2                                              |
| City (5)<br>East Orange                                                                                                                                                                                                                                                                  |                                             | Bldg. Age<br>unknown                                                                                                                                                                                                      |                                                               |
| County (6)<br>Essex                                                                                                                                                                                                                                                                      | County Code (7)<br>(STATE USE ONLY) _____   | Current Use (Prior if being demolished)<br>Child Center                                                                                                                                                                   |                                                               |
| Name of Monitoring Firm Hired by Building Owner (8)<br>TBD                                                                                                                                                                                                                               |                                             | ASCM No.                                                                                                                                                                                                                  | Name of Abatement Contractor (9)<br>Gold Coast Management LLC |
| Street Address                                                                                                                                                                                                                                                                           |                                             | Street Address<br>30 Sherman Ave                                                                                                                                                                                          |                                                               |
| City, State, Zip Code                                                                                                                                                                                                                                                                    |                                             | City, State, Zip Code<br>Jersey City, NJ 07307                                                                                                                                                                            |                                                               |
| Project Manager for Monitoring Firm<br>TBD                                                                                                                                                                                                                                               |                                             | Telephone No.<br>908-270-8556                                                                                                                                                                                             | License No.<br>02109                                          |
| Start Date (10)<br>8/29/2026                                                                                                                                                                                                                                                             | Scheduled Completion Date (11)<br>8/30/2026 | Name of OSHA Monitor<br>John Kim                                                                                                                                                                                          |                                                               |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |                                             | Street Address<br>254 Ridgewood Ave                                                                                                                                                                                       |                                                               |
|                                                                                                                                                                                                                                                                                          |                                             | City, State, Zip Code<br>Glen Ridge NJ 07028                                                                                                                                                                              |                                                               |

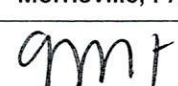
|                                                                                                   |                                                                            |                                                                                                                          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

| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility<br>(13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |    |     | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----|-----|--------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|--------|-------------|-----------|
|                                                                                              | Yes                                                                   | No | N/A |                                                                                                                                |                           | Removal        | Repair | Encapsulate | Enclosure |
| Pipe Insulation                                                                              | X                                                                     |    | X   | TSI                                                                                                                            | 10 LF                     | X              |        |             |           |
|                                                                                              |                                                                       |    |     |                                                                                                                                |                           |                |        |             |           |
|                                                                                              |                                                                       |    |     |                                                                                                                                |                           |                |        |             |           |
|                                                                                              |                                                                       |    |     |                                                                                                                                |                           |                |        |             |           |

|                                                  |  |                                    |                                                                                                   |                                                   |  |
|--------------------------------------------------|--|------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------|--|
| Name of Registered Waste Hauler<br>Century Waste |  | NJDEP Waste Hauler ID No.<br>NJ860 | Cubic Yards of Waste<br>3                                                                         | Name of Registered Landfill<br>Conestoga Landfill |  |
| City, State<br>Elizabeth, NJ                     |  |                                    | Disposal Date                                                                                     | City, State<br>Morgantown PA                      |  |
| Completed by<br>John Kim                         |  | Title<br>President                 | Signature<br> | Date<br>8/19/2026                                 |  |



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

|                                                                                                                                                                                                                                                                                                   |                                                                       |                                                                                                                                                                                                                                    |                          |                                                                                                                                                                                                                                              |                                            |                                                         |                          |                          |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><div style="text-align: center;">8 / 20 / 26</div>                                                                                                                                                                                                                    |                                                                       | Name of Building Owner/Operator (2)<br><b>PSEG / Job # 2608-6618</b>                                                                                                                                                               |                          | Check # 18140                                                                                                                                                                                                                                |                                            |                                                         |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA (NJAC 5:23-8)                                                                                               |                                                                       | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                          | Street Address<br><b>4000 Hadley Road</b><br>City, State, Zip Code<br><b>South Plainfield, NJ</b><br>Name of Contact<br><b>Rey Osma</b>                                                                                                      |                                            |                                                         |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                   |                                                                       |                                                                                                                                                                                                                                    |                          | Telephone Number<br><b>609-202-0471</b>                                                                                                                                                                                                      |                                            |                                                         |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                       |                                                                       |                                                                                                                                                                                                                                    |                          |                                                                                                                                                                                                                                              |                                            |                                                         |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>PSEG Salem Office</b>                                                                                                                                                                                                                  |                                                                       |                                                                                                                                                                                                                                    |                          | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                 |                                            |                                                         |                          |                          |                          |
| Street Address<br><b>244 Chestnut Street</b>                                                                                                                                                                                                                                                      |                                                                       |                                                                                                                                                                                                                                    |                          | Square Feet                                                                                                                                                                                                                                  |                                            |                                                         |                          |                          |                          |
| City (5)<br><b>Salem</b>                                                                                                                                                                                                                                                                          |                                                                       |                                                                                                                                                                                                                                    |                          | # of Floors                                                                                                                                                                                                                                  |                                            |                                                         |                          |                          |                          |
| County (6)<br><b>Salem</b>                                                                                                                                                                                                                                                                        |                                                                       |                                                                                                                                                                                                                                    |                          | Bldg. Age                                                                                                                                                                                                                                    |                                            |                                                         |                          |                          |                          |
| County Code (7) (STATE USE ONLY)                                                                                                                                                                                                                                                                  |                                                                       | Current Use (Prior if being demolished)<br><b>Substation</b>                                                                                                                                                                       |                          |                                                                                                                                                                                                                                              |                                            |                                                         |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Matrix New World Engineering</b>                                                                                                                                                                                                        |                                                                       | ASCM No.<br><b>00121</b>                                                                                                                                                                                                           |                          | Name of Abatement Contractor (9)<br><b>AbateTech, Inc.</b>                                                                                                                                                                                   |                                            |                                                         |                          |                          |                          |
| Street Address<br><b>3600 State Route 66</b>                                                                                                                                                                                                                                                      |                                                                       | Street Address<br><b>30 Maple Ave. PO Box 25</b>                                                                                                                                                                                   |                          |                                                                                                                                                                                                                                              |                                            |                                                         |                          |                          |                          |
| City, State, Zip Code<br><b>Neptune, NJ 07753</b>                                                                                                                                                                                                                                                 |                                                                       | City, State, Zip Code<br><b>Lumberton, NJ 08048</b>                                                                                                                                                                                |                          |                                                                                                                                                                                                                                              |                                            |                                                         |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Gavin Simore</b>                                                                                                                                                                                                                                        |                                                                       | Telephone No.<br><b>973-240-1800</b>                                                                                                                                                                                               |                          | Telephone No.<br><b>609-265-2107</b>                                                                                                                                                                                                         |                                            |                                                         |                          |                          |                          |
| Start Date (10)<br><div style="text-align: center;">9 / 2 / 26</div>                                                                                                                                                                                                                              |                                                                       | Scheduled Completion Date (11)<br><div style="text-align: center;">9 / 10 / 26</div>                                                                                                                                               |                          | License No.<br><b>00529</b>                                                                                                                                                                                                                  |                                            |                                                         |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM |                                                                       |                                                                                                                                                                                                                                    |                          | Name of OSHA Monitor<br><b>IATL</b>                                                                                                                                                                                                          |                                            |                                                         |                          |                          |                          |
| Street Address<br><b>9000 Commerce Pkwy. Suite B</b>                                                                                                                                                                                                                                              |                                                                       |                                                                                                                                                                                                                                    |                          | City, State, Zip Code<br><b>Mount Laurel, NJ 08054</b>                                                                                                                                                                                       |                                            |                                                         |                          |                          |                          |
| Scope of Work (Check all that apply)                                                                                                                                                                                                                                                              |                                                                       |                                                                                                                                                                                                                                    |                          |                                                                                                                                                                                                                                              |                                            |                                                         |                          |                          |                          |
| <input type="checkbox"/> >3 sf or >3 lf<br><input checked="" type="checkbox"/> >160 sf or >260 lf                                                                                                                                                                                                 |                                                                       | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                                                                                                                                              |                          | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                            |                                                         |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>IN Facility (13)                                                                                                                                                                                                         | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |                                                                                                                                                                                                                                    |                          | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)                                                                                                                 | Amount (Specify SF or LF)<br><b>400 SF</b> | Abatement Type                                          |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                   | Yes                                                                   | No                                                                                                                                                                                                                                 | N/A                      |                                                                                                                                                                                                                                              |                                            | Removal                                                 | Repair                   | Encapsulate              | Enclosure                |
| <b>Air Handler Room</b>                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/>                                   | <input type="checkbox"/>                                                                                                                                                                                                           | <input type="checkbox"/> | <b>Duct Insulation</b>                                                                                                                                                                                                                       |                                            | <input checked="" type="checkbox"/>                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                                              | <input type="checkbox"/>                                                                                                                                                                                                           | <input type="checkbox"/> |                                                                                                                                                                                                                                              |                                            | <input type="checkbox"/>                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                                              | <input type="checkbox"/>                                                                                                                                                                                                           | <input type="checkbox"/> |                                                                                                                                                                                                                                              |                                            | <input type="checkbox"/>                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                                              | <input type="checkbox"/>                                                                                                                                                                                                           | <input type="checkbox"/> |                                                                                                                                                                                                                                              |                                            | <input type="checkbox"/>                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>Veolia ES</b>                                                                                                                                                                                                                                               |                                                                       | NJDEP Waste Hauler ID No.<br><b>000151</b>                                                                                                                                                                                         |                          | Cubic Yards of Waste<br><b>40</b>                                                                                                                                                                                                            |                                            | Name of Registered Landfill<br><b>Fairless Landfill</b> |                          |                          |                          |
| City, State<br><b>Flanders, NJ</b>                                                                                                                                                                                                                                                                |                                                                       | Disposal Date<br><b>9/10/26</b>                                                                                                                                                                                                    |                          | City, State<br><b>Morrisville, PA</b>                                                                                                                                                                                                        |                                            |                                                         |                          |                          |                          |
| Completed By (Print or Type)<br><b>Gwendolyn Trumbetti</b>                                                                                                                                                                                                                                        |                                                                       | Title<br><b>Operations Coordinator</b>                                                                                                                                                                                             |                          | Signature<br>                                                                                                                                           |                                            | Date<br><b>8-20-26</b>                                  |                          |                          |                          |



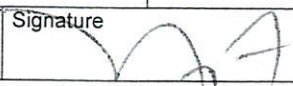
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><div style="text-align: center;">8 / 18 / 26</div>                                                                                                                                                                                                                    |                                                                       | Name of Building Owner/Operator (2)<br><b>County of Mercer / Job #2608-6616 Check #18139</b>                                                                                                                                       |                                     |                                                                                                                                                                                                                                              |                                                         |                                     |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input checked="" type="checkbox"/> DCA<br>(NJAC 5:23-8)                                                                                 |                                                                       | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                     | Street Address<br><b>640 South Broad Street</b><br>City, State, Zip Code<br><b>Trenton, NJ 08611</b><br>Name of Contact<br><b>Karl Thomas</b>                                                                                                |                                                         |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                   |                                                                       | Telephone Number<br><b>609-649-2202</b>                                                                                                                                                                                            |                                     |                                                                                                                                                                                                                                              |                                                         |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                       |                                                                       |                                                                                                                                                                                                                                    |                                     |                                                                                                                                                                                                                                              |                                                         |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Mercer Administration Building</b>                                                                                                                                                                                                     |                                                                       |                                                                                                                                                                                                                                    |                                     | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                 |                                                         |                                     |                          |                          |                          |
| Street Address<br><b>615 South Broad Street</b>                                                                                                                                                                                                                                                   |                                                                       |                                                                                                                                                                                                                                    |                                     |                                                                                                                                                                                                                                              |                                                         |                                     |                          |                          |                          |
| City (5)<br><b>Trenton</b>                                                                                                                                                                                                                                                                        |                                                                       |                                                                                                                                                                                                                                    |                                     | Square Feet                                                                                                                                                                                                                                  | # of Floors                                             |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                   |                                                                       |                                                                                                                                                                                                                                    |                                     | Bldg. Age                                                                                                                                                                                                                                    |                                                         |                                     |                          |                          |                          |
| County (6)<br><b>Mercer</b>                                                                                                                                                                                                                                                                       |                                                                       | County Code (7) (STATE USE ONLY)                                                                                                                                                                                                   |                                     | Current Use (Prior if being demolished)<br><b>Admin Building</b>                                                                                                                                                                             |                                                         |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>VHB</b>                                                                                                                                                                                                                                 |                                                                       | ASCN No.                                                                                                                                                                                                                           |                                     | Name of Abatement Contractor (9)<br><b>AbateTech, Inc.</b>                                                                                                                                                                                   |                                                         |                                     |                          |                          |                          |
| Street Address<br><b>1805 Atlantic Avenue</b>                                                                                                                                                                                                                                                     |                                                                       | Street Address<br><b>30 Maple Ave. PO Box 25</b>                                                                                                                                                                                   |                                     |                                                                                                                                                                                                                                              |                                                         |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Manasquan</b>                                                                                                                                                                                                                                                         |                                                                       | City, State, Zip Code<br><b>Lumberton, NJ 08048</b>                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                              |                                                         |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Chris Glowacki</b>                                                                                                                                                                                                                                      |                                                                       | Telephone No.<br><b>848-448-3126</b>                                                                                                                                                                                               |                                     | Telephone No.<br><b>609-265-2107</b>                                                                                                                                                                                                         | License No.<br><b>00529</b>                             |                                     |                          |                          |                          |
| Start Date (10)<br><div style="text-align: center;">8 / 31 / 26</div>                                                                                                                                                                                                                             |                                                                       | Scheduled Completion Date (11)<br><div style="text-align: center;">9 / 4 / 26</div>                                                                                                                                                |                                     | Name of OSHA Monitor<br><b>IATL</b>                                                                                                                                                                                                          |                                                         |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM |                                                                       |                                                                                                                                                                                                                                    |                                     | Street Address<br><b>9000 Commerce Parkway Suite B</b><br>City, State, Zip Code<br><b>Mount Laurel, NJ 08054</b>                                                                                                                             |                                                         |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)                                                                                                                                                                                                                                                              |                                                                       |                                                                                                                                                                                                                                    |                                     |                                                                                                                                                                                                                                              |                                                         |                                     |                          |                          |                          |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                                                 |                                                                       | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                                                                                                                                              |                                     | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                         |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>IN Facility (13)                                                                                                                                                                                                         | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |                                                                                                                                                                                                                                    |                                     | Description of Asbestos Containing Material (ACM) (i.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 Bathroom                                                                                                                                                                                                                                                                                | <input type="checkbox"/>                                              | <input type="checkbox"/>                                                                                                                                                                                                           | <input checked="" type="checkbox"/> | Gypsum wallboard/joint comp/cove base                                                                                                                                                                                                        | 375 SF                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1st Floor Bathroom                                                                                                                                                                                                                                                                                | <input type="checkbox"/>                                              | <input type="checkbox"/>                                                                                                                                                                                                           | <input checked="" type="checkbox"/> | Gypsum wallboard/joint comp/cove base                                                                                                                                                                                                        | 375 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<br><b>AbateTech, Inc.</b>                                                                                                                                                                                                                                         |                                                                       | NJDEP Waste Hauler ID No.<br><b>18750</b>                                                                                                                                                                                          |                                     | Cubic Yards of Waste<br><b>40</b>                                                                                                                                                                                                            | Name of Registered Landfill<br><b>Fairless Landfill</b> |                                     |                          |                          |                          |
| City, State<br><b>Lumberton, NJ</b>                                                                                                                                                                                                                                                               |                                                                       | Disposal Date<br><b>9/4/26</b>                                                                                                                                                                                                     |                                     | City, State<br><b>Morrisville, PA</b>                                                                                                                                                                                                        |                                                         |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Gwen Trumbetti</b>                                                                                                                                                                                                                                             |                                                                       | Title<br><b>Operations Coordinator</b>                                                                                                                                                                                             |                                     | Signature<br>                                                                                                                                            |                                                         | Date<br><b>8-18-26</b>              |                          |                          |                          |



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

|                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                    |                                                                                       |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                              |                           |                                     |                          |                          |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><b>08 / 20 / 26</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                    | Name of Building Owner/Operator (2)<br><b>LBJ Interior Solutions</b>                  |                                                                                                                                                                                                                              | RECEIVED<br><b>50544</b><br>AUG 24 2026                                                                                                                                                                                                      |                           |                                     |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)                                                                                                           | Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>1 Industrial Way W. Bldg E, Suite M</b>                          |                                                                                                                                                                                                                              | City, State, Zip Code<br><b>Eatontown, NJ 07724</b>                                                                                                                                                                                          |                           |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                    | Name of Contact                                                                       |                                                                                                                                                                                                                              | Telephone Number                                                                                                                                                                                                                             |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                    |                                                                                       |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                              |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Sayreville Senior Center</b>                                                                                                                                                                                                                         |                                                                                                                                                                                                                                    |                                                                                       | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                                                                                                                                                                                                                                              |                           |                                     |                          |                          |                          |
| Street Address<br><b>423 Main Street</b>                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                    |                                                                                       |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                              |                           |                                     |                          |                          |                          |
| City (5)<br><b>Sayreville</b>                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                    |                                                                                       | Square Feet<br><b>20,000</b>                                                                                                                                                                                                 | # of Floors<br><b>3</b>                                                                                                                                                                                                                      | Bldg. Age<br><b>80</b>    |                                     |                          |                          |                          |
| County (6)<br><b>Middlesex</b>                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                    | County Code (7) (STATE USE ONLY)                                                      | Current Use (Prior if being demolished)<br><b>Building</b>                                                                                                                                                                   |                                                                                                                                                                                                                                              |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Guardian Contracting, Inc.</b>                                                                                                                                                                                                                        |                                                                                                                                                                                                                                    | ASCM No.                                                                              | Name of Abatement Contractor (9)<br><b>Guardian Contracting, Inc.</b>                                                                                                                                                        |                                                                                                                                                                                                                                              |                           |                                     |                          |                          |                          |
| Street Address<br><b>1889 Route 9, Unit 61</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                    | Street Address<br><b>1889 Route 9, Unit 61</b>                                        |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                              |                           |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Toms River, New Jersey 08755</b>                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                    | City, State, Zip Code<br><b>Toms River, New Jersey 08755</b>                          |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                              |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Nicholas Fernicola</b>                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                    | Telephone No.<br><b>732-349-9932</b>                                                  | Telephone No.<br><b>732-349-9932</b>                                                                                                                                                                                         | License No.<br><b>00624</b>                                                                                                                                                                                                                  |                           |                                     |                          |                          |                          |
| Start Date (10)<br><b>08 / 20 / 26</b>                                                                                                                                                                                                                                                                          | Scheduled Completion Date (11)<br><b>08 / 21 / 26</b>                                                                                                                                                                              |                                                                                       | Name of OSHA Monitor<br><b>E.M.S.L. Analytical</b>                                                                                                                                                                           |                                                                                                                                                                                                                                              |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM |                                                                                                                                                                                                                                    |                                                                                       | Street Address<br><b>1056 Stelton</b>                                                                                                                                                                                        |                                                                                                                                                                                                                                              |                           |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                    |                                                                                       | City, State, Zip Code<br><b>Piscataway, New Jersey 08854</b>                                                                                                                                                                 |                                                                                                                                                                                                                                              |                           |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                    |                                                                                       |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                              |                           |                                     |                          |                          |                          |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf                                                                                                                                                                                       |                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition |                                                                                                                                                                                                                              | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                           |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>IN Facility (13)                                                                                                                                                                                                                       | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                              |                                                                                       |                                                                                                                                                                                                                              | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)                                                                                                                 | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                 | Yes                                                                                                                                                                                                                                | No                                                                                    | N/A                                                                                                                                                                                                                          |                                                                                                                                                                                                                                              |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| stairwell                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                                                                                                                                           | <input checked="" type="checkbox"/>                                                   | <input type="checkbox"/>                                                                                                                                                                                                     | asbestos floor tile & mastic                                                                                                                                                                                                                 | 233 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<br><b>Guardian Contracting, Inc.</b>                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                    | NJDEP Waste Hauler ID No.<br><b>20223</b>                                             | Cubic Yards of Waste<br><b>3</b>                                                                                                                                                                                             | Name of Registered Landfill<br><b>Fairless Landfill</b>                                                                                                                                                                                      |                           |                                     |                          |                          |                          |
| City, State<br><b>Toms River, New Jersey</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                    | Disposal Date<br><b>08/21/26</b>                                                      |                                                                                                                                                                                                                              | City, State<br><b>Morrisville, Pennsylvania</b>                                                                                                                                                                                              |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Nicholas Fernicola</b>                                                                                                                                                                                                                                                       | Title<br><b>Project Manager</b>                                                                                                                                                                                                    |                                                                                       | Signature<br>                                                                                                                            |                                                                                                                                                                                                                                              | Date<br><b>8/20/26</b>    |                                     |                          |                          |                          |



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PAID

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Print Form

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

AUG 24 2006

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                           |                                                            |                                                                                                                                |                           |                |        |                  |           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|--------|------------------|-----------|
| Date of Notification (1)<br>08-20-26                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                        | Name of Building Owner/Operator (2)<br>Caravella Demolition Inc.                                                                                                                                                          |                                                            |                                                                                                                                |                           |                |        |                  |           |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                                                                                                                                                                                           | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                                                                                                                                                                                                           | Street Address<br>40 Deforest Ave.                         |                                                                                                                                |                           |                |        |                  |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                           | City, State, Zip Code<br>East Hanover, NJ 07936            |                                                                                                                                |                           |                |        |                  |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                        | Name of Contact                                                                                                                                                                                                           | Telephone Number                                           |                                                                                                                                |                           |                |        |                  |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                           |                                                            |                                                                                                                                |                           |                |        |                  |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Private Home                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                        | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                                                            |                                                                                                                                |                           |                |        |                  |           |
| Street Address<br>705 Boesel Ave                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                        | Square Feet                                                                                                                                                                                                               | # of Floors<br>2                                           |                                                                                                                                |                           |                |        |                  |           |
| City (5)<br>Manville                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                        | Bldg. Age                                                                                                                                                                                                                 |                                                            |                                                                                                                                |                           |                |        |                  |           |
| County (6)<br>Somerset                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                        | County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                                       | Current Use (Prior if being demolished)                    |                                                                                                                                |                           |                |        |                  |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                        | ASCM No.                                                                                                                                                                                                                  | Name of Abatement Contractor (9)<br>Delfa Contracting LLC. |                                                                                                                                |                           |                |        |                  |           |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                        | Street Address<br>1119 East Grand St.                                                                                                                                                                                     |                                                            |                                                                                                                                |                           |                |        |                  |           |
| City, State, Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                        | City, State, Zip Code<br>Elizabeth, NJ 07201                                                                                                                                                                              |                                                            |                                                                                                                                |                           |                |        |                  |           |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                        | Telephone No.                                                                                                                                                                                                             | Telephone No.<br>908 576-7646                              |                                                                                                                                |                           |                |        |                  |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                           | License No.<br>01206                                       |                                                                                                                                |                           |                |        |                  |           |
| Start Date (10)<br>08-21-26                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                        | Scheduled Completion Date (11)<br>08-24-26                                                                                                                                                                                |                                                            |                                                                                                                                |                           |                |        |                  |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____                                                                                                                                                                          |                                                                                                                                                                                                                                                                        | Name of OSHA Monitor<br>Delfa Contracting LLC                                                                                                                                                                             |                                                            |                                                                                                                                |                           |                |        |                  |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                        | Street Address<br>1119 East Grand                                                                                                                                                                                         |                                                            |                                                                                                                                |                           |                |        |                  |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                        | City, State, Zip Code<br>Elizabeth, NJ 07201                                                                                                                                                                              |                                                            |                                                                                                                                |                           |                |        |                  |           |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation<br><input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                           |                                                            |                                                                                                                                |                           |                |        |                  |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)                                                                                                                                                                                                                                                                                                                                                                         | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                                                                  |                                                                                                                                                                                                                           |                                                            | Description of Asbestos Containing Material (ACM)<br>(i.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                                                                                                                                                                                                                         |                                                            | Window Caulking                                                                                                                | 60 LF                     | X              |        |                  |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                           |                                                            |                                                                                                                                |                           |                |        |                  |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                           |                                                            |                                                                                                                                |                           |                |        |                  |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                           |                                                            |                                                                                                                                |                           |                |        |                  |           |
| Name of Registered Waste Hauler<br>Delfa Contracting LLC                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                        | NJDEP Waste Hauler ID No.<br>35240                                                                                                                                                                                        | Cubic Yards of Waste<br>2                                  | Name of Registered Landfill<br>Waste Management of Pennsylvania                                                                |                           |                |        |                  |           |
| City, State<br>Elizabeth, NJ                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                        | Disposal Date<br>08-27-26                                                                                                                                                                                                 |                                                            | City, State<br>Fairless, PA                                                                                                    |                           |                |        |                  |           |
| Completed by<br>Jaime Delgado                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                        | Title<br>Proj. Manager.                                                                                                                                                                                                   |                                                            | Signature<br><i>Jaime Delgado</i>                                                                                              |                           |                |        | Date<br>08-20-26 |           |



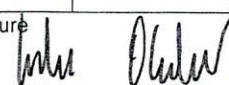
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

|                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                               |                                                                                                                                                                                                                                              |                                                                                                   |                                                                                                                                |                           |                 |        |             |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------|--------|-------------|-----------|
| Date of Notification (1)<br>8/21/26                                                                                                                                                                                                                                                               |                                                                                                                                                                                                               | Name of Building Owner/Operator (2)<br><b>PHILLIPS</b>                                                                                                                                                                                       |                                                                                                   |                                                                                                                                |                           |                 |        |             |           |
| Agencies Notified                                                                                                                                                                                                                                                                                 | Type Notification                                                                                                                                                                                             | Street Address<br>705 Lynda Rd.                                                                                                                                                                                                              |                                                                                                   |                                                                                                                                |                           |                 |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                                 | <input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Phillipsburg, NJ 08865<br><br>Name of Contact _____ Telephone Number _____                                                                                                                                          |                                                                                                   |                                                                                                                                |                           |                 |        |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                               |                                                                                                                                                                                                                                              |                                                                                                   |                                                                                                                                |                           |                 |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Residential Home                                                                                                                                                                                                                          |                                                                                                                                                                                                               | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |                                                                                                   |                                                                                                                                |                           |                 |        |             |           |
| Street Address<br>705 Lynda Rd.                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                               | Square Feet<br>1900                                                                                                                                                                                                                          | # of Floors<br>2                                                                                  |                                                                                                                                |                           |                 |        |             |           |
| City (5)<br>Phillipsburg                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                               | Bldg. Age<br>60 +/-                                                                                                                                                                                                                          |                                                                                                   |                                                                                                                                |                           |                 |        |             |           |
| County (6)<br>Warren                                                                                                                                                                                                                                                                              | County Code (7)<br>(STATE USE ONLY) _____                                                                                                                                                                     | Current Use (Prior if being demolished)<br>Buddhist Monastery                                                                                                                                                                                |                                                                                                   |                                                                                                                                |                           |                 |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Project Manager                                                                                                                                                                                                                            |                                                                                                                                                                                                               | ASCM No. _____                                                                                                                                                                                                                               | Name of Abatement Contractor (9)<br>All Stages Abatement                                          |                                                                                                                                |                           |                 |        |             |           |
| Street Address                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                               | Street Address<br>55 Cannonball Rd.                                                                                                                                                                                                          |                                                                                                   |                                                                                                                                |                           |                 |        |             |           |
| City, State, Zip Code                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                               | City, State, Zip Code<br>Pompton Lakes, NJ 07442                                                                                                                                                                                             |                                                                                                   |                                                                                                                                |                           |                 |        |             |           |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                               |                                                                                                                                                                                                               | Telephone No.<br>201-600-3184                                                                                                                                                                                                                | License No.<br>01305                                                                              |                                                                                                                                |                           |                 |        |             |           |
| Start Date (10)<br>8/22/26                                                                                                                                                                                                                                                                        | Scheduled Completion Date (11)<br>8/25/26                                                                                                                                                                     | Name of OSHA Monitor<br>Same As Above                                                                                                                                                                                                        |                                                                                                   |                                                                                                                                |                           |                 |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><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"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf                                                                                                                                                                         |                                                                                                                                                                                                               | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                                                                                                                                                        |                                                                                                   |                                                                                                                                |                           |                 |        |             |           |
|                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                               | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                                                   |                                                                                                                                |                           |                 |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)                                                                                                                                                                                                         | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                         |                                                                                                                                                                                                                                              |                                                                                                   | Description of Asbestos Containing Material (ACM)<br>(i.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                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                               | x                                                                                                                                                                                                                                            |                                                                                                   | VAT                                                                                                                            | 408 SF                    | x               |        |             |           |
|                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                               |                                                                                                                                                                                                                                              |                                                                                                   |                                                                                                                                |                           |                 |        |             |           |
|                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                               |                                                                                                                                                                                                                                              |                                                                                                   |                                                                                                                                |                           |                 |        |             |           |
|                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                               |                                                                                                                                                                                                                                              |                                                                                                   |                                                                                                                                |                           |                 |        |             |           |
| Name of Registered Waste Hauler<br>All Stages Abatement                                                                                                                                                                                                                                           |                                                                                                                                                                                                               | NJDEP Waste Hauler ID No.<br>0036592                                                                                                                                                                                                         | Cubic Yards of Waste<br>4 YD                                                                      | Name of Registered Landfill<br>Chrin Brothers Sanitary Landfill                                                                |                           |                 |        |             |           |
| City, State<br>Pompton Lakes, NJ                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                               |                                                                                                                                                                                                                                              | Disposal Date<br>TBD                                                                              | City, State<br>Easton, PA                                                                                                      |                           |                 |        |             |           |
| Completed by<br>Richard Cristofol                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                               | Title<br>President                                                                                                                                                                                                                           | Signature<br> |                                                                                                                                |                           | Date<br>8/21/26 |        |             |           |



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

| Date of Notification (1)<br><b>08 / 17 / 26</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                       | Name of Building Owner/Operator (2)<br><b>New Jersey Institute of Technology</b>                                                                                                                                             |                                                     |                                                                                                                              |                             |                                     |                          |                          |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input checked="" type="checkbox"/> DCA<br>(NJAC 5:23-8)                                                                                                                                                                                                                                                                                          | Type Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <b>2</b><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>323 Martin Luther King Jr Blvd</b><br>City, State, Zip Code<br><b>Newark, NJ 07102</b><br>Name of Contact<br>Telephone Number                                                                           |                                                     |                                                                                                                              |                             |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                              |                                                     |                                                                                                                              |                             |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>NJIT - Tiernan Hall, Lecture Hall #2</b>                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                       | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                                                     |                                                                                                                              |                             |                                     |                          |                          |                          |
| Street Address<br><b>161 Warren Street (120-142 Bleeker Street)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                       | City (5)<br><b>Newark</b>                                                                                                                                                                                                    |                                                     |                                                                                                                              |                             |                                     |                          |                          |                          |
| County (6)<br><b>Essex</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | County Code (7) (STATE USE ONLY)                                                                                                                                                                                                      | Square Feet<br><b>156,000</b>                                                                                                                                                                                                | # of Floors<br><b>4</b><br>Bldg. Age<br><b>30 +</b> |                                                                                                                              |                             |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>OMEGA Environmental Services</b>                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                       | Name of Abatement Contractor (9)<br><b>East Coast Haz Mat Removal, Inc.</b>                                                                                                                                                  |                                                     |                                                                                                                              |                             |                                     |                          |                          |                          |
| Street Address<br><b>280 Huyler St., South Hackensack</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                       | Street Address<br><b>494 East 41st Street</b>                                                                                                                                                                                |                                                     |                                                                                                                              |                             |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>South Hackensack, NJ 07606</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                       | City, State, Zip Code<br><b>Paterson, NJ 07504</b>                                                                                                                                                                           |                                                     |                                                                                                                              |                             |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Stan Blackman - Project Manager</b>                                                                                                                                                                                                                                                                                                                                                                                                                              | Telephone No.<br><b>201-489-8700</b>                                                                                                                                                                                                  | Telephone No.<br><b>973-345-0022</b>                                                                                                                                                                                         | License No.<br><b>02117</b>                         |                                                                                                                              |                             |                                     |                          |                          |                          |
| Start Date (10)<br><b>08 / 24 / 26</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Scheduled Completion Date (11)<br><b>09 / 07 / 26</b>                                                                                                                                                                                 | Name of OSHA Monitor<br><b>Same as above</b>                                                                                                                                                                                 |                                                     |                                                                                                                              |                             |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <b>AM-04:00PM/ PM-12:00AM</b>                                                                                                                                                                                                        |                                                                                                                                                                                                                                       | Street Address<br>City, State, Zip Code                                                                                                                                                                                      |                                                     |                                                                                                                              |                             |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)<br><input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><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                |
| Lecture Hall # 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                              | <input checked="" type="checkbox"/>                                                                                                                                                                                          | <input type="checkbox"/>                            | Popcorn Ceiling                                                                                                              | 900 SF                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                                                                     | <input type="checkbox"/>                            |                                                                                                                              |                             | <input 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<br><b>Century Waste Services, LLC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                       | NJDEP Waste Hauler ID No.<br><b>32797</b>                                                                                                                                                                                    | Cubic Yards of Waste<br><b>30</b>                   | Name of Registered Landfill<br><b>Waste Mgmt. - Fairless Hills</b>                                                           |                             |                                     |                          |                          |                          |
| City, State<br><b>Elizabeth, NJ 07201</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                       | Disposal Date<br><b>09-04-2026</b>                                                                                                                                                                                           |                                                     | City, State<br><b>Morrisville, PA</b>                                                                                        |                             |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Leslie Olszewski</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                       | Title<br><b>Sr. Project Mgr.</b>                                                                                                                                                                                             |                                                     | Signature<br>                            |                             | Date<br><b>08-17-2026</b>           |                          |                          |                          |



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

ch # 1113

| Date of Notification (1)<br><b>08 / 14 / 26</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                       | Name of Building Owner/Operator (2)<br><b>Hillsdale Public Schools</b>                                                                                                                                                                                                                                                                                      |                             |                                                                                                                              |                                                                    |                                     |                          |                          |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA (NJAC 5:23-8)                                                                                                                      | Type Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <b>1</b><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>32 Ruckman Road</b><br>City, State, Zip Code<br><b>Hillsdale, NJ 07642</b><br>Name of Contact _____ Telephone Number _____                                                                                                                                                                                                             |                             |                                                                                                                              |                                                                    |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                             |                             |                                                                                                                              |                                                                    |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>George G. White Middle School</b>                                                                                                                                                                                                                  |                                                                                                                                                                                                                                       | Type of Facility (4)<br><input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                                                                                                                                |                             |                                                                                                                              |                                                                    |                                     |                          |                          |                          |
| Street Address<br><b>120 Magnolia Avenue</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                       | Square Feet<br><b>61500</b>                                                                                                                                                                                                                                                                                                                                 |                             |                                                                                                                              |                                                                    |                                     |                          |                          |                          |
| City (5)<br><b>Hillsdale</b>                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                       | # of Floors<br><b>3</b>                                                                                                                                                                                                                                                                                                                                     | Bldg. Age<br><b>54</b>      |                                                                                                                              |                                                                    |                                     |                          |                          |                          |
| County (6)<br><b>Bergen</b>                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                       | County Code (7) (STATE USE ONLY)<br>_____                                                                                                                                                                                                                                                                                                                   |                             |                                                                                                                              |                                                                    |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>T &amp; M Associates</b>                                                                                                                                                                                                                            |                                                                                                                                                                                                                                       | Name of Abatement Contractor (9)<br><b>East Coast Haz Mat Removal, Inc.</b>                                                                                                                                                                                                                                                                                 |                             |                                                                                                                              |                                                                    |                                     |                          |                          |                          |
| Street Address<br><b>40 Monmouth Park Hwy, Suite 2</b>                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                       | Street Address<br><b>494 East 41st Street</b>                                                                                                                                                                                                                                                                                                               |                             |                                                                                                                              |                                                                    |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>West Long Branch, NJ 07764</b>                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                       | City, State, Zip Code<br><b>Paterson, NJ 07504</b>                                                                                                                                                                                                                                                                                                          |                             |                                                                                                                              |                                                                    |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Kevin Burns</b>                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                       | Telephone No.<br><b>732-676-4000</b>                                                                                                                                                                                                                                                                                                                        | License No.<br><b>02117</b> |                                                                                                                              |                                                                    |                                     |                          |                          |                          |
| Start Date (10)<br><b>08 / 25 / 26</b>                                                                                                                                                                                                                                                                        | Scheduled Completion Date (11)<br><b>09 / 01 / 26</b>                                                                                                                                                                                 | Name of OSHA Monitor<br><b>Same as above</b>                                                                                                                                                                                                                                                                                                                |                             |                                                                                                                              |                                                                    |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <b>7AM-3:30PM</b> / _____ PM - _____ AM |                                                                                                                                                                                                                                       | Street Address<br>_____<br>City, State, Zip Code<br>_____                                                                                                                                                                                                                                                                                                   |                             |                                                                                                                              |                                                                    |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                             |                             |                                                                                                                              |                                                                    |                                     |                          |                          |                          |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf                                                                                                                                                                                     |                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                             |                                                                                                                              |                                                                    |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>IN Facility (13)                                                                                                                                                                                                                     | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                             |                             | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)                                          | Abatement Type                      |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                               | Yes                                                                                                                                                                                                                                   | No                                                                                                                                                                                                                                                                                                                                                          | N/A                         |                                                                                                                              |                                                                    | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| <b>First Floor - Outside Windows</b>                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                                                                                                                              | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>    | <b>Windows spandrel transite panels</b>                                                                                      | <b>140 SF</b>                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Second Floor - Outside Windows</b>                                                                                                                                                                                                                                                                         | <input type="checkbox"/>                                                                                                                                                                                                              | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>    | <b>Windows spandrel transite panels</b>                                                                                      | <b>140 SF</b>                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/>                                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>    |                                                                                                                              |                                                                    | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/>                                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>    |                                                                                                                              |                                                                    | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>Century Waste Services, LLC.</b>                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                       | NJDEP Waste Hauler ID No.<br><b>32797</b>                                                                                                                                                                                                                                                                                                                   |                             | Cubic Yards of Waste<br><b>15</b>                                                                                            | Name of Registered Landfill<br><b>Waste Mgmt. - Fairless Hills</b> |                                     |                          |                          |                          |
| City, State<br><b>Elizabeth, NJ 07201</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                       | Disposal Date<br><b>08-30-2026</b>                                                                                                                                                                                                                                                                                                                          |                             | City, State<br><b>Morrisville, PA</b>                                                                                        |                                                                    |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Leslie Olszewski</b>                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                       | Title<br><b>Project Manager</b>                                                                                                                                                                                                                                                                                                                             |                             | Signature<br><i>Leslie Olszewski</i>                                                                                         |                                                                    | Date<br><b>08-14-26</b>             |                          |                          |                          |







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

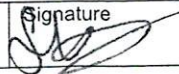
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| Date of Notification (1)<br>07/31/2026                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                               | Name of Building Owner/Operator (2)<br>AUG 5 2026                                                                                                                                                                         |                                                                                                                             |                                                                                                                             |                           |                |                    |             |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|--------------------|-------------|-----------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                                                                                                                                                                                      | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                                                                                                                                                                                                           | Street Address<br>365 Driscoll Avenue<br>City, State, Zip Code<br>Woodbury, NJ 08096<br>Name of Contact<br>Telephone Number |                                                                                                                             |                           |                |                    |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ASBESTOS CONTROL & LICENSING                                                                                                                                                                                                                  |                                                                                                                                                                                                                           |                                                                                                                             |                                                                                                                             |                           |                |                    |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                           |                                                                                                                             |                                                                                                                             |                           |                |                    |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>365 Driscoll Avenue                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                               | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                                                                                                                             |                                                                                                                             |                           |                |                    |             |           |
| City (5)<br>Woodbury                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Square Feet<br>1,422                                                                                                                                                                                                                          | # of Floors<br>1                                                                                                                                                                                                          | Bldg. Age<br>76                                                                                                             |                                                                                                                             |                           |                |                    |             |           |
| County (6)<br>Gloucester                                                                                                                                                                                                                                                                                                                                                                                                                                                           | County Code (7)<br>(STATE USE ONLY) _____                                                                                                                                                                                                     | Current Use (Prior if being demolished)<br>Residence                                                                                                                                                                      |                                                                                                                             |                                                                                                                             |                           |                |                    |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Management & Environmental Consulting Serv                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                               | ASCM No.                                                                                                                                                                                                                  | Name of Abatement Contractor (9)<br>Shade Environmental, LLC                                                                |                                                                                                                             |                           |                |                    |             |           |
| Street Address<br>PO Box 341                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                               | Street Address<br>623 Cutler Avenue                                                                                                                                                                                       |                                                                                                                             |                                                                                                                             |                           |                |                    |             |           |
| City, State, Zip Code<br>Chesterfield, NJ 08515                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                               | City, State, Zip Code<br>Maple Shade, NJ 08052                                                                                                                                                                            |                                                                                                                             |                                                                                                                             |                           |                |                    |             |           |
| Project Manager for Monitoring Firm<br>Nora Pearce                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                               | Telephone No.<br>609-298-4070                                                                                                                                                                                             | License No.<br>00842                                                                                                        |                                                                                                                             |                           |                |                    |             |           |
| Start Date (10)<br>08/03/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Scheduled Completion Date (11)<br>08/05/2026                                                                                                                                                                                                  | Name of OSHA Monitor<br>EMSL Analytical, Inc.                                                                                                                                                                             |                                                                                                                             |                                                                                                                             |                           |                |                    |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____                                                                                                                                                                                           |                                                                                                                                                                                                                                               | Street Address<br>200 Route 130 North<br>City, State, Zip Code<br>Cinnaminson, NJ 08077                                                                                                                                   |                                                                                                                             |                                                                                                                             |                           |                |                    |             |           |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                           |                                                                                                                             |                                                                                                                             |                           |                |                    |             |           |
| Location of Asbestos-Containing Material (ACM)<br>TO BE ABATED<br>In Facility (13)                                                                                                                                                                                                                                                                                                                                                                                                 | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                                         |                                                                                                                                                                                                                           |                                                                                                                             | Description of Asbestos Containing Material (ACM) (i.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                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                           | X                                                                                                                           | Floor Tile                                                                                                                  | 34 SF                     | X              |                    |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                           |                                                                                                                             |                                                                                                                             |                           |                |                    |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                           |                                                                                                                             |                                                                                                                             |                           |                |                    |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                           |                                                                                                                             |                                                                                                                             |                           |                |                    |             |           |
| Name of Registered Waste Hauler<br>Freehold Cartage                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                               | NJDEP Waste Hauler ID No.<br>15939                                                                                                                                                                                        | Cubic Yards of Waste<br>1                                                                                                   | Name of Registered Landfill<br>Conestoga Landfill                                                                           |                           |                |                    |             |           |
| City, State<br>Freehold, NJ                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                               | Disposal Date<br>08/05/2026                                                                                                                                                                                               |                                                                                                                             | City, State<br>Morgantown, PA                                                                                               |                           |                |                    |             |           |
| Completed by<br>Shannon Thomson                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                               | Title<br>Operations Manager                                                                                                                                                                                               |                                                                                                                             | Signature<br>Shannon Thomson                                                                                                |                           |                | Date<br>07/31/2026 |             |           |



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

RECEIVED

| Date of Notification (1)<br>08/03/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                    | Name of Building Owner/Operator (2)                                                                                                                                                                                       |                                                                                                   |                                                                                                                             |                           |                |        |             |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|--------|-------------|-----------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                                                                                                                                                                                                          | Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input checked="" type="checkbox"/> Cancellation | Street Address<br>727 Shawnee Road                                                                                                                                                                                        |                                                                                                   |                                                                                                                             |                           |                |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                    | City, State, Zip Code<br>Turnersville, NJ 08012                                                                                                                                                                           |                                                                                                   |                                                                                                                             |                           |                |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                    | Name of Contact                                                                                                                                                                                                           | Telephone Number                                                                                  |                                                                                                                             |                           |                |        |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           |                                                                                                   |                                                                                                                             |                           |                |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>727 Shawnee Road                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                    | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                                                                                                   |                                                                                                                             |                           |                |        |             |           |
| City (5)<br>Turnersville                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Square Feet<br>1,704                                                                                                                                                                                                               | # of Floors<br>2                                                                                                                                                                                                          | Bldg. Age<br>67                                                                                   |                                                                                                                             |                           |                |        |             |           |
| County (6)<br>Gloucester                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | County Code (7)<br>(STATE USE ONLY) _____                                                                                                                                                                                          | Current Use (Prior if being demolished)<br>Residence                                                                                                                                                                      |                                                                                                   |                                                                                                                             |                           |                |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Management & Environmental Consulting Serv                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    | ASCM No.                                                                                                                                                                                                                  | Name of Abatement Contractor (9)<br>Shade Environmental, LLC                                      |                                                                                                                             |                           |                |        |             |           |
| Street Address<br>PO Box 341                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                    | Street Address<br>623 Cutler Avenue                                                                                                                                                                                       |                                                                                                   |                                                                                                                             |                           |                |        |             |           |
| City, State, Zip Code<br>Chesterfield, NJ 08515                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                    | City, State, Zip Code<br>Maple Shade, NJ 08052                                                                                                                                                                            |                                                                                                   |                                                                                                                             |                           |                |        |             |           |
| Project Manager for Monitoring Firm<br>Nora Pearce                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                    | Telephone No.<br>609-298-4070                                                                                                                                                                                             | License No.<br>00842                                                                              |                                                                                                                             |                           |                |        |             |           |
| Start Date (10)<br>09/28/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Scheduled Completion Date (11)<br>10/02/2026                                                                                                                                                                                       | Name of OSHA Monitor<br>EMSL Analytical, Inc.                                                                                                                                                                             |                                                                                                   |                                                                                                                             |                           |                |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____                                                                                                                                                                                                                   |                                                                                                                                                                                                                                    | Street Address<br>200 Route 130 North                                                                                                                                                                                     |                                                                                                   |                                                                                                                             |                           |                |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                    | City, State, Zip Code<br>Cinnaminson, NJ 08077                                                                                                                                                                            |                                                                                                   |                                                                                                                             |                           |                |        |             |           |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           |                                                                                                   |                                                                                                                             |                           |                |        |             |           |
| Location of Asbestos-Containing Material (ACM) In Facility (13)<br><u>TO BE ABATED</u>                                                                                                                                                                                                                                                                                                                                                                                                                     | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                              |                                                                                                                                                                                                                           |                                                                                                   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Yes                                                                                                                                                                                                                                | No                                                                                                                                                                                                                        | N/A                                                                                               |                                                                                                                             |                           | Removal        | Repair | Encapsulate | Enclosure |
| Basement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           | X                                                                                                 | Floor Tile & Mastic                                                                                                         | 516 SF                    | X              |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           |                                                                                                   |                                                                                                                             |                           |                |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           |                                                                                                   |                                                                                                                             |                           |                |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           |                                                                                                   |                                                                                                                             |                           |                |        |             |           |
| Name of Registered Waste Hauler<br>Freehold Cartage                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                    | NJDEP Waste Hauler ID No.<br>15939                                                                                                                                                                                        | Cubic Yards of Waste<br>4                                                                         | Name of Registered Landfill<br>Conestoga Landfill                                                                           |                           |                |        |             |           |
| City, State<br>Freehold, NJ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           | Disposal Date<br>10/02/2026                                                                       | City, State<br>Morgantown, PA                                                                                               |                           |                |        |             |           |
| Completed by<br>Samantha Brown                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                    | Title<br>Operations Coordinator                                                                                                                                                                                           | Signature<br> | Date<br>08/03/2026                                                                                                          |                           |                |        |             |           |



3840

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

Check 3840

RECEIVED

|                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                              |                                                           |                                                                                                                             |                           |                |                    |             |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|--------------------|-------------|-----------|
| Date of Notification (1)<br>08/06/2026                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                  | Name of Building Owner/Operator (2)                                                                                                                                                                                                          |                                                           |                                                                                                                             |                           |                |                    |             |           |
| Agencies Notified                                                                                                                                                                                                                                                                  | Type Notification                                                                                                                                                                                                                | Street Address<br>15 Elmwood Ave                                                                                                                                                                                                             |                                                           |                                                                                                                             |                           |                |                    |             |           |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                             | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>West Orange, NJ 07052                                                                                                                                                                                               |                                                           |                                                                                                                             |                           |                |                    |             |           |
|                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                  | Name of Contact                                                                                                                                                                                                                              | Telephone Number                                          |                                                                                                                             |                           |                |                    |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                              |                                                           |                                                                                                                             |                           |                |                    |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Residential House                                                                                                                                                                                                          |                                                                                                                                                                                                                                  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |                                                           |                                                                                                                             |                           |                |                    |             |           |
| Street Address<br>15 Elmwood Ave                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                  | Square Feet<br>1,356                                                                                                                                                                                                                         | # of Floors<br>1                                          |                                                                                                                             |                           |                |                    |             |           |
| City (5)<br>West Orange, NJ 07052                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                  | Bldg. Age<br>1950                                                                                                                                                                                                                            |                                                           |                                                                                                                             |                           |                |                    |             |           |
| County (6)<br>Essex                                                                                                                                                                                                                                                                | County Code (7)<br>(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)<br>VEL Construction, LLC |                                                                                                                             |                           |                |                    |             |           |
| Street Address                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                  | Street Address<br>75 Voorhis Place                                                                                                                                                                                                           |                                                           |                                                                                                                             |                           |                |                    |             |           |
| City, State, Zip Code                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                  | City, State, Zip Code<br>Ringwood NJ 07456                                                                                                                                                                                                   |                                                           |                                                                                                                             |                           |                |                    |             |           |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                  | Telephone No.<br>201-466-0166                                                                                                                                                                                                                | License No.<br>02126                                      |                                                                                                                             |                           |                |                    |             |           |
| Start Date (10)<br>08/15/2026                                                                                                                                                                                                                                                      | Scheduled Completion Date (11)<br>08/22/2026                                                                                                                                                                                     | Name of OSHA Monitor                                                                                                                                                                                                                         |                                                           |                                                                                                                             |                           |                |                    |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><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<br><input type="checkbox"/> ≥ 160 sf or ≥ 260 lf                                                                                                                                                                              |                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                                                                                                                                                        |                                                           |                                                                                                                             |                           |                |                    |             |           |
|                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><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 ceiling                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                  | x                                                                                                                                                                                                                                            |                                                           | pipe insulation                                                                                                             | 90 LF                     | x              |                    |             |           |
|                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                              |                                                           |                                                                                                                             |                           |                |                    |             |           |
|                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                              |                                                           |                                                                                                                             |                           |                |                    |             |           |
|                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                              |                                                           |                                                                                                                             |                           |                |                    |             |           |
| Name of Registered Waste Hauler<br>Century Waste Services                                                                                                                                                                                                                          |                                                                                                                                                                                                                                  | NJDEP Waste Hauler ID No.<br>32797                                                                                                                                                                                                           | Cubic Yards of Waste<br>5                                 | Name of Registered Landfill<br>Grand Central Sanitary Landfill                                                              |                           |                |                    |             |           |
| City, State<br>Elizabeth, NJ                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                  | Disposal Date<br>08/22/2026                                                                                                                                                                                                                  |                                                           | City, State<br>Pen Argyl, PA                                                                                                |                           |                |                    |             |           |
| Completed by<br>Lubica Perez                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                  | Title<br>Owner                                                                                                                                                                                                                               |                                                           | Signature<br>Lubica Perez                                                                                                   |                           |                | Date<br>08/06/2026 |             |           |



3846

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

Check 3846  
RECEIVED

| Date of Notification (1)<br>08/06/2026                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                             | Name of Building Owner/Operator (2)          |                                              |                                                                                                                                                                                                                           |                                                                |                |                    |             |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|----------------|--------------------|-------------|-----------|
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                                                                                                                                                                                            | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                              | Street Address<br>718 Bradford Ave           |                                                                                                                                                                                                                           |                                                                |                |                    |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                             |                                              | City, State, Zip Code<br>Westfield, NJ 07090 |                                                                                                                                                                                                                           |                                                                |                |                    |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                             |                                              | Name of Contact                              |                                                                                                                                                                                                                           | Telephone Number                                               |                |                    |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                             |                                              |                                              |                                                                                                                                                                                                                           |                                                                |                |                    |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Residential House                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                             |                                              |                                              | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                                                                |                |                    |             |           |
| Street Address<br>718 Bradford Ave                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                             |                                              |                                              | Square Feet<br>2,712                                                                                                                                                                                                      |                                                                |                |                    |             |           |
| City (5)<br>Westfield, NJ 07090                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                             |                                              |                                              | # of Floors<br>2                                                                                                                                                                                                          | Bldg. Age<br>1930                                              |                |                    |             |           |
| County (6)<br>Union                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                             | County Code (7)<br>(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)<br>VEL Construction, LLC                                                                                                                                                                 |                                                                |                |                    |             |           |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                             | Street Address<br>75 Voorhis Place           |                                              |                                                                                                                                                                                                                           |                                                                |                |                    |             |           |
| City, State, Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                             | City, State, Zip Code<br>Ringwood NJ 07456   |                                              |                                                                                                                                                                                                                           |                                                                |                |                    |             |           |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                             | Telephone No.                                |                                              | Telephone No.<br>201-466-0166                                                                                                                                                                                             | License No.<br>02126                                           |                |                    |             |           |
| Start Date (10)<br>08/15/2026                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                             | Scheduled Completion Date (11)<br>08/22/2026 |                                              | Name of OSHA Monitor                                                                                                                                                                                                      |                                                                |                |                    |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____                                                                                                                                                                               |                                                                                                                                                                                                                                                             |                                              |                                              | Street Address                                                                                                                                                                                                            |                                                                |                |                    |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                             |                                              |                                              | City, State, Zip Code                                                                                                                                                                                                     |                                                                |                |                    |             |           |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><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                                                                                                                                                                                                           | 120 LF                                                         | x              |                    |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                             |                                              |                                              |                                                                                                                                                                                                                           |                                                                |                |                    |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                             |                                              |                                              |                                                                                                                                                                                                                           |                                                                |                |                    |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                             |                                              |                                              |                                                                                                                                                                                                                           |                                                                |                |                    |             |           |
| Name of Registered Waste Hauler<br>Century Waste Services                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                             | NJDEP Waste Hauler ID No.<br>32797           |                                              | Cubic Yards of Waste<br>5                                                                                                                                                                                                 | Name of Registered Landfill<br>Grand Central Sanitary Landfill |                |                    |             |           |
| City, State<br>Elizabeth, NJ                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                             |                                              |                                              | Disposal Date<br>08/22/2026                                                                                                                                                                                               | City, State<br>Pen Argyl, PA                                   |                |                    |             |           |
| Completed by<br>Lubica Perez                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                             | Title<br>Owner                               |                                              | Signature<br>Lubica Perez                                                                                                                                                                                                 |                                                                |                | Date<br>08/06/2026 |             |           |



Check 3865

ASB-41 (R-06-08)

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



Check 3866 RECEIVED

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



3863

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

Check 3863  
RECEIVED

|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    |                                                                                       |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                              |                                                                |                        |                    |             |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------|--------------------|-------------|-----------|
| Date of Notification (1)<br>08/06/2026                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                    | Name of Building Owner/Operator (2)<br>Northeast Power Dry                            |                                                                                                                                                                                                                           | AUG 12 2026                                                                                                                                                                                                                                  |                                                                |                        |                    |             |           |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                              | Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                                                                       | Street Address<br>94 Court St                                                                                                                                                                                             |                                                                                                                                                                                                                                              | ASBESTOS CONTROL & LICENSING                                   |                        |                    |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    |                                                                                       | City, State, Zip Code<br>Freehold, NJ 07728                                                                                                                                                                               |                                                                                                                                                                                                                                              |                                                                |                        |                    |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    |                                                                                       | Name of Contact _____                                                                                                                                                                                                     |                                                                                                                                                                                                                                              |                                                                | Telephone Number _____ |                    |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                    |                                                                                       |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                              |                                                                |                        |                    |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Residential House                                                                                                                                                                                                                |                                                                                                                                                                                                                                    |                                                                                       | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                                                                                                                                                                                                                                              |                                                                |                        |                    |             |           |
| Street Address<br>94 Court St                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                    |                                                                                       | Square Feet 1,024      # of Floors 1      Bldg. Age 1960                                                                                                                                                                  |                                                                                                                                                                                                                                              |                                                                |                        |                    |             |           |
| City (5)<br>Freehold, NJ 07728                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                    |                                                                                       | Current Use (Prior if being demolished) _____                                                                                                                                                                             |                                                                                                                                                                                                                                              |                                                                |                        |                    |             |           |
| County (6)<br>Monmouth                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                    | County Code (7)<br>(STATE USE ONLY) _____                                             |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                              |                                                                |                        |                    |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                    | ASCM No. _____                                                                        |                                                                                                                                                                                                                           | Name of Abatement Contractor (9)<br>VEL Construction, LLC                                                                                                                                                                                    |                                                                |                        |                    |             |           |
| Street Address _____                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                    | Street Address<br>75 Voorhis Place                                                    |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                              |                                                                |                        |                    |             |           |
| City, State, Zip Code _____                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                    | City, State, Zip Code<br>Ringwood NJ 07456                                            |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                              |                                                                |                        |                    |             |           |
| Project Manager for Monitoring Firm _____                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                    | Telephone No. _____                                                                   |                                                                                                                                                                                                                           | Telephone No. 201-466-0166      License No. 02126                                                                                                                                                                                            |                                                                |                        |                    |             |           |
| Start Date (10)<br>08/07/2026                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                    | Scheduled Completion Date (11)<br>08/14/2026                                          |                                                                                                                                                                                                                           | Name of OSHA Monitor _____                                                                                                                                                                                                                   |                                                                |                        |                    |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><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<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                                        |                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition |                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                |                        |                    |             |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)                                                                                                                                                                                                             | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                              |                                                                                       |                                                                                                                                                                                                                           | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)                                                                                                                  | Amount (Specify SF or LF)                                      | Abatement Type         |                    |             |           |
|                                                                                                                                                                                                                                                                                          | Yes                                                                                                                                                                                                                                | No                                                                                    | N/A                                                                                                                                                                                                                       |                                                                                                                                                                                                                                              |                                                                | Removal                | Repair             | Encapsulate | Enclosure |
| Basement                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                    | X                                                                                     |                                                                                                                                                                                                                           | Floor tile & mastic                                                                                                                                                                                                                          | 800 SF                                                         | X                      |                    |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    |                                                                                       |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                              |                                                                |                        |                    |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    |                                                                                       |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                              |                                                                |                        |                    |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    |                                                                                       |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                              |                                                                |                        |                    |             |           |
| Name of Registered Waste Hauler<br>Century Waste Services                                                                                                                                                                                                                                |                                                                                                                                                                                                                                    | NJDEP Waste Hauler ID No.<br>32797                                                    |                                                                                                                                                                                                                           | Cubic Yards of Waste<br>10                                                                                                                                                                                                                   | Name of Registered Landfill<br>Grand Central Sanitary Landfill |                        |                    |             |           |
| City, State<br>Elizabeth, NJ                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                    |                                                                                       |                                                                                                                                                                                                                           | Disposal Date<br>08/14/2026                                                                                                                                                                                                                  | City, State<br>Pen Argyl, PA                                   |                        |                    |             |           |
| Completed by<br>Lubica Perez                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                    | Title<br>Owner                                                                        |                                                                                                                                                                                                                           | Signature<br>Lubica Perez                                                                                                                                                                                                                    |                                                                |                        | Date<br>08/06/2026 |             |           |



3864

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

RECEIVED  
Check 3864

|                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date of Notification (1)<br>08/06/2026                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Name of Building Owner/Operator (2)<br>Rachel Cohen                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                         |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                             | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                    | Street Address<br>7-19 Fair Lawn Ave<br>City, State, Zip Code<br>Fair Lawn, NJ 07410<br>Name of Contact<br>Luis Lizaso, WeDry USA<br>Telephone Number<br>(855) 933-7924 |
|                                                                                                                                                                                                                                                                                                                | <p align="center"><b>FACILITY INFORMATION</b></p> Name of Facility Where Abatement is Taking Place (3)<br>Commercial<br>Street Address<br>7-19 Fair Lawn Ave<br>City (5)<br>Fair Lawn, NJ 07410<br>County (6)<br>Bergen<br>County Code (7)<br>(STATE USE ONLY) _____<br>Name of Monitoring Firm Hired by Building Owner (8)<br>_____<br>Street Address<br>_____<br>City, State, Zip Code<br>_____<br>Project Manager for Monitoring Firm<br>_____<br>Telephone No.<br>_____<br>Start Date (10)<br>08/15/2026<br>Scheduled Completion Date (11)<br>08/26/2026<br>Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____<br>Scope of Work (Check All That Apply)<br><input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                | Name of Abatement Contractor (9)<br>VEL Construction, LLC<br>Street Address<br>75 Voorhis Place<br>City, State, Zip Code<br>Ringwood NJ 07456<br>Telephone No.<br>201-466-0166<br>License No.<br>02126<br>Name of OSHA Monitor<br>_____<br>Street Address<br>_____<br>City, State, Zip Code<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                         |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)<br>Basement<br>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes No N/A<br>Floor tile & mastic<br>Amount (Specify SF or LF)<br>1,000 SF<br>Abatement Type<br>Removal Repair Encapsulate Enclosure<br>x |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Name of Registered Waste Hauler<br>Century Waste Services<br>NJDEP Waste Hauler ID No.<br>32797<br>Cubic Yards of Waste<br>5<br>Name of Registered Landfill<br>Grand Central Sanitary Landfill<br>City, State<br>Elizabeth, NJ<br>Disposal Date<br>08/26/2026<br>City, State<br>Pen Argyl, PA<br>Completed by<br>Lubica Perez<br>Title<br>Owner<br>Signature<br>Lubica Perez<br>Date<br>08/06/2026 |                                                                                                                                                                         |



Check 3841

RECEIVED

ASB-41 (R-06-08)

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

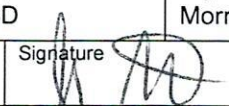


**PAID**  
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
**(Pursuant to NJAC 8:60 and 12:120)**

RECEIVED

CHECK #6345

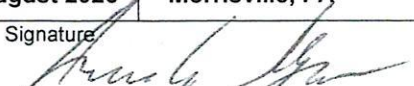
Job#6520

|                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                  |                                                                                    |                                                                                                                                                                                                   |                                                                                                   |                                                  |                    |             |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------|-------------|-----------|
| Date of Notification (1)<br>07-30-26                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                  | Name of Building Owner/Operator (2)<br>The Port Authority of New York & New Jersey |                                                                                                                                                                                                   |                                                                                                   |                                                  |                    |             |           |
| Agencies Notified                                                                                                                                                                                                                            |  | Type Notification                                                                                                                                                                                                                |                                                                                    | Street Address<br>260 Kellogg Street                                                                                                                                                              |                                                                                                   |                                                  |                    |             |           |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                     |  | <input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                                                                    | City, State, Zip Code<br>Newark, NJ 07114                                                                                                                                                         |                                                                                                   |                                                  |                    |             |           |
|                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                  |                                                                                    | Name of Contact<br>Dean Bodnar                                                                                                                                                                    |                                                                                                   |                                                  |                    |             |           |
|                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                  |                                                                                    | Telephone Number<br>347-266-6279                                                                                                                                                                  |                                                                                                   |                                                  |                    |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                  |                                                                                    |                                                                                                                                                                                                   |                                                                                                   |                                                  |                    |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Port Newark                                                                                                                                                                          |  |                                                                                                                                                                                                                                  |                                                                                    | Type of Facility (4)                                                                                                                                                                              |                                                                                                   |                                                  |                    |             |           |
| Street Address<br>267-269 Distribution Street                                                                                                                                                                                                |  |                                                                                                                                                                                                                                  |                                                                                    | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                                                                                                   |                                                  |                    |             |           |
| City (5)<br>Newark                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                  |                                                                                    | Square Feet<br>50,000                                                                                                                                                                             |                                                                                                   |                                                  |                    |             |           |
| County (6)<br>Essex                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                  |                                                                                    | # of Floors<br>-                                                                                                                                                                                  |                                                                                                   |                                                  |                    |             |           |
| County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                  |                                                                                    | Bldg. Age<br>-                                                                                                                                                                                    |                                                                                                   |                                                  |                    |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Hillmann Consulting LLC                                                                                                                                                               |  |                                                                                                                                                                                                                                  | ASCM No.<br>62252                                                                  |                                                                                                                                                                                                   | Name of Abatement Contractor (9)<br>Pinnacle Environmental Corp.                                  |                                                  |                    |             |           |
| Street Address<br>1600 Route 22 East Suite #107                                                                                                                                                                                              |  |                                                                                                                                                                                                                                  | Street Address<br>200 Broad Street                                                 |                                                                                                                                                                                                   |                                                                                                   |                                                  |                    |             |           |
| City, State, Zip Code<br>Union, New Jersey 07083                                                                                                                                                                                             |  |                                                                                                                                                                                                                                  | City, State, Zip Code<br>Carlstadt, NJ 07072                                       |                                                                                                                                                                                                   |                                                                                                   |                                                  |                    |             |           |
| Project Manager for Monitoring Firm<br>Craig Abrams                                                                                                                                                                                          |  |                                                                                                                                                                                                                                  | Telephone No.<br>908-688-7800                                                      |                                                                                                                                                                                                   | Telephone No.<br>201-939-6565                                                                     |                                                  |                    |             |           |
| License No.<br>00756                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                  |                                                                                    |                                                                                                                                                                                                   |                                                                                                   |                                                  |                    |             |           |
| Start Date (10)<br>08-04-2026                                                                                                                                                                                                                |  | Scheduled Completion Date (11)<br>02-04-2027                                                                                                                                                                                     |                                                                                    | Name of OSHA Monitor<br>Saban Engineering Group                                                                                                                                                   |                                                                                                   |                                                  |                    |             |           |
| Occupancy Status During Abatement (Check Only One)                                                                                                                                                                                           |  |                                                                                                                                                                                                                                  |                                                                                    | Street Address<br>201 Stuyvesant Avenue                                                                                                                                                           |                                                                                                   |                                                  |                    |             |           |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe:                 |  |                                                                                                                                                                                                                                  |                                                                                    | City, State, Zip Code<br>Lyndhurst NJ 07071                                                                                                                                                       |                                                                                                   |                                                  |                    |             |           |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                  |                                                                                    |                                                                                                                                                                                                   |                                                                                                   |                                                  |                    |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                            |  |                                                                                                                                                                                                                                  |                                                                                    |                                                                                                                                                                                                   |                                                                                                   |                                                  |                    |             |           |
| <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                                                                                                                                                        |  |                                                                                                                                                                                                                                  |                                                                                    |                                                                                                                                                                                                   |                                                                                                   |                                                  |                    |             |           |
| <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |                                                                                                                                                                                                                                  |                                                                                    |                                                                                                                                                                                                   |                                                                                                   |                                                  |                    |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)                                                                                                                                                    |  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                            |                                                                                    | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)                                                                    | Amount (Specify SF or LF)                                                                         | Abatement Type                                   |                    |             |           |
|                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                  |                                                                                    |                                                                                                                                                                                                   |                                                                                                   | Removal                                          | Repair             | Encapsulate | Enclosure |
| Excavation-Ground                                                                                                                                                                                                                            |  | Yes                                                                                                                                                                                                                              | No                                                                                 | N/A                                                                                                                                                                                               |                                                                                                   | x                                                |                    |             |           |
|                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                  |                                                                                    |                                                                                                                                                                                                   |                                                                                                   |                                                  |                    |             |           |
|                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                  |                                                                                    |                                                                                                                                                                                                   |                                                                                                   |                                                  |                    |             |           |
|                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                  |                                                                                    |                                                                                                                                                                                                   |                                                                                                   |                                                  |                    |             |           |
| Name of Registered Waste Hauler<br>Century Waste Services, LLC                                                                                                                                                                               |  |                                                                                                                                                                                                                                  | NJDEP Waste Hauler ID No.                                                          |                                                                                                                                                                                                   | Cubic Yards of Waste<br>TBD                                                                       | Name of Registered Landfill<br>Fairless Landfill |                    |             |           |
| City, State<br>Elizabeth, NJ 07201                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                  | Disposal Date<br>TBD                                                               |                                                                                                                                                                                                   | City, State<br>Morrisville, PA 19067                                                              |                                                  |                    |             |           |
| Completed by<br>Joseph Patrick                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                  | Title<br>Project Manager                                                           |                                                                                                                                                                                                   | Signature<br> |                                                  | Date<br>07-30-2026 |             |           |



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

RECEIVED

| Date of Notification (1)<br><b>08 / 04 / 26</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                    | Name of Building Owner/Operator (2)<br><b>STMB Properties LLC</b>                                                                                                                                                                                                                                                                     |                                                              |                                                                                                                              |                           |                                     |                          |                          |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)                                                                                                          | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>40 River Road</b>                                                                                                                                                                                                                                                                                                |                                                              |                                                                                                                              |                           |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                    | City, State, Zip Code<br><b>Summit, NJ 07901</b>                                                                                                                                                                                                                                                                                      |                                                              |                                                                                                                              |                           |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                    | Name of Contact                                                                                                                                                                                                                                                                                                                       | Telephone Number                                             |                                                                                                                              |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                       |                                                              |                                                                                                                              |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>House</b>                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                    | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                                                                                                          |                                                              |                                                                                                                              |                           |                                     |                          |                          |                          |
| Street Address<br><b>563 Morris Avenue</b>                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                    | Square Feet<br><b>1,500</b>                                                                                                                                                                                                                                                                                                           | # of Floors<br><b>2</b>                                      |                                                                                                                              |                           |                                     |                          |                          |                          |
| City (5)<br><b>Summit</b>                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                    | Bldg. Age<br><b>80 + yrs.</b>                                                                                                                                                                                                                                                                                                         |                                                              |                                                                                                                              |                           |                                     |                          |                          |                          |
| County (6)<br><b>Morris</b>                                                                                                                                                                                                                                                                                     | County Code (7) (STATE USE ONLY)                                                                                                                                                                                                   | Current Use (Prior if being demolished)<br><b>House</b>                                                                                                                                                                                                                                                                               |                                                              |                                                                                                                              |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>ABS Environmental Group</b>                                                                                                                                                                                                                           |                                                                                                                                                                                                                                    | ASCM No.<br><b>N/A</b>                                                                                                                                                                                                                                                                                                                | Name of Abatement Contractor (9)<br><b>SafeAir Solutions</b> |                                                                                                                              |                           |                                     |                          |                          |                          |
| Street Address<br><b>P.O. Box 483</b>                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                    | Street Address<br><b>P.O. Box 11</b>                                                                                                                                                                                                                                                                                                  |                                                              |                                                                                                                              |                           |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Glenwood, NJ 07418</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                    | City, State, Zip Code<br><b>Cedar Grove, NJ 07009</b>                                                                                                                                                                                                                                                                                 |                                                              |                                                                                                                              |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Scott Higgins</b>                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                    | Telephone No.<br><b>973-764-2276</b>                                                                                                                                                                                                                                                                                                  | License No.<br><b>02115</b>                                  |                                                                                                                              |                           |                                     |                          |                          |                          |
| Start Date (10)<br><b>08 / 20 / 26</b>                                                                                                                                                                                                                                                                          | Scheduled Completion Date (11)<br><b>09 / 20 / 26</b>                                                                                                                                                                              | Name of OSHA Monitor<br><b>Same as above</b>                                                                                                                                                                                                                                                                                          |                                                              |                                                                                                                              |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM |                                                                                                                                                                                                                                    | Street Address<br><br>City, State, Zip Code                                                                                                                                                                                                                                                                                           |                                                              |                                                                                                                              |                           |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                       |                                                              |                                                                                                                              |                           |                                     |                          |                          |                          |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                                                               |                                                                                                                                                                                                                                    | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                              |                                                                                                                              |                           |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>IN Facility (13)                                                                                                                                                                                                                       | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                       |                                                              | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                 | Yes                                                                                                                                                                                                                                | No                                                                                                                                                                                                                                                                                                                                    | N/A                                                          |                                                                                                                              |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| <b>1st Floor - Thruog</b>                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/>                          | <b>Wall/Ceiling Plaster</b>                                                                                                  | <b>3,518 SF</b>           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>2nd Floor - Throughout</b>                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/>                          | <b>Wall/Ceiling Plaster</b>                                                                                                  | <b>1,783 SF</b>           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                                     |                                                                                                                              |                           | <input 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<br><b>Century Waste Services</b>                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                    | NJDEP Waste Hauler ID No.<br><b>32797</b>                                                                                                                                                                                                                                                                                             | Cubic Yards of Waste<br><b>40</b>                            | Name of Registered Landfill<br><b>Fairless Landfill</b>                                                                      |                           |                                     |                          |                          |                          |
| City, State<br><b>Elizabeth, NJ</b>                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                    | Disposal Date<br><b>August 2026</b>                                                                                                                                                                                                                                                                                                   |                                                              | City, State<br><b>Morrisville, PA</b>                                                                                        |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>James E Unger</b>                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                    | Title<br><b>President</b>                                                                                                                                                                                                                                                                                                             |                                                              | Signature<br>                            |                           |                                     | Date<br><b>8-4-26</b>    |                          |                          |



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

PAID

CK # 77814  
RECEIVED

|                                                                                                                                                                                                                                                                   |  |                                                                                               |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------|--|
| Date of Notification (1)<br>7 / 30 /2026                                                                                                                                                                                                                          |  | Name of Building Owner/Operator (2)<br>VERIZON NJ INC.                                        |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                |  | Street Address<br>773 SUMMIT AVENUE<br>City, State, Zip Code<br>JERSEY CITY, NEW JERSEY 07307 |  |
| Type Notification<br><input type="checkbox"/> Initial Notification<br><input checked="" type="checkbox"/> Amended Notification #2<br><input type="checkbox"/> Cancellation<br><input type="checkbox"/> On Hold<br><input type="checkbox"/> EMERGENCY NOTIFICATION |  | Name of Contact<br>RAFAEL LEONARDO                                                            |  |
|                                                                                                                                                                                                                                                                   |  | Telephone Number<br>732-289-7014                                                              |  |

AUG 3 2026

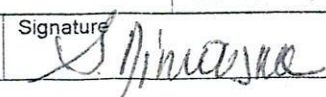
ASBESTOS CONTROL & LICENSING

|                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                                                                                                                    |                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| FACILITY INFORMATION                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                                                                                                                    |                                                                   |
| Name of Facility Where Abatement is Taking Place (3)<br>VERIZON                                                                                                                                                                                                                                                       |                                     | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.) |                                                                   |
| Street Address<br>773 SUMMIT AVENUE                                                                                                                                                                                                                                                                                   |                                     | Square Feet<br>75,000                                                                                                                                                                                              | # of Floors<br>3                                                  |
| City (5)<br>JERSEY CITY                                                                                                                                                                                                                                                                                               |                                     | Bldg. Age<br>65+                                                                                                                                                                                                   |                                                                   |
| County (6)<br>HUDSON                                                                                                                                                                                                                                                                                                  | County Code (7)<br>(STATE USE ONLY) | Current Use (Prior if being demolished) Pharm. Lab. COMMUNICATION BUILDING                                                                                                                                         |                                                                   |
| Name of Monitoring Firm Hired by Building Owner (8)<br>RBS ENVIRONMENTAL                                                                                                                                                                                                                                              |                                     | ASCM No.<br>17                                                                                                                                                                                                     | Name of Abatement Contractor (9)<br>PAR ENVIRONMENTAL CORPORATION |
| Street Address<br>24 VETERANS SQUARE                                                                                                                                                                                                                                                                                  |                                     | Street Address<br>313 SPOOK ROCK ROAD                                                                                                                                                                              |                                                                   |
| City, State, Zip Code<br>MEDIA, PA 19063                                                                                                                                                                                                                                                                              |                                     | City, State, Zip Code<br>SUFFERN, NEW YORK 10901                                                                                                                                                                   |                                                                   |
| Project Manager for Monitoring Firm<br>MIKE STOCKU                                                                                                                                                                                                                                                                    |                                     | Telephone Number<br>609-304-3969                                                                                                                                                                                   | License Number<br>1101                                            |
| Expected State Date (10)<br>8 / 4 /26<br>Month Day Year                                                                                                                                                                                                                                                               |                                     | Sched. Completion Date (11)<br>9 / 30 /26<br>Month Day Year                                                                                                                                                        |                                                                   |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe:<br><input checked="" type="checkbox"/> Other - Describe: Monday-Friday 4pm-12am |                                     | Name of OSHA Monitor<br>QUALITY ENVIRONMENTAL                                                                                                                                                                      |                                                                   |
| Scope of Work (Check all that apply)<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> >3SF OR LF<br><input checked="" type="checkbox"/> >160 SF OR 260 LF                                                                                                                                           |                                     | Street Address<br>1376 ROUTE 9<br>City, State, Zip Code<br>WAPPINGERS FALL, NEW YORK 12590                                                                                                                         |                                                                   |
| Is Location normally used solely by Maint/Custodial Staff (12)<br>Yes No N/A                                                                                                                                                                                                                                          |                                     | Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)                                                                                         |                                                                   |
| Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)                                                                                                                                                                                                                                          |                                     | Amount (Specify SF or LF)                                                                                                                                                                                          | Abatement Type<br>REMOVAL REPAIR ENCAPSULE ENCLOSURE              |
| ROOF -PENTHOUSE                                                                                                                                                                                                                                                                                                       |                                     | 650 SF                                                                                                                                                                                                             | X                                                                 |
| ROOF -PENTHOUSE                                                                                                                                                                                                                                                                                                       |                                     | 15 SF                                                                                                                                                                                                              | X                                                                 |
| ROOF -PENTHOUSE                                                                                                                                                                                                                                                                                                       |                                     | 150 SF                                                                                                                                                                                                             | X                                                                 |
| Name of Registered Waste Hauler<br>NEWARK CARTING                                                                                                                                                                                                                                                                     |                                     | NJDEP Waste Hauler ID No.<br>913                                                                                                                                                                                   | Cubic Yards of Waste<br>30                                        |
| Name of Registered Landfill<br>GRAND CENTRAL SANITARY                                                                                                                                                                                                                                                                 |                                     | City, State<br>PLAINFIELD TOWNSHIP, PA                                                                                                                                                                             |                                                                   |
| City, State<br>NEWARK, NEW JERSEY                                                                                                                                                                                                                                                                                     |                                     | Disposal Date<br>7/14/2026-9/30/2026                                                                                                                                                                               |                                                                   |
| Completed by (Print or Type)<br>BENJAMIN SANCHEZ                                                                                                                                                                                                                                                                      |                                     | Title<br>VICE PRESIDENT, OPERATIONS                                                                                                                                                                                | Signature<br>[Signature]<br>Date<br>7-30-26                       |



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

RECEIVED

|                                                                                                                                                                                                                     |                                                                       |                                                                                                                                                                                                           |     |                                                                                                                                                                                                                                                                    |                                                  |                   |        |             |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------|--------|-------------|-----------|
| Date of Notification (1)<br>7/24/2026                                                                                                                                                                               |                                                                       | Name of Building Owner/Operator (2)<br>Long Beach Consolidated School District                                                                                                                            |     | AUG 3 2026                                                                                                                                                                                                                                                         |                                                  |                   |        |             |           |
| Agencies Notified                                                                                                                                                                                                   |                                                                       | Type Notification                                                                                                                                                                                         |     | Street Address                                                                                                                                                                                                                                                     |                                                  |                   |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA |                                                                       | <input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # 1<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |     | 200 South Barnegat Avenue                                                                                                                                                                                                                                          |                                                  |                   |        |             |           |
|                                                                                                                                                                                                                     |                                                                       |                                                                                                                                                                                                           |     | City, State, Zip Code<br>Surf City, NJ 08008                                                                                                                                                                                                                       |                                                  |                   |        |             |           |
|                                                                                                                                                                                                                     |                                                                       | Name of Contact<br>Mike Tartaglia                                                                                                                                                                         |     | Telephone Number<br>732-803-4632                                                                                                                                                                                                                                   |                                                  |                   |        |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                         |                                                                       |                                                                                                                                                                                                           |     |                                                                                                                                                                                                                                                                    |                                                  |                   |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Ethel Jacobsen Elementary School                                                                                                                            |                                                                       |                                                                                                                                                                                                           |     | Type of Facility (4)                                                                                                                                                                                                                                               |                                                  |                   |        |             |           |
| Street Address<br>200 Barnegat Avenue                                                                                                                                                                               |                                                                       |                                                                                                                                                                                                           |     | <input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                                                                  |                                                  |                   |        |             |           |
| City (5)<br>Surf City                                                                                                                                                                                               |                                                                       | Square Feet                                                                                                                                                                                               |     | # of Floors                                                                                                                                                                                                                                                        |                                                  |                   |        |             |           |
| County (6)<br>Ocean                                                                                                                                                                                                 |                                                                       | County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                       |     | Bldg. Age                                                                                                                                                                                                                                                          |                                                  |                   |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>RJB Environmental, Inc.                                                                                                                                      |                                                                       | ASCM No.<br>149                                                                                                                                                                                           |     | Name of Abatement Contractor (9)<br>NorthEast Management LLC                                                                                                                                                                                                       |                                                  |                   |        |             |           |
| Street Address<br>PO Box 869                                                                                                                                                                                        |                                                                       | Street Address<br>41 Madison Avenue                                                                                                                                                                       |     | City, State, Zip Code<br>Rochelle Park, NJ 07662                                                                                                                                                                                                                   |                                                  |                   |        |             |           |
| City, State, Zip Code<br>Levittown, PA 19058                                                                                                                                                                        |                                                                       | Telephone No.<br>267-991-9212                                                                                                                                                                             |     | License No.<br>02008                                                                                                                                                                                                                                               |                                                  |                   |        |             |           |
| Project Manager for Monitoring Firm<br>Richard Beach                                                                                                                                                                |                                                                       | Telephone No.<br>201-577-1381                                                                                                                                                                             |     | Name of OSHA Monitor<br>NorthEast Management LLC                                                                                                                                                                                                                   |                                                  |                   |        |             |           |
| Start Date (10)<br>8/3/2026                                                                                                                                                                                         |                                                                       | Scheduled Completion Date (11)<br>9/4/2026                                                                                                                                                                |     | Street Address<br>41 Madison Avenue                                                                                                                                                                                                                                |                                                  |                   |        |             |           |
| Occupancy Status During Abatement (Check Only One)                                                                                                                                                                  |                                                                       |                                                                                                                                                                                                           |     | City, State, Zip Code<br>Rochelle Park, NJ 076620                                                                                                                                                                                                                  |                                                  |                   |        |             |           |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br>Other - Describe:                 |                                                                       |                                                                                                                                                                                                           |     |                                                                                                                                                                                                                                                                    |                                                  |                   |        |             |           |
| Scope of Work (Check All That Apply)                                                                                                                                                                                |                                                                       |                                                                                                                                                                                                           |     |                                                                                                                                                                                                                                                                    |                                                  |                   |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                   |                                                                       | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                                                                                                                     |     | <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><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 |
| Restrooms 14B/14C                                                                                                                                                                                                   |                                                                       |                                                                                                                                                                                                           | X   | Pipe Fitting Insulation                                                                                                                                                                                                                                            | 13LF                                             | X                 |        |             |           |
| Restrooms 14B/14C                                                                                                                                                                                                   |                                                                       |                                                                                                                                                                                                           | X   | ACM mastic                                                                                                                                                                                                                                                         | 32SF                                             | X                 |        |             |           |
| Throughout                                                                                                                                                                                                          |                                                                       |                                                                                                                                                                                                           | X   | Board Glue Dots                                                                                                                                                                                                                                                    | 334SF                                            | X                 |        |             |           |
| Name of Registered Waste Hauler<br>Century Waste                                                                                                                                                                    |                                                                       | NJDEP Waste Hauler ID No.<br>32797                                                                                                                                                                        |     | Cubic Yards of Waste                                                                                                                                                                                                                                               | Name of Registered Landfill<br>Fairless Landfill |                   |        |             |           |
| City, State<br>Elizabeth, NJ                                                                                                                                                                                        |                                                                       | Disposal Date                                                                                                                                                                                             |     | City, State<br>Morrisville, PA                                                                                                                                                                                                                                     |                                                  |                   |        |             |           |
| Completed by<br>Sonja Dimovska                                                                                                                                                                                      |                                                                       | Title<br>Owner                                                                                                                                                                                            |     | Signature<br>                                                                                                                                                                  |                                                  | Date<br>7/31/2026 |        |             |           |



4159

PAID

RECEIVED

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                        |                                                                                                                                                          |                    |         |        |             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------|--------|-------------|
| Date of Notification (1)<br>07/30/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       | Name of Building Owner/Operator (2)<br>Montclair Board of Education                                                                                                                                                                |                                                                                                                                                                                                                        | Check # 4159                                                                                                                                             |                    |         |        |             |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA                                                                                                                                                                                                                                                                                                            |                                                                       | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                                                                                                                                                                                                        | Street Address<br>22 Valley Road<br>City, State, Zip Code<br>Montclair, NJ 07042<br>Name of Contact<br>Tyreek Hunter<br>Telephone Number<br>973-509-4044 |                    |         |        |             |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                        |                                                                                                                                                          |                    |         |        |             |
| Name of Facility Where Abatement is Taking Place (3)<br>Montclair High school                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       |                                                                                                                                                                                                                                    | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial bldgs., homes, etc.) |                                                                                                                                                          |                    |         |        |             |
| Street Address<br>100 Chestnut street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                                                                                                                                                                                                                    | Square Feet<br>20,000                                                                                                                                                                                                  | # of Floors<br>2                                                                                                                                         | Bldg. Age<br>+55   |         |        |             |
| City (5)<br>Montclair                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                                                                                                                                                                                                                    | Current Use (Prior if being demolished)<br>Educational                                                                                                                                                                 |                                                                                                                                                          |                    |         |        |             |
| County (6)<br>Essex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       | County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                                                |                                                                                                                                                                                                                        |                                                                                                                                                          |                    |         |        |             |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Detail Associates, Inc                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       | ASCM No.<br>0012                                                                                                                                                                                                                   | Name of Abatement Contractor (9)<br>Lilich Corporation                                                                                                                                                                 |                                                                                                                                                          |                    |         |        |             |
| Street Address<br>560 Sylvan Ave, Suite 3065                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       | Street Address<br>246 Union Boulevard                                                                                                                                                                                              |                                                                                                                                                                                                                        |                                                                                                                                                          |                    |         |        |             |
| City, State, Zip Code<br>Englewood Cliffs, NJ 07632                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       | City, State, Zip Code<br>Totowa, New Jersey 07512                                                                                                                                                                                  |                                                                                                                                                                                                                        |                                                                                                                                                          |                    |         |        |             |
| Project Manager for Monitoring Firm<br>Stephen Jaraczewski                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       | Telephone No.<br>201-569-6708                                                                                                                                                                                                      | Telephone No.<br>973-225-8400                                                                                                                                                                                          | License No.<br>01104                                                                                                                                     |                    |         |        |             |
| Start Date (10)<br>8/14/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       | Scheduled Completion Date (11)<br>08/18/2026                                                                                                                                                                                       |                                                                                                                                                                                                                        | Name of OSHA Monitor<br>Iris Environmental Laboratories, LLC                                                                                             |                    |         |        |             |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____                                                                                                                                                                                                                                                 |                                                                       |                                                                                                                                                                                                                                    | Street Address<br>2333 Route 22 West<br>City, State, Zip Code<br>Union, NJ 07083                                                                                                                                       |                                                                                                                                                          |                    |         |        |             |
| Scope of Work (Check All That Apply)<br><input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glove bag Procedure / Limited Containment & Tent<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                       |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                        |                                                                                                                                                          |                    |         |        |             |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)                                                                                                                                                                                                                                                                                                                                                                                                                                                | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |                                                                                                                                                                                                                                    | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)                                                                                            | Amount (Specify SF or LF)                                                                                                                                | Abatement Type     |         |        |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Yes                                                                   | No                                                                                                                                                                                                                                 |                                                                                                                                                                                                                        |                                                                                                                                                          | N/A                | Removal | Repair | Encapsulate |
| Room # 104                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       | X                                                                                                                                                                                                                                  | VAT and Mastic                                                                                                                                                                                                         | 750 SF                                                                                                                                                   | X                  |         |        |             |
| Room # 207                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       | X                                                                                                                                                                                                                                  | VAT and Mastic                                                                                                                                                                                                         | 750 SF                                                                                                                                                   | X                  |         |        |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                        |                                                                                                                                                          |                    |         |        |             |
| Name of Registered Waste Hauler<br>Century Waste Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       | NJDEP Waste Hauler ID No.<br>32797                                                                                                                                                                                                 | Cubic Yards of Waste<br>25                                                                                                                                                                                             | Name of Registered Landfill<br>Grand Central Landfill                                                                                                    |                    |         |        |             |
| City, State<br>Elizabeth, New Jersey                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       | Disposal Date<br>August/2026                                                                                                                                                                                                       |                                                                                                                                                                                                                        | City, State<br>Pen Argyl, PA                                                                                                                             |                    |         |        |             |
| Completed by<br>Adriana Olejarova                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       | Title<br>President                                                                                                                                                                                                                 | Signature<br>                                                                                                                                                                                                          |                                                                                                                                                          | Date<br>07/30/2026 |         |        |             |

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

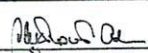


4160

PAID

RECEIVED

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

|                                                                                                                                                                                                                                                                                          |                                                                       |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                            |                    |         |        |             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------|--------|-------------|
| Date of Notification (1)<br>07/29/2026                                                                                                                                                                                                                                                   |                                                                       | Name of Building Owner/Operator (2)<br>Teaneck Public Schools                                                                                                                                                                                               |                                                                                                                                                                                                                           | Check No: 416026                                                                                                                                                                                                                                                           |                    |         |        |             |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA                                                        |                                                                       | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                                                                                                                                                                                                           | Street Address<br>651 Teaneck Road<br><br>City, State, Zip Code<br>Teaneck, New Jersey 07666<br><br>Name of Contact<br>Anthony D'Angelo                                                                                                                                    |                    |         |        |             |
|                                                                                                                                                                                                                                                                                          |                                                                       |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                           | Telephone Number<br>(201) 833-5526                                                                                                                                                                                                                                         |                    |         |        |             |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                              |                                                                       |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                            |                    |         |        |             |
| Name of Facility Where Abatement is Taking Place (3)<br>Thomas Jefferson Middle School                                                                                                                                                                                                   |                                                                       |                                                                                                                                                                                                                                                             | Type of Facility (4)<br><input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                                                                                                                                                                                                                                                                            |                    |         |        |             |
| Street Address<br>655 Teaneck Road                                                                                                                                                                                                                                                       |                                                                       |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                            |                    |         |        |             |
| City (5)<br>Teaneck, New Jersey                                                                                                                                                                                                                                                          |                                                                       |                                                                                                                                                                                                                                                             | Square Feet<br>9,000                                                                                                                                                                                                      | # of Floors<br>3                                                                                                                                                                                                                                                           | Bldg. Age<br>86    |         |        |             |
| County (6)<br>Bergen                                                                                                                                                                                                                                                                     |                                                                       | County Code (7)<br>(STATE USE ONLY) _                                                                                                                                                                                                                       | Current Use (Prior if being demolished)<br>Middle School                                                                                                                                                                  |                                                                                                                                                                                                                                                                            |                    |         |        |             |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Environmental Design Inc.                                                                                                                                                                                                         |                                                                       | ASCM No.<br>0095                                                                                                                                                                                                                                            | Name of Abatement Contractor (9)<br>Lilich Corporation                                                                                                                                                                    |                                                                                                                                                                                                                                                                            |                    |         |        |             |
| Street Address<br>5434 King Avenue Suite 101                                                                                                                                                                                                                                             |                                                                       | Street Address<br>246 Union Boulevard                                                                                                                                                                                                                       |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                            |                    |         |        |             |
| City, State, Zip Code<br>Pennsauken, New Jersey 08109                                                                                                                                                                                                                                    |                                                                       | City, State, Zip Code<br>Totowa, New Jersey 07512                                                                                                                                                                                                           |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                            |                    |         |        |             |
| Project Manager for Monitoring Firm<br>Jay Murray                                                                                                                                                                                                                                        |                                                                       | Telephone No.<br>856-616-9516                                                                                                                                                                                                                               | Telephone No.<br>973-225-8400                                                                                                                                                                                             | License No.<br>01104                                                                                                                                                                                                                                                       |                    |         |        |             |
| Start Date (10)<br>08/10/2026                                                                                                                                                                                                                                                            |                                                                       | Scheduled Completion Date (11)<br>8/21/2026                                                                                                                                                                                                                 |                                                                                                                                                                                                                           | Name of OSHA Monitor<br>LIS Consulting Services, LLC                                                                                                                                                                                                                       |                    |         |        |             |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |                                                                       |                                                                                                                                                                                                                                                             | Street Address<br>3B Cottage Court                                                                                                                                                                                        |                                                                                                                                                                                                                                                                            |                    |         |        |             |
|                                                                                                                                                                                                                                                                                          |                                                                       |                                                                                                                                                                                                                                                             | City, State, Zip Code<br>Manchester Twp, NJ 08759                                                                                                                                                                         |                                                                                                                                                                                                                                                                            |                    |         |        |             |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                                                                     |                                                                       |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                            |                    |         |        |             |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                                        |                                                                       | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                                                                                                                                                                       |                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent<br><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 |
| Guidance Suite                                                                                                                                                                                                                                                                           |                                                                       | X                                                                                                                                                                                                                                                           | Tar Vapor Barrier under wood                                                                                                                                                                                              | 750 SF                                                                                                                                                                                                                                                                     | X                  |         |        |             |
| Room 120                                                                                                                                                                                                                                                                                 |                                                                       |                                                                                                                                                                                                                                                             | Tar Vapor Barrier under wood                                                                                                                                                                                              | 500 SF                                                                                                                                                                                                                                                                     | X                  |         |        |             |
|                                                                                                                                                                                                                                                                                          |                                                                       |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                            |                    |         |        |             |
| Name of Registered Waste Hauler<br>Century Waste Services                                                                                                                                                                                                                                |                                                                       | NJDEP Waste Hauler ID No.<br>32797                                                                                                                                                                                                                          | Cubic Yards of Waste<br>25                                                                                                                                                                                                | Name of Registered Landfill<br>Waste Mgmt. - Fairless Hills                                                                                                                                                                                                                |                    |         |        |             |
| City, State<br>Elizabeth, NJ                                                                                                                                                                                                                                                             |                                                                       | Disposal Date<br>August/2026                                                                                                                                                                                                                                |                                                                                                                                                                                                                           | City, State<br>Morrisville, PA                                                                                                                                                                                                                                             |                    |         |        |             |
| Completed by<br>Adriana Olejarova                                                                                                                                                                                                                                                        |                                                                       | Title<br>President                                                                                                                                                                                                                                          | Signature<br>                                                                                                                        |                                                                                                                                                                                                                                                                            | Date<br>07/29/2026 |         |        |             |

ASB-41 (R-06-08)

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



6445 CRW 6445

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

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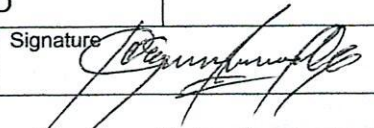
AUG 5 2026

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| Date of Notification: (1)<br><b>8-1-26</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                              | Name of Building Owner/Operator (2)<br>_____                                                                                                                                                                               |                                                                                                                                                 |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                                                                                                                                                                                                            | Type Notification:<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                                                                                                                                                                                                            | Street Address<br><b>121 TRUDY AVE</b>                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                            | City, State, Zip Code<br><b>EGG HARBOR TWP., NJ 08234</b>                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                            | Name of Contact<br>_____<br>Telephone Number<br>_____                                                                                           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                            |                                                                                                                                                 |
| Name of Facility Where Abatement is Taking Place (3)<br><b>RESIDENCE</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                              | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |                                                                                                                                                 |
| Street Address<br><b>1201 E BEACH AVE.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                              | Square Feet<br><b>1500</b>                                                                                                                                                                                                 | # of Floors<br><b>2</b>                                                                                                                         |
| City (5)<br><b>BRIGANTINE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                              | Bldg. Age<br><b>50+</b>                                                                                                                                                                                                    |                                                                                                                                                 |
| County (6)<br><b>ATLANTIC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                              | County Code (7) (STATE USE ONLY)<br><b>VACANT</b>                                                                                                                                                                          |                                                                                                                                                 |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>N/A</b>                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                              | Name of Abatement Contractor (9)<br><b>KLEMCO INC</b>                                                                                                                                                                      |                                                                                                                                                 |
| Street Address<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                              | Street Address<br><b>369 S. SPRUCE AVE</b>                                                                                                                                                                                 |                                                                                                                                                 |
| City, State, Zip Code<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                              | City, State, Zip Code<br><b>MAPLE SHADE NJ 08052</b>                                                                                                                                                                       |                                                                                                                                                 |
| Project Manager for Monitoring Firm<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                              | Telephone No.<br><b>856-779-0472</b>                                                                                                                                                                                       | License No.<br><b>1371</b>                                                                                                                      |
| Start Date (10)<br><b>8-11-26</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Scheduled Completion Date (11)<br><b>8-21-26</b>                                                                                                                                                                                                             |                                                                                                                                                                                                                            |                                                                                                                                                 |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____                                                                                                                                                                                           |                                                                                                                                                                                                                                                              | Name of OSHA Monitor<br><b>N/A</b>                                                                                                                                                                                         |                                                                                                                                                 |
| Street Address<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                              | City, State, Zip Code<br>_____                                                                                                                                                                                             |                                                                                                                                                 |
| Scope of Work (Check all that apply)<br><input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf<br><input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                            |                                                                                                                                                 |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)<br><b>SIDING</b>                                                                                                                                                                                                                                                                                                                                                                                      | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes No N/A<br>_____ X _____                                                                                                                                                         |                                                                                                                                                                                                                            | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)<br><b>TRANSITE</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Amount (Specify SF or LF)<br><b>1500 SF</b>                                                                                                                                                                                                                  |                                                                                                                                                                                                                            |                                                                                                                                                 |
| Abatement Type<br>Removal Repair Encapsulate Enclosure<br>_____ X _____                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                            |                                                                                                                                                 |
| Name of Registered Waste Hauler<br><b>KLEMCO INC</b>                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                              | NJDEP Waste Hauler ID No.<br><b>17904</b>                                                                                                                                                                                  | Cubic Yards of Waste<br><b>5</b>                                                                                                                |
| City, State<br><b>MAPLE SHADE N.J. 08052</b>                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                              | Name of Registered Landfill<br><b>ACUA</b>                                                                                                                                                                                 |                                                                                                                                                 |
| Disposal Date<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                              | City, State<br><b>PLEASANTVILLE NJ</b>                                                                                                                                                                                     |                                                                                                                                                 |
| Completed By<br><b>MICHAEL KLEMM</b>                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                              | Title<br><b>PRES.</b>                                                                                                                                                                                                      | Signature<br><b>[Signature]</b>                                                                                                                 |
| Date<br><b>8-1-26</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                            |                                                                                                                                                 |



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

**RECEIVED**

|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                             |                                                                                                   |                |         |                  |             |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------|---------|------------------|-------------|-----------|
| Date of Notification (1)<br>08/4/2026                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                        | Name of Building Owner/Operator (2)                                                                                                                                                                                                                                                                                                              |                                                                                                                             |                                                                                                   |                |         |                  |             |           |
| Agencies Notified                                                                                                                                                                                                                                                                        | Type Notification                                                                                                                                                                                                                      | Street Address<br>15 CAMBRIDGE RD.                                                                                                                                                                                                                                                                                                               |                                                                                                                             |                                                                                                   |                |         |                  |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                        | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>TENAFly NJ. 07670                                                                                                                                                                                                                                                                                                       |                                                                                                                             |                                                                                                   |                |         |                  |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                        | Name of Contact                                                                                                                                                                                                                                                                                                                                  | Telephone Number                                                                                                            |                                                                                                   |                |         |                  |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                             |                                                                                                   |                |         |                  |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>RESIDENTIAL                                                                                                                                                                                                                      |                                                                                                                                                                                                                                        | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                                                                                                                        |                                                                                                                             |                                                                                                   |                |         |                  |             |           |
| Street Address<br>15 CAMBRIDGE RD.                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                        | Square Feet<br>1,101sqft                                                                                                                                                                                                                                                                                                                         | # of Floors<br>1                                                                                                            |                                                                                                   |                |         |                  |             |           |
| City (5)<br>TENAFly NJ. 07670                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                        | Bldg. Age<br>75                                                                                                                                                                                                                                                                                                                                  |                                                                                                                             |                                                                                                   |                |         |                  |             |           |
| County (6)<br>BERGEN                                                                                                                                                                                                                                                                     | County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                                                    | Current Use (Prior if being demolished)<br>YES                                                                                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                   |                |         |                  |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A                                                                                                                                                                                                                               |                                                                                                                                                                                                                                        | ASCM No.                                                                                                                                                                                                                                                                                                                                         | Name of Abatement Contractor (9)<br>NORTH EAST ENVIRONMENTAL LLC                                                            |                                                                                                   |                |         |                  |             |           |
| Street Address                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                        | Street Address<br>52 FIELD RD.                                                                                                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                   |                |         |                  |             |           |
| City, State, Zip Code                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                        | City, State, Zip Code<br>CLIFTON NJ. 07013                                                                                                                                                                                                                                                                                                       |                                                                                                                             |                                                                                                   |                |         |                  |             |           |
| Project Manager for Monitoring Firm<br>N/A                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                        | Telephone No.<br>201. 776-0642                                                                                                                                                                                                                                                                                                                   | License No.<br>01300                                                                                                        |                                                                                                   |                |         |                  |             |           |
| Start Date (10)<br>8/15/2026                                                                                                                                                                                                                                                             | Scheduled Completion Date (11)<br>8/15/2026                                                                                                                                                                                            | Name of OSHA Monitor<br>HILLMANN CONSULTING SERVICES                                                                                                                                                                                                                                                                                             |                                                                                                                             |                                                                                                   |                |         |                  |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |                                                                                                                                                                                                                                        | Street Address<br>1605 Vauxhall Rd #107,<br>City, State, Zip Code<br>Union, NJ 07083                                                                                                                                                                                                                                                             |                                                                                                                             |                                                                                                   |                |         |                  |             |           |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                             |                                                                                                   |                |         |                  |             |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                                        |                                                                                                                                                                                                                                        | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><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                                                                                                                                                                                                                                                                                                                                                |                                                                                                                             | FLOOR LINOLEUM                                                                                    | 100. SF.       | X       |                  |             |           |
| BASEMENT                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                        | X                                                                                                                                                                                                                                                                                                                                                |                                                                                                                             | FLOOR TILE & MASTIC                                                                               | 32 SF.         | X       |                  |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                             |                                                                                                   |                |         |                  |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                             |                                                                                                   |                |         |                  |             |           |
| Name of Registered Waste Hauler<br>MINERVA ENTERPRISE INC                                                                                                                                                                                                                                |                                                                                                                                                                                                                                        | NJDEP Waste Hauler ID No.<br>19954                                                                                                                                                                                                                                                                                                               | Cubic Yards of Waste<br>TBD                                                                                                 | Name of Registered Landfill<br>WAYNESBURG, OHIO                                                   |                |         |                  |             |           |
| City, State<br>BRONX. NY                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                        | Disposal Date<br>TBD                                                                                                                                                                                                                                                                                                                             |                                                                                                                             | City, State                                                                                       |                |         |                  |             |           |
| Completed by<br>CARLOS ESQUIVEL                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                        | Title<br>MANAGER                                                                                                                                                                                                                                                                                                                                 |                                                                                                                             | Signature<br> |                |         | Date<br>8/4/2026 |             |           |

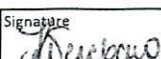


State of New Jersey

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

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

AUG 12 2026

|                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                             |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Date of Notification (1)<br>8/07/2026                                                                                                                                                                                                                                                             |  | Name of Building Owner/Operator (2)                                                                                                                                                                                                                         |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                |  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  |
| Street Address<br>519 Dewitt St<br>City, State, Zip Code<br>Linden, NJ 07036                                                                                                                                                                                                                      |  | ASBESTOS CONTROL & LICENSING<br>Name of Contact<br>Telephone Number                                                                                                                                                                                         |  |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                             |  |
| Name of Facility Where Abatement is Taking Place (3)<br>Residence                                                                                                                                                                                                                                 |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)                                   |  |
| Street Address<br>519 Dewitt St                                                                                                                                                                                                                                                                   |  | Square Foot<br>1,900                                                                                                                                                                                                                                        |  |
| City (5)<br>Linden                                                                                                                                                                                                                                                                                |  | # of Floors<br>2                                                                                                                                                                                                                                            |  |
| County (6)<br>Union                                                                                                                                                                                                                                                                               |  | Bldg. Age<br>55+                                                                                                                                                                                                                                            |  |
| County Code (7)<br>(STATE USE ONLY) _____                                                                                                                                                                                                                                                         |  | Current Use (Prior if being demolished)                                                                                                                                                                                                                     |  |
| Name of Monitoring Firm Hired by Building Owner (8)                                                                                                                                                                                                                                               |  | ASCM No.                                                                                                                                                                                                                                                    |  |
| Street Address                                                                                                                                                                                                                                                                                    |  | Name of Abatement Contractor (9)<br>Unicorn Contracting Corp.                                                                                                                                                                                               |  |
| City, State, Zip Code                                                                                                                                                                                                                                                                             |  | Street Address<br>14 Willow Street                                                                                                                                                                                                                          |  |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                               |  | City, State, Zip Code<br>Bloomfield, NJ 07003                                                                                                                                                                                                               |  |
| Telephone No.                                                                                                                                                                                                                                                                                     |  | Telephone No.<br>973-333-9176                                                                                                                                                                                                                               |  |
| License No.<br>01331                                                                                                                                                                                                                                                                              |  | Start Date (10)<br>8/18/2026                                                                                                                                                                                                                                |  |
| Scheduled Completion Date (11)<br>8/19/2026                                                                                                                                                                                                                                                       |  | Name of OSHA Monitor<br>Envirovision Consultants, Inc.                                                                                                                                                                                                      |  |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: __8am-4:30pm__ |  | Street Address<br>20-21 Wagaraw Rd., Bldg. 35-E                                                                                                                                                                                                             |  |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                         |  | City, State, Zip Code<br>Fair Lawn, NJ 07410                                                                                                                                                                                                                |  |
| <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                                                                                                                                                                                                             |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure     |  |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)                                                                                                                                                                                                         |  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes No N/A                                                                                                                                                                         |  |
| Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)                                                                                                                                                                    |  | Amount (Specify SF or LF)                                                                                                                                                                                                                                   |  |
| Abatement Type<br>Removal Repair Encapsulate Enclosure                                                                                                                                                                                                                                            |  | Yes No N/A                                                                                                                                                                                                                                                  |  |
| House Attic                                                                                                                                                                                                                                                                                       |  | X                                                                                                                                                                                                                                                           |  |
| ACM Pipe Insulation                                                                                                                                                                                                                                                                               |  | 30 LF                                                                                                                                                                                                                                                       |  |
| X                                                                                                                                                                                                                                                                                                 |  | X                                                                                                                                                                                                                                                           |  |
| Name of Registered Waste Hauler<br>Unicorn Contracting Corp.                                                                                                                                                                                                                                      |  | NJDEP Waste Hauler ID No.<br>0035844                                                                                                                                                                                                                        |  |
| City, State<br>Bloomfield, New Jersey                                                                                                                                                                                                                                                             |  | Cubic Yards of Waste<br>1+                                                                                                                                                                                                                                  |  |
| Disposal Date<br>TBD                                                                                                                                                                                                                                                                              |  | Name of Registered Landfill<br>Fairless Hills Landfill                                                                                                                                                                                                      |  |
| Completed by<br>Katika Belevska                                                                                                                                                                                                                                                                   |  | Title<br>Administrator                                                                                                                                                                                                                                      |  |
| Signature<br>                                                                                                                                                                                                 |  | Date<br>8/07/2026                                                                                                                                                                                                                                           |  |



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

JUG 12 2026

|                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                         |                                                                                                                                |                                                  |                |                    |        |             |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------|--------------------|--------|-------------|-----------|
| Date of Notification (1)<br>08/07/2026                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                  | Name of Building Owner/Operator (2)<br>Borough of Cliffside Park                                                                                                                                                                                        |                                                                                                                                |                                                  |                |                    |        |             |           |
| Agencies Notified                                                                                                                                                                                                                                                                  | Type Notification                                                                                                                                                                                                                | Street Address<br>525 Palisade Ave                                                                                                                                                                                                                      |                                                                                                                                |                                                  |                |                    |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                       | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Cliffside Park NJ 07010                                                                                                                                                                                                        |                                                                                                                                |                                                  |                |                    |        |             |           |
|                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                  | Name of Contact<br>David Juzmeski                                                                                                                                                                                                                       | Telephone Number<br>201-945-3456                                                                                               |                                                  |                |                    |        |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                         |                                                                                                                                |                                                  |                |                    |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br><del>State Building</del> <i>Library</i>                                                                                                                                                                                   |                                                                                                                                                                                                                                  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                               |                                                                                                                                |                                                  |                |                    |        |             |           |
| Street Address<br>505 Palisade Ave                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                  | Square Feet<br>N/A                                                                                                                                                                                                                                      | # of Floors<br>N/A                                                                                                             |                                                  |                |                    |        |             |           |
| City (5)<br>Cliffside Park NJ 07010                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                  | Bldg. Age<br>N/A                                                                                                                                                                                                                                        |                                                                                                                                |                                                  |                |                    |        |             |           |
| County (6)<br>Bergen                                                                                                                                                                                                                                                               | County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                                              | Current Use (Prior if being demolished)<br>Library                                                                                                                                                                                                      |                                                                                                                                |                                                  |                |                    |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>RJB Environmental                                                                                                                                                                                                           |                                                                                                                                                                                                                                  | ASCM No.                                                                                                                                                                                                                                                | Name of Abatement Contractor (9)<br>Teal Management                                                                            |                                                  |                |                    |        |             |           |
| Street Address<br>PO BOX 869                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                  | Street Address<br>24 Morley Drive                                                                                                                                                                                                                       |                                                                                                                                |                                                  |                |                    |        |             |           |
| City, State, Zip Code<br>Levittown PA 19058                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                  | City, State, Zip Code<br>Woodland PaRK nj 07424                                                                                                                                                                                                         |                                                                                                                                |                                                  |                |                    |        |             |           |
| Project Manager for Monitoring Firm<br>Richard Beach                                                                                                                                                                                                                               |                                                                                                                                                                                                                                  | Telephone No.<br>267-991-9212                                                                                                                                                                                                                           | Telephone No.<br>862-243-1471                                                                                                  |                                                  |                |                    |        |             |           |
|                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                  | License No.<br>02063                                                                                                                                                                                                                                    |                                                                                                                                |                                                  |                |                    |        |             |           |
| Start Date (10)<br>8/17/2026                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                  | Scheduled Completion Date (11)<br>09/13/2026                                                                                                                                                                                                            |                                                                                                                                |                                                  |                |                    |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: |                                                                                                                                                                                                                                  | Street Address<br>24 Morley Drive<br>City, State, Zip Code<br>Woodland Park NJ 07424                                                                                                                                                                    |                                                                                                                                |                                                  |                |                    |        |             |           |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                         |                                                                                                                                |                                                  |                |                    |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                                  |                                                                                                                                                                                                                                  | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition                                                                                                                                                                   |                                                                                                                                |                                                  |                |                    |        |             |           |
|                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                                                                                |                                                  |                |                    |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)                                                                                                                                                                                          | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                            |                                                                                                                                                                                                                                                         | Description of Asbestos Containing Material (ACM)<br>(i.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 Front Windows                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                         | x                                                                                                                              | window caulk                                     | 120 LF         | x                  |        |             |           |
| Upper Top Roof                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                         | x                                                                                                                              | roof flusging                                    | 800 SF         | x                  |        |             |           |
|                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                         |                                                                                                                                |                                                  |                |                    |        |             |           |
| Name of Registered Waste Hauler<br>Teal Management                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                  | NJDEP Waste Hauler ID No.<br>40229                                                                                                                                                                                                                      | Cubic Yards of Waste<br>20 CY                                                                                                  | Name of Registered Landfill<br>Fairless Landfill |                |                    |        |             |           |
| City, State<br>Woodland PaRK nj 07424                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                  | Disposal Date<br>09/13/2026                                                                                                                                                                                                                             |                                                                                                                                | City, State<br>Morrisville PA                    |                |                    |        |             |           |
| Completed by<br>Tome Maslarkov                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                  | Title<br>Project Manager                                                                                                                                                                                                                                |                                                                                                                                | Signature<br>                                    |                | Date<br>08/07/2026 |        |             |           |



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

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------|--------|-------------|-----------|
| Date of Notification (1)<br>07/29/2026                                                                                                                                                                                                                                                   |                                                                                                                                                                                                               | Name of Building Owner/Operator (2)<br>AUG 6 2026                                                                                                                                                                         |                              |                                                                                                                             |                           |                    |        |             |           |
| Agencies Notified                                                                                                                                                                                                                                                                        | Type Notification                                                                                                                                                                                             | Street Address<br>47 Lancaster Road<br>ASBESTOS CONTROL & LICENSING                                                                                                                                                       |                              |                                                                                                                             |                           |                    |        |             |           |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                                   | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Colonia, New Jersey 07067                                                                                                                                                                        |                              |                                                                                                                             |                           |                    |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                               | Name of Contact                                                                                                                                                                                                           | Telephone Number             |                                                                                                                             |                           |                    |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Home                                                                                                                                                                                                                             |                                                                                                                                                                                                               |                                                                                                                                                                                                                           |                              |                                                                                                                             |                           |                    |        |             |           |
| Street Address<br>47 Lancaster Road                                                                                                                                                                                                                                                      |                                                                                                                                                                                                               | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                              |                                                                                                                             |                           |                    |        |             |           |
| City (5)<br>Colonia                                                                                                                                                                                                                                                                      | County (6)<br>Middlesex County                                                                                                                                                                                | Square Feet<br>1,718 SF                                                                                                                                                                                                   | # of Floors<br>1             |                                                                                                                             |                           |                    |        |             |           |
| County Code (7)<br>(STATE USE ONLY) _____                                                                                                                                                                                                                                                |                                                                                                                                                                                                               | Bldg. Age<br>Built in 1950                                                                                                                                                                                                |                              |                                                                                                                             |                           |                    |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)                                                                                                                                                                                                                                      |                                                                                                                                                                                                               | Current Use (Prior if being demolished)<br>Home                                                                                                                                                                           |                              |                                                                                                                             |                           |                    |        |             |           |
| Street Address                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                               | Name of Abatement Contractor (9)<br>True Star Contracting                                                                                                                                                                 |                              |                                                                                                                             |                           |                    |        |             |           |
| City, State, Zip Code                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                               | Street Address<br>54 Hedden Terrace                                                                                                                                                                                       |                              |                                                                                                                             |                           |                    |        |             |           |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                      |                                                                                                                                                                                                               | City, State, Zip Code<br>North Arlington, New Jersey 07031                                                                                                                                                                |                              |                                                                                                                             |                           |                    |        |             |           |
| Telephone No.                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                               | Telephone No.<br>(201) 790-4530                                                                                                                                                                                           | License No.<br>02047         |                                                                                                                             |                           |                    |        |             |           |
| Start Date (10)<br>08/07/2026                                                                                                                                                                                                                                                            | Scheduled Completion Date (11)<br>08/08/2026                                                                                                                                                                  | Name of OSHA Monitor                                                                                                                                                                                                      |                              |                                                                                                                             |                           |                    |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><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<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                                        |                                                                                                                                                                                                               |                                                                                                                                                                                                                           |                              |                                                                                                                             |                           |                    |        |             |           |
| <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                                                                                                                                                                                                    |                                                                                                                                                                                                               |                                                                                                                                                                                                                           |                              |                                                                                                                             |                           |                    |        |             |           |
| <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure                                             |                                                                                                                                                                                                               |                                                                                                                                                                                                                           |                              |                                                                                                                             |                           |                    |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)                                                                                                                                                                                                | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                         |                                                                                                                                                                                                                           |                              | Description of Asbestos Containing Material (ACM) (i.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                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                               |                                                                                                                                                                                                                           |                              | Asbestos VAT & Black Mastic                                                                                                 | 220 SF                    | X                  |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                               |                                                                                                                                                                                                                           |                              |                                                                                                                             |                           |                    |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                               |                                                                                                                                                                                                                           |                              |                                                                                                                             |                           |                    |        |             |           |
| Name of Registered Waste Hauler<br>True Star Contracting                                                                                                                                                                                                                                 |                                                                                                                                                                                                               | NJDEP Waste Hauler ID No.<br>0041405                                                                                                                                                                                      | Cubic Yards of Waste<br>2 CY | Name of Registered Landfill<br>Chrin Bro Landfill                                                                           |                           |                    |        |             |           |
| City, State<br>North Arlington, New Jersey                                                                                                                                                                                                                                               |                                                                                                                                                                                                               | Disposal Date<br>TBD                                                                                                                                                                                                      |                              | City, State<br>Easton, PA                                                                                                   |                           |                    |        |             |           |
| Completed by<br>Nestor M. Alvez                                                                                                                                                                                                                                                          |                                                                                                                                                                                                               | Title<br>Project Manager                                                                                                                                                                                                  |                              | Signature<br><i>Nestor Alvez</i>                                                                                            |                           | Date<br>07/29/2026 |        |             |           |



2794755 1090

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

Print Form

RECEIVED

|                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                        |                                                                                                                                                                                                   |                                  |                                                                                                                             |                           |                |                    |             |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|--------------------|-------------|-----------|
| Date of Notification (1)<br>07/30/2026                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                        | Name of Building Owner/Operator (2)                                                                                                                                                               |                                  |                                                                                                                             |                           |                |                    |             |           |
| Agencies Notified                                                                                                                                                                                                                                                                                                                                                                                                                          | Type Notification                                                                                                                                                                                                                      | Street Address                                                                                                                                                                                    |                                  |                                                                                                                             |                           |                |                    |             |           |
| <input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | 265 Main Street                                                                                                                                                                                   |                                  |                                                                                                                             |                           |                |                    |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                        | City, State, Zip Code                                                                                                                                                                             |                                  |                                                                                                                             |                           |                |                    |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                        | East Rutherford, New Jersey 07073                                                                                                                                                                 |                                  |                                                                                                                             |                           |                |                    |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                        | Name of Contact                                                                                                                                                                                   | Telephone Number                 |                                                                                                                             |                           |                |                    |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                        |                                                                                                                                                                                                   |                                  |                                                                                                                             |                           |                |                    |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                        |                                                                                                                                                                                                   |                                  |                                                                                                                             |                           |                |                    |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Home                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                        | Type of Facility (4)                                                                                                                                                                              |                                  |                                                                                                                             |                           |                |                    |             |           |
| Street Address<br>265 Main Street                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                        | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                                  |                                                                                                                             |                           |                |                    |             |           |
| City (5)<br>East Rutherford                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                        | Square Feet<br>1,888 sq. ft.                                                                                                                                                                      | # of Floors<br>2-story           |                                                                                                                             |                           |                |                    |             |           |
| County (6)<br>Bergen County                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                        | Bldg. Age<br>1910                                                                                                                                                                                 |                                  |                                                                                                                             |                           |                |                    |             |           |
| County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                        | Current Use (Prior if being demolished)<br>Home                                                                                                                                                   |                                  |                                                                                                                             |                           |                |                    |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                        | ASCM No.                                                                                                                                                                                          | Name of Abatement Contractor (9) |                                                                                                                             |                           |                |                    |             |           |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                        | True Star Contracting                                                                                                                                                                             |                                  |                                                                                                                             |                           |                |                    |             |           |
| City, State, Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                        | Street Address<br>54 Hedden Terrace                                                                                                                                                               |                                  |                                                                                                                             |                           |                |                    |             |           |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                        | City, State, Zip Code<br>North Arlington, New Jersey 07031                                                                                                                                        |                                  |                                                                                                                             |                           |                |                    |             |           |
| Telephone No.                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                        | Telephone No.<br>(201) 790-4530                                                                                                                                                                   | License No.<br>02047             |                                                                                                                             |                           |                |                    |             |           |
| Start Date (10)<br>08/08/2026                                                                                                                                                                                                                                                                                                                                                                                                              | Scheduled Completion Date (11)<br>08/10/2026                                                                                                                                                                                           | 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<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____                                                                                                                                                                                                         |                                                                                                                                                                                                                                        | City, State, Zip Code                                                                                                                                                                             |                                  |                                                                                                                             |                           |                |                    |             |           |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                        |                                                                                                                                                                                                   |                                  |                                                                                                                             |                           |                |                    |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><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 Pipes                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                        |                                                                                                                                                                                                   | X                                | Thermal Systems Insulation                                                                                                  | 110 LF                    | X              |                    |             |           |
| 1st Floor                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                        |                                                                                                                                                                                                   | X                                | Asbestos VAT                                                                                                                | 48 SF                     | X              |                    |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                        |                                                                                                                                                                                                   |                                  |                                                                                                                             |                           |                |                    |             |           |
| Name of Registered Waste Hauler<br>True Star Contracting                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                        | NJDEP Waste Hauler ID No.<br>0041405                                                                                                                                                              | Cubic Yards of Waste<br>2        | Name of Registered Landfill<br>Keystone Sanitary Landfill                                                                   |                           |                |                    |             |           |
| City, State<br>North Arlington, New Jersey                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                        | Disposal Date<br>TBD                                                                                                                                                                              |                                  | City, State<br>Dunmore, PA                                                                                                  |                           |                |                    |             |           |
| Completed by<br>Nestor M. Alvez                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                        | Title<br>Project Manager                                                                                                                                                                          |                                  | Signature<br>                           |                           |                | Date<br>07/30/2026 |             |           |



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

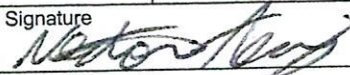
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ASBESTOS CONTROL & LICENSING

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           |                                                           |                                                                                                                             |                           |                |                    |             |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|--------------------|-------------|-----------|
| Date of Notification (1)<br>07/30/2026                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                    | Name of Building Owner/Operator (2)                                                                                                                                                                                       |                                                           |                                                                                                                             |                           |                |                    |             |           |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                                                                                                                                                                                                            | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>46 Martins Lane                                                                                                                                                                                         |                                                           |                                                                                                                             |                           |                |                    |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                    | City, State, Zip Code<br>Berkeley Heights, New Jersey 07922                                                                                                                                                               |                                                           |                                                                                                                             |                           |                |                    |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                    | Name of Contact                                                                                                                                                                                                           | Telephone Number                                          |                                                                                                                             |                           |                |                    |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           |                                                           |                                                                                                                             |                           |                |                    |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Home                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                    | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                                                           |                                                                                                                             |                           |                |                    |             |           |
| Street Address<br>46 Martins Lane                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                    | Square Feet<br>2,050 sq. ft.                                                                                                                                                                                              | # of Floors<br>1 Story                                    |                                                                                                                             |                           |                |                    |             |           |
| City (5)<br>Berkeley Heights                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                    | Bldg. Age<br>71 years old                                                                                                                                                                                                 |                                                           |                                                                                                                             |                           |                |                    |             |           |
| County (6)<br>Union County                                                                                                                                                                                                                                                                                                                                                                                                                                                         | County Code (7)<br>(STATE USE ONLY) _____                                                                                                                                                                                          | Current Use (Prior if being demolished)<br>Home                                                                                                                                                                           |                                                           |                                                                                                                             |                           |                |                    |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                    | ASCM No.                                                                                                                                                                                                                  | Name of Abatement Contractor (9)<br>True Star Contracting |                                                                                                                             |                           |                |                    |             |           |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                    | Street Address<br>54 Hedden Terrace                                                                                                                                                                                       |                                                           |                                                                                                                             |                           |                |                    |             |           |
| City, State, Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                    | City, State, Zip Code<br>North Arlington, New Jersey 07031                                                                                                                                                                |                                                           |                                                                                                                             |                           |                |                    |             |           |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                    | Telephone No.<br>(201) 790-4530                                                                                                                                                                                           | License No.<br>02047                                      |                                                                                                                             |                           |                |                    |             |           |
| Start Date (10)<br>08/09/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Scheduled Completion Date (11)<br>08/11/2026                                                                                                                                                                                       | Name of OSHA Monitor                                                                                                                                                                                                      |                                                           |                                                                                                                             |                           |                |                    |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____                                                                                                                                                                                           |                                                                                                                                                                                                                                    | Street Address                                                                                                                                                                                                            |                                                           |                                                                                                                             |                           |                |                    |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                    | City, State, Zip Code                                                                                                                                                                                                     |                                                           |                                                                                                                             |                           |                |                    |             |           |
| Scope of Work (Check All That Apply)<br><input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           |                                                           |                                                                                                                             |                           |                |                    |             |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)                                                                                                                                                                                                                                                                                                                                                                                                       | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                              |                                                                                                                                                                                                                           |                                                           | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |                    |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Yes                                                                                                                                                                                                                                | No                                                                                                                                                                                                                        | N/A                                                       |                                                                                                                             |                           | Removal        | Repair             | Encapsulate | Enclosure |
| 1st Floor Family Room                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           | X                                                         | Asbestos VAT                                                                                                                | 216 SF                    | X              |                    |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           |                                                           |                                                                                                                             |                           |                |                    |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           |                                                           |                                                                                                                             |                           |                |                    |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           |                                                           |                                                                                                                             |                           |                |                    |             |           |
| Name of Registered Waste Hauler<br>True Star Contracting                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                    | NJDEP Waste Hauler ID No.<br>0041405                                                                                                                                                                                      | Cubic Yards of Waste<br>2                                 | Name of Registered Landfill<br>Chrin Bro Landfill                                                                           |                           |                |                    |             |           |
| City, State<br>North Arlington, New Jersey                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           | Disposal Date<br>TBD                                      | City, State<br>Easton, PA                                                                                                   |                           |                |                    |             |           |
| Completed by<br>Nestor M. Alvez                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                    | Title<br>Project Manager                                                                                                                                                                                                  |                                                           | Signature<br><i>Nestor M. Alvez</i>                                                                                         |                           |                | Date<br>07/30/2026 |             |           |



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

RECEIVED

|                                                                                                                                                                                                                                                                                          |                                                                       |                                                                                                                                                                                                                                               |     |                                                                                                                                                                                                                                              |                           |                                                   |        |             |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------------------------------|--------|-------------|-----------|
| Date of Notification (1)<br>07/30/2026                                                                                                                                                                                                                                                   |                                                                       | Name of Building Owner/Operator (2)<br>Lincoln Tech                                                                                                                                                                                           |     | AUG 6 2026                                                                                                                                                                                                                                   |                           |                                                   |        |             |           |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                  |                                                                       | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |     | Street Address<br>2299 Vauxhall Road                                                                                                                                                                                                         |                           |                                                   |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                       | City, State, Zip Code<br>Union, New Jersey 07083                                                                                                                                                                                              |     | ASBESTOS CONTROL & LICENSING                                                                                                                                                                                                                 |                           |                                                   |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                       | Name of Contact<br>Denzil Harickdeo                                                                                                                                                                                                           |     | Telephone Number<br>(917) 226-2558                                                                                                                                                                                                           |                           |                                                   |        |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                              |                                                                       |                                                                                                                                                                                                                                               |     |                                                                                                                                                                                                                                              |                           |                                                   |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Lincoln Tech (Private School)                                                                                                                                                                                                    |                                                                       |                                                                                                                                                                                                                                               |     | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |                           |                                                   |        |             |           |
| Street Address<br>2299 Vauxhall Road                                                                                                                                                                                                                                                     |                                                                       |                                                                                                                                                                                                                                               |     | Square Feet<br>65,000 SF                                                                                                                                                                                                                     |                           |                                                   |        |             |           |
| City (5)<br>Union                                                                                                                                                                                                                                                                        |                                                                       |                                                                                                                                                                                                                                               |     | # of Floors<br>2                                                                                                                                                                                                                             |                           |                                                   |        |             |           |
| County (6)<br>Union County                                                                                                                                                                                                                                                               |                                                                       |                                                                                                                                                                                                                                               |     | Bldg. Age<br>1972                                                                                                                                                                                                                            |                           |                                                   |        |             |           |
| County Code (7)<br>(STATE USE ONLY) _____                                                                                                                                                                                                                                                |                                                                       | Current Use (Prior if being demolished)<br>Private School                                                                                                                                                                                     |     |                                                                                                                                                                                                                                              |                           |                                                   |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)                                                                                                                                                                                                                                      |                                                                       | ASCM No.                                                                                                                                                                                                                                      |     | Name of Abatement Contractor (9)<br>True Star Contracting                                                                                                                                                                                    |                           |                                                   |        |             |           |
| Street Address                                                                                                                                                                                                                                                                           |                                                                       | Street Address<br>54 Hedden Terrace                                                                                                                                                                                                           |     |                                                                                                                                                                                                                                              |                           |                                                   |        |             |           |
| City, State, Zip Code                                                                                                                                                                                                                                                                    |                                                                       | City, State, Zip Code<br>North Arlington, New Jersey 07031                                                                                                                                                                                    |     |                                                                                                                                                                                                                                              |                           |                                                   |        |             |           |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                      |                                                                       | Telephone No.                                                                                                                                                                                                                                 |     | Telephone No.<br>(201) 790-4530                                                                                                                                                                                                              |                           |                                                   |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                       |                                                                                                                                                                                                                                               |     | License No.<br>02047                                                                                                                                                                                                                         |                           |                                                   |        |             |           |
| Start Date (10)<br>08/01/2026                                                                                                                                                                                                                                                            |                                                                       | Scheduled Completion Date (11)<br>08/05/2026                                                                                                                                                                                                  |     | Name of OSHA Monitor                                                                                                                                                                                                                         |                           |                                                   |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><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<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                                        |                                                                       | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                                                                                                                                                         |     | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><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 |
| Room 311                                                                                                                                                                                                                                                                                 |                                                                       |                                                                                                                                                                                                                                               | X   | Asbestos VAT & Black Mastic                                                                                                                                                                                                                  | 1,700 SF                  | X                                                 |        |             |           |
| Room 202                                                                                                                                                                                                                                                                                 |                                                                       |                                                                                                                                                                                                                                               | X   | Asbestos VAT & Black Mastic                                                                                                                                                                                                                  | 524 SF                    | X                                                 |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                       |                                                                                                                                                                                                                                               |     |                                                                                                                                                                                                                                              |                           |                                                   |        |             |           |
| Name of Registered Waste Hauler<br>True Star Contracting                                                                                                                                                                                                                                 |                                                                       | NJDEP Waste Hauler ID No.<br>0041405                                                                                                                                                                                                          |     | Cubic Yards of Waste<br>10 CY                                                                                                                                                                                                                |                           | Name of Registered Landfill<br>Chrin Bro Landfill |        |             |           |
| City, State<br>North Arlington, New Jersey                                                                                                                                                                                                                                               |                                                                       |                                                                                                                                                                                                                                               |     | Disposal Date<br>TBD                                                                                                                                                                                                                         |                           | City, State<br>Easton, PA                         |        |             |           |
| Completed by<br>Nestor M. Alvez                                                                                                                                                                                                                                                          |                                                                       | Title<br>Project Manager                                                                                                                                                                                                                      |     | Signature<br>                                                                                                                                            |                           | Date<br>07/30/2026                                |        |             |           |



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

*RECEIVED*  
*1701d*

|                                                                                                                                                                                                        |                                                                                                                                                                                                                                    |                                                                   |                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------|
| Date of Notification (1)<br><b>08 / 11 / 26</b>                                                                                                                                                        |                                                                                                                                                                                                                                    | Name of Building Owner/Operator (2)<br><b>STMB Properties LLC</b> |                  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8) | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>40 River Road</b>                            |                  |
|                                                                                                                                                                                                        |                                                                                                                                                                                                                                    | City, State, Zip Code<br><b>Summit, NJ 07901</b>                  |                  |
|                                                                                                                                                                                                        |                                                                                                                                                                                                                                    | Name of Contact                                                   | Telephone Number |

*ASBESTOS CONTROL & LICENSING*

| FACILITY INFORMATION                                                                                                                                                                                                                                                                                         |  |                                                       |                                                                                                                                                                                                                              |                                                              |                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>House</b>                                                                                                                                                                                                                                         |  |                                                       | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                                                              |                               |
| Street Address<br><b>565 Morris Avenue</b>                                                                                                                                                                                                                                                                   |  |                                                       | Square Feet<br><b>4,200</b>                                                                                                                                                                                                  | # of Floors<br><b>2</b>                                      | Bldg. Age<br><b>80 + yrs.</b> |
| City (5)<br><b>Summit</b>                                                                                                                                                                                                                                                                                    |  | County (6)<br><b>Morris</b>                           |                                                                                                                                                                                                                              | County Code (7) (STATE USE ONLY)                             |                               |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>ABS Environmental Group</b>                                                                                                                                                                                                                        |  |                                                       | ASCM No.<br><b>N/A</b>                                                                                                                                                                                                       | Name of Abatement Contractor (9)<br><b>SafeAir Solutions</b> |                               |
| Street Address<br><b>P.O. Box 483</b>                                                                                                                                                                                                                                                                        |  |                                                       | Street Address<br><b>P.O. Box 11</b>                                                                                                                                                                                         |                                                              |                               |
| City, State, Zip Code<br><b>Glenwood, NJ 07418</b>                                                                                                                                                                                                                                                           |  |                                                       | City, State, Zip Code<br><b>Cedar Grove, NJ 07009</b>                                                                                                                                                                        |                                                              |                               |
| Project Manager for Monitoring Firm<br><b>Scott Higgins</b>                                                                                                                                                                                                                                                  |  | Telephone No.<br><b>973-764-2276</b>                  | Telephone No.<br><b>973-868-3323</b>                                                                                                                                                                                         | License No.<br><b>02115</b>                                  |                               |
| Start Date (10)<br><b>TBD</b>                                                                                                                                                                                                                                                                                |  | Scheduled Completion Date (11)<br><b>09 / 10 / 26</b> |                                                                                                                                                                                                                              | Name of OSHA Monitor<br><b>Same as above</b>                 |                               |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM |  |                                                       | Street Address                                                                                                                                                                                                               |                                                              |                               |
|                                                                                                                                                                                                                                                                                                              |  |                                                       | City, State, Zip Code                                                                                                                                                                                                        |                                                              |                               |

Scope of Work (Check all that apply)

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

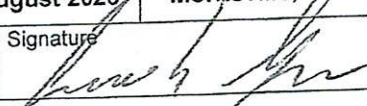
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |                          |                                     | Description of Asbestos Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|                                                                                           | Yes                                                                   | No                       | N/A                                 |                                                                                                                                 |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| <b>Basement</b>                                                                           | <input type="checkbox"/>                                              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>Flue Packing Material</b>                                                                                                    | <b>1 SF</b>               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>1<sup>st</sup> Floor - Throughout</b>                                                  | <input type="checkbox"/>                                              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>Wall/Ceiling Plaster</b>                                                                                                     | <b>2,849 SF</b>           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>2<sup>nd</sup> Floor - Throughout</b>                                                  | <input type="checkbox"/>                                              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>Wall/Ceiling Plaster</b>                                                                                                     | <b>4,927 SF</b>           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>1<sup>st</sup> &amp; 2<sup>nd</sup> Floor Kitchens</b>                                 | <input type="checkbox"/>                                              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>Vinyl Flooring Materials</b>                                                                                                 | <b>495 SF</b>             | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|                                                                  |                           |                                           |                                   |                                                         |  |
|------------------------------------------------------------------|---------------------------|-------------------------------------------|-----------------------------------|---------------------------------------------------------|--|
| Name of Registered Waste Hauler<br><b>Century Waste Services</b> |                           | NJDEP Waste Hauler ID No.<br><b>32797</b> | Cubic Yards of Waste<br><b>40</b> | Name of Registered Landfill<br><b>Fairless Landfill</b> |  |
| City, State<br><b>Elizabeth, NJ</b>                              |                           | Disposal Date<br><b>August 2026</b>       |                                   | City, State<br><b>Morrisville, PA</b>                   |  |
| Completed By (Print or Type)<br><b>James E Unger</b>             | Title<br><b>President</b> | Signature<br><i>[Signature]</i>           |                                   | Date<br><b>8-11-26</b>                                  |  |



ck # 1550

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

|                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                       |                                                                                                                              |                           |                |                                     |                          |                          |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><b>07 / 31 / 26</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                    | Name of Building Owner/Operator (2)<br><b>STMB Properties LLC</b>                                                                                                                                                                                                                                                                     |                                                                                                                              |                           |                |                                     |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA (NJAC 5:23-8)                                                                                                          | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>40 River Road</b>                                                                                                                                                                                                                                                                                                |                                                                                                                              |                           |                |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                    | City, State, Zip Code<br><b>Summit, NJ 07901</b>                                                                                                                                                                                                                                                                                      |                                                                                                                              |                           |                |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                    | Name of Contact                                                                                                                                                                                                                                                                                                                       | Telephone Number                                                                                                             |                           |                |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                       |                                                                                                                              |                           |                |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>House</b>                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                    | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                                                                                                          |                                                                                                                              |                           |                |                                     |                          |                          |                          |
| Street Address<br><b>565 Morris Avenue</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                    | Square Feet<br><b>4,200</b>                                                                                                                                                                                                                                                                                                           | # of Floors<br><b>2</b>                                                                                                      |                           |                |                                     |                          |                          |                          |
| City (5)<br><b>Summit</b>                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                    | Bldg. Age<br><b>80 + yrs.</b>                                                                                                                                                                                                                                                                                                         |                                                                                                                              |                           |                |                                     |                          |                          |                          |
| County (6)<br><b>Morris</b>                                                                                                                                                                                                                                                                                  | County Code (7) (STATE USE ONLY)                                                                                                                                                                                                   | Current Use (Prior if being demolished)<br><b>House</b>                                                                                                                                                                                                                                                                               |                                                                                                                              |                           |                |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>ABS Environmental Group</b>                                                                                                                                                                                                                        | ASCM No.<br><b>N/A</b>                                                                                                                                                                                                             | Name of Abatement Contractor (9)<br><b>SafeAir Solutions</b>                                                                                                                                                                                                                                                                          |                                                                                                                              |                           |                |                                     |                          |                          |                          |
| Street Address<br><b>P.O. Box 483</b>                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                    | Street Address<br><b>P.O. Box 11</b>                                                                                                                                                                                                                                                                                                  |                                                                                                                              |                           |                |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Glenwood, NJ 07418</b>                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                    | City, State, Zip Code<br><b>Cedar Grove, NJ 07009</b>                                                                                                                                                                                                                                                                                 |                                                                                                                              |                           |                |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Scott Higgins</b>                                                                                                                                                                                                                                                  | Telephone No.<br><b>973-764-2276</b>                                                                                                                                                                                               | Telephone No.<br><b>973-868-3323</b>                                                                                                                                                                                                                                                                                                  | License No.<br><b>02115</b>                                                                                                  |                           |                |                                     |                          |                          |                          |
| Start Date (10)<br><b>08 / 14 / 26</b>                                                                                                                                                                                                                                                                       | Scheduled Completion Date (11)<br><b>09 / 10 / 26</b>                                                                                                                                                                              | Name of OSHA Monitor<br><b>Same as above</b>                                                                                                                                                                                                                                                                                          |                                                                                                                              |                           |                |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM |                                                                                                                                                                                                                                    | Street Address                                                                                                                                                                                                                                                                                                                        |                                                                                                                              |                           |                |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                    | City, State, Zip Code                                                                                                                                                                                                                                                                                                                 |                                                                                                                              |                           |                |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                       |                                                                                                                              |                           |                |                                     |                          |                          |                          |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                                                            |                                                                                                                                                                                                                                    | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                                                                              |                           |                |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)                                                                                                                                                                                                                          | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                       | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                              | Yes                                                                                                                                                                                                                                | No                                                                                                                                                                                                                                                                                                                                    |                                                                                                                              |                           | N/A            | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| Basement                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/>                                                                                          | Flue Packing Material     | 1 SF           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 <sup>st</sup> Floor - Throughout                                                                                                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/>                                                                                          | Wall/Ceiling Plaster      | 2,849 SF       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 <sup>nd</sup> Floor - Throughout                                                                                                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/>                                                                                          | Wall/Ceiling Plaster      | 4,927 SF       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 <sup>st</sup> & 2 <sup>nd</sup> Floor Kitchens                                                                                                                                                                                                                                                             | <input type="checkbox"/>                                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/>                                                                                          | Vinyl Flooring Materials  | 495 SF         | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>Century Waste Services</b>                                                                                                                                                                                                                                             | NJDEP Waste Hauler ID No.<br><b>32797</b>                                                                                                                                                                                          | Cubic Yards of Waste<br><b>40</b>                                                                                                                                                                                                                                                                                                     | Name of Registered Landfill<br><b>Fairless Landfill</b>                                                                      |                           |                |                                     |                          |                          |                          |
| City, State<br><b>Elizabeth, NJ</b>                                                                                                                                                                                                                                                                          | Disposal Date<br><b>August 2026</b>                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                       | City, State<br><b>Morrisville, PA</b>                                                                                        |                           |                |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>James E Unger</b>                                                                                                                                                                                                                                                         | Title<br><b>President</b>                                                                                                                                                                                                          | Signature<br>                                                                                                                                                                                                                                     |                                                                                                                              |                           |                |                                     | Date<br><b>7-31-26</b>   |                          |                          |



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

RECEIVED

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                       |                                                                                                                                                                                                                                    |                                       |                                                             |                          |                          |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><b>07 / 30 / 26</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                       | Name of Building Owner/Operator (2)<br><b>City of Camden</b>                                                                                                                                                                       |                                       |                                                             |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA (NJAC 5:23-8)                                                                                                                                                                                                                                                                                                      |                                                                                       | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                       |                                                             |                          |                          |                          |
| Street Address<br><b>520 Market Street</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                       | City, State, Zip Code<br><b>Camden, NJ 08101</b>                                                                                                                                                                                   |                                       |                                                             |                          |                          |                          |
| Name of Contact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                       | Telephone Number                                                                                                                                                                                                                   |                                       |                                                             |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       |                                                                                                                                                                                                                                    |                                       |                                                             |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Vacant Residence</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                       | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)       |                                       |                                                             |                          |                          |                          |
| Street Address<br><b>553 Chestnut Street</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                       | Square Feet<br><b>1900</b>                                                                                                                                                                                                         |                                       |                                                             |                          |                          |                          |
| City (5)<br><b>Camden</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       | # of Floors<br><b>2</b>                                                                                                                                                                                                            |                                       |                                                             |                          |                          |                          |
| County (6)<br><b>Camden</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       | Bldg. Age<br><b>75 +/-</b>                                                                                                                                                                                                         |                                       |                                                             |                          |                          |                          |
| County Code (7) (STATE USE ONLY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                       | Current Use (Prior if being demolished)<br><b>Vacant</b>                                                                                                                                                                           |                                       |                                                             |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Horizon Environmental Group</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       | ASCM No.                                                                                                                                                                                                                           |                                       |                                                             |                          |                          |                          |
| Street Address<br><b>301 9th Street</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       | Name of Abatement Contractor (9)<br><b>USA Environmental Management, Inc.</b>                                                                                                                                                      |                                       |                                                             |                          |                          |                          |
| City, State, Zip Code<br><b>West Deptford, NJ 08086</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       | Street Address<br><b>8436 Enterprise Avenue</b>                                                                                                                                                                                    |                                       |                                                             |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Steve Flanagan</b>                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                       | City, State, Zip Code<br><b>Philadelphia, PA 19153</b>                                                                                                                                                                             |                                       |                                                             |                          |                          |                          |
| Telephone No.<br><b>856-848-0800</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                       | Telephone No.<br><b>215-365-5810</b>                                                                                                                                                                                               |                                       |                                                             |                          |                          |                          |
| Start Date (10)<br><b>08 / 03 / 26</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                       | License No.<br><b>1156</b>                                                                                                                                                                                                         |                                       |                                                             |                          |                          |                          |
| Scheduled Completion Date (11)<br><b>08 / 31 / 26</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                       | Name of OSHA Monitor<br><b>USA Environmental Management, Inc</b>                                                                                                                                                                   |                                       |                                                             |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <b>7:00 AM-5:00PM</b> PM- AM                                                                                                                                                                                                       |                                                                                       | Street Address<br><b>8436 Enterprise Avenue</b>                                                                                                                                                                                    |                                       |                                                             |                          |                          |                          |
| Scope of Work (Check all that apply)<br><input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf<br><input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                                       | City, State, Zip Code<br><b>Philadelphia, PA 19153</b>                                                                                                                                                                             |                                       |                                                             |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED IN Facility (13)</b>                                                                                                                                                                                                                                                                                                                                                                                                                   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes No N/A   | Description of Asbestos Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)                                                                                                    | Amount (Specify SF or LF)             | Abatement Type                                              |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                       |                                                                                                                                                                                                                                    |                                       | Removal                                                     | Repair                   | Encapsulate              | Enclosure                |
| Entire building treated as asbestos                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                                                                                                                                                                                                                    |                                       | <input type="checkbox"/>                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                                                                                                                                                                                                                    |                                       | <input type="checkbox"/>                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                                                                                                                                                                                                                    |                                       | <input type="checkbox"/>                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                                                                                                                                                                                                                    |                                       | <input type="checkbox"/>                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>USA Environmental Management, Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                       | NJDEP Waste Hauler ID No.<br><b>32610</b>                                                                                                                                                                                          | Cubic Yards of Waste<br><b>150 CY</b> | Name of Registered Landfill<br><b>Cumberland County MUA</b> |                          |                          |                          |
| City, State<br><b>Philadelphia, PA 19153</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                       | Disposal Date<br><b>08/31/2026</b>                                                                                                                                                                                                 |                                       | City, State<br><b>Milleville, NJ</b>                        |                          |                          |                          |
| Completed By (Print or Type)<br><b>Tracy Smith</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                       | Title<br><b>President</b>                                                                                                                                                                                                          |                                       | Signature<br><i>For T. Smith</i>                            |                          | Date<br><b>07/30/26</b>  |                          |



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

RECEIVED CK# 1127

|                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                       |                                                                                       |                                                        |                                                                                                                                                                                                                                              |                                                  |                   |        |             |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------|--------|-------------|-----------|
| Date of Notification (1)<br>7/22/2026                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                       | Name of Building Owner/Operator (2)<br><br>JUL 27 2026                                |                                                        |                                                                                                                                                                                                                                              |                                                  |                   |        |             |           |
| Agencies Notified<br><br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                         | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                                                                       | Street Address<br>1200 Morris Turnpike, Suite 6005 #24 |                                                                                                                                                                                                                                              |                                                  |                   |        |             |           |
|                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                       |                                                                                       | City, State, Zip Code<br>Short Hills, NJ 07078         |                                                                                                                                                                                                                                              |                                                  |                   |        |             |           |
|                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                       |                                                                                       | Name of Contact                                        |                                                                                                                                                                                                                                              | Telephone Number                                 |                   |        |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                       |                                                                                       |                                                        |                                                                                                                                                                                                                                              |                                                  |                   |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Residential                                                                                                                                                                                                                |                                                                                                                                                                                                                                                       |                                                                                       |                                                        | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |                                                  |                   |        |             |           |
| Street Address<br>56 Burnet Street                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                       |                                                                                       |                                                        | Square Feet                                                                                                                                                                                                                                  | # of Floors                                      |                   |        |             |           |
| City (5)<br>Livingston                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                       |                                                                                       |                                                        | Bldg. Age                                                                                                                                                                                                                                    |                                                  |                   |        |             |           |
| County (6)<br>Morris                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                       | County Code (7)<br>(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)<br>NorthEast Management LLC                                                                                                                                                                                 |                                                  |                   |        |             |           |
| Street Address                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                       |                                                                                       |                                                        | Street Address<br>41 Madison Avenue                                                                                                                                                                                                          |                                                  |                   |        |             |           |
| City, State, Zip Code                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                       |                                                                                       |                                                        | City, State, Zip Code<br>Rochelle Park, NJ 07662                                                                                                                                                                                             |                                                  |                   |        |             |           |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                       | Telephone No.                                                                         |                                                        | Telephone No.<br>201-577-1381                                                                                                                                                                                                                | License No.<br>02008                             |                   |        |             |           |
| Start Date (10)<br>8/1/2026                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                       | Scheduled Completion Date (11)<br>8/15/2026                                           |                                                        | Name of OSHA Monitor<br>NorthEast Management LLC                                                                                                                                                                                             |                                                  |                   |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: |                                                                                                                                                                                                                                                       |                                                                                       |                                                        | Street Address<br>41 Madison Avenue                                                                                                                                                                                                          |                                                  |                   |        |             |           |
|                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                       |                                                                                       |                                                        | City, State, Zip Code<br>Rochelle Park, NJ 07662                                                                                                                                                                                             |                                                  |                   |        |             |           |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                       |                                                                                       |                                                        |                                                                                                                                                                                                                                              |                                                  |                   |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                                  |                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition |                                                        | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                  |                   |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)                                                                                                                                                                                          | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                                                 |                                                                                       |                                                        | Description of Asbestos Containing Material (ACM)<br>(i.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                                                                                                                                                                                                                                       | 1,970sf                                          | X                 |        |             |           |
| Basement                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                       |                                                                                       | X                                                      | Floor Tile                                                                                                                                                                                                                                   | 320sf                                            | X                 |        |             |           |
| Name of Registered Waste Hauler<br>Century Waste                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                       | NJDEP Waste Hauler ID No.<br>32797                                                    |                                                        | Cubic Yards of Waste                                                                                                                                                                                                                         | Name of Registered Landfill<br>Fairless Landfill |                   |        |             |           |
| City, State<br>Elizabeth, NJ                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                       | Disposal Date                                                                         |                                                        | City, State<br>Morrisville, PA                                                                                                                                                                                                               |                                                  |                   |        |             |           |
| Completed by<br>Sonja Dimovska                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                       | Title<br>Owner                                                                        |                                                        | Signature<br><i>S. Dimovska</i>                                                                                                                                                                                                              |                                                  | Date<br>7/22/2026 |        |             |           |



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Print Form

AUG 24 2026

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

ASBESTOS CONTROL & LICENSING

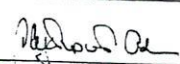
|                                                                                                                                                                                                     |                                                                                                       |                                                                                                                                                                                                                                              |                                                                                                                                |                                                  |                |                    |        |             |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------|--------------------|--------|-------------|-----------|
| Date of Notification (1)                                                                                                                                                                            |                                                                                                       | Name of Building Owner/Operator (2)                                                                                                                                                                                                          |                                                                                                                                |                                                  |                |                    |        |             |           |
| Agencies Notified                                                                                                                                                                                   | Type Notification                                                                                     | Street Address                                                                                                                                                                                                                               |                                                                                                                                |                                                  |                |                    |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL                                                                                  | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #        | 6 Poplar street                                                                                                                                                                                                                              |                                                                                                                                |                                                  |                |                    |        |             |           |
| <input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                                                             | <input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Dumont NJ 07628                                                                                                                                                                                                     |                                                                                                                                |                                                  |                |                    |        |             |           |
|                                                                                                                                                                                                     |                                                                                                       | Name of Contact                                                                                                                                                                                                                              | Telephone Number                                                                                                               |                                                  |                |                    |        |             |           |
| FACILITY INFORMATION                                                                                                                                                                                |                                                                                                       |                                                                                                                                                                                                                                              |                                                                                                                                |                                                  |                |                    |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Residential                                                                                                                                 |                                                                                                       | Type of Facility (4)                                                                                                                                                                                                                         |                                                                                                                                |                                                  |                |                    |        |             |           |
| Street Address<br>6 Poplar Street                                                                                                                                                                   |                                                                                                       | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                                            |                                                                                                                                |                                                  |                |                    |        |             |           |
| City (5)<br>Dumont NJ 07628                                                                                                                                                                         |                                                                                                       | Square Feet<br>900                                                                                                                                                                                                                           | # of Floors<br>1                                                                                                               |                                                  |                |                    |        |             |           |
| County (6)<br>Bergen                                                                                                                                                                                |                                                                                                       | County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                                                          | Current Use (Prior if being demolished)<br>Renovation                                                                          |                                                  |                |                    |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)                                                                                                                                                 |                                                                                                       | ASCM No.                                                                                                                                                                                                                                     | Name of Abatement Contractor (9)<br>North East Management LLC                                                                  |                                                  |                |                    |        |             |           |
| Street Address                                                                                                                                                                                      |                                                                                                       | Street Address<br>41 Madison Avenue                                                                                                                                                                                                          |                                                                                                                                |                                                  |                |                    |        |             |           |
| City, State, Zip Code                                                                                                                                                                               |                                                                                                       | City, State, Zip Code<br>Rochelle Park NJ 07601                                                                                                                                                                                              |                                                                                                                                |                                                  |                |                    |        |             |           |
| Project Manager for Monitoring Firm                                                                                                                                                                 |                                                                                                       | Telephone No.<br>2015771381                                                                                                                                                                                                                  | License No.<br>02008                                                                                                           |                                                  |                |                    |        |             |           |
| Start Date (10)<br>08/29/2026                                                                                                                                                                       | Scheduled Completion Date (11)<br>09/05/2026                                                          | Name of OSHA Monitor<br>North East Management LLC                                                                                                                                                                                            |                                                                                                                                |                                                  |                |                    |        |             |           |
| Occupancy Status During Abatement (Check Only One)                                                                                                                                                  |                                                                                                       | Street Address<br>41 Madison Avenue                                                                                                                                                                                                          |                                                                                                                                |                                                  |                |                    |        |             |           |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br>Other - Describe: |                                                                                                       | City, State, Zip Code<br>Rochelle Park NJ 07601                                                                                                                                                                                              |                                                                                                                                |                                                  |                |                    |        |             |           |
| Scope of Work (Check All That Apply)                                                                                                                                                                |                                                                                                       |                                                                                                                                                                                                                                              |                                                                                                                                |                                                  |                |                    |        |             |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                   |                                                                                                       | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                                                                                                                                                        |                                                                                                                                |                                                  |                |                    |        |             |           |
|                                                                                                                                                                                                     |                                                                                                       | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                                                                                |                                                  |                |                    |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)                                                                                                           | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                 |                                                                                                                                                                                                                                              | Description of Asbestos Containing Material (ACM)<br>(i.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                                                                                                                              | Wall and Ceiling Plaster                         | 550 SF         | X                  |        |             |           |
|                                                                                                                                                                                                     |                                                                                                       |                                                                                                                                                                                                                                              |                                                                                                                                |                                                  |                |                    |        |             |           |
|                                                                                                                                                                                                     |                                                                                                       |                                                                                                                                                                                                                                              |                                                                                                                                |                                                  |                |                    |        |             |           |
| Name of Registered Waste Hauler<br>Century Waste                                                                                                                                                    |                                                                                                       | NJDEP Waste Hauler ID No.<br>32797                                                                                                                                                                                                           | Cubic Yards of Waste<br>TBD                                                                                                    | Name of Registered Landfill<br>Fairless Landfill |                |                    |        |             |           |
| City, State<br>Elizabeth, NJ                                                                                                                                                                        |                                                                                                       | Disposal Date<br>TBD                                                                                                                                                                                                                         |                                                                                                                                | City, State<br>Morrisville, PA                   |                |                    |        |             |           |
| Completed by<br>Sonja Dimovska                                                                                                                                                                      |                                                                                                       | Title<br>Owner                                                                                                                                                                                                                               | Signature<br><i>S. Dimovska</i>                                                                                                |                                                  |                | Date<br>08/19/2026 |        |             |           |



4150

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

RECEIVED

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                           |                                                                                                                             |                                                       |           |                    |             |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------|--------------------|-------------|-----------|
| Date of Notification (1)<br>07/20/2026                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Name of Building Owner/Operator (2)<br>Manalapan-Englishtown Regional Schools                                                                                                                                                                               |                                                                                                                                                                                                                           | Check No. 4150                                                                                                              |                                                       |           |                    |             |           |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA                                                                                                                                                                                                                                         |  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                                                                                                                                                                                                           | Street Address<br>54 Main Street<br><br>City, State, Zip Code<br>Englishtown, NJ 07726                                      |                                                       |           |                    |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Name of Contact<br>Veronica Wolf                                                                                                                                                                                                                            |                                                                                                                                                                                                                           | Telephone Number<br>732-789-2500                                                                                            |                                                       |           |                    |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                           |                                                                                                                             |                                                       |           |                    |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Taylor Mills Elementary School                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                             | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                                                                                                                             |                                                       |           |                    |             |           |
| Street Address<br>77 Gordons Corner Road                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                             | Square Feet<br>15000                                                                                                                                                                                                      |                                                                                                                             |                                                       |           |                    |             |           |
| City (5)<br>Manalapan, NJ 07726                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                             | # of Floors<br>2                                                                                                                                                                                                          |                                                                                                                             | Bldg. Age<br>50+                                      |           |                    |             |           |
| County (6)<br>Monmouth                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                                                                         |                                                                                                                                                                                                                           | Current Use (Prior if being demolished)<br>Elementary School                                                                |                                                       |           |                    |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>AHERA Consultants, Inc.                                                                                                                                                                                                                                                                                                                                                                                                       |  | ASCM No.<br>00057                                                                                                                                                                                                                                           |                                                                                                                                                                                                                           | Name of Abatement Contractor (9)<br>Lilich Corporation                                                                      |                                                       |           |                    |             |           |
| Street Address<br>P.O. Box 385                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Street Address<br>246 Union Boulevard                                                                                                                                                                                                                       |                                                                                                                                                                                                                           |                                                                                                                             |                                                       |           |                    |             |           |
| City, State, Zip Code<br>Oceanville, New Jersey 08231                                                                                                                                                                                                                                                                                                                                                                                                                                |  | City, State, Zip Code<br>Totowa, New Jersey 07512                                                                                                                                                                                                           |                                                                                                                                                                                                                           |                                                                                                                             |                                                       |           |                    |             |           |
| Project Manager for Monitoring Firm<br>Domenic D'Errico                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Telephone No.<br>609-652-1833                                                                                                                                                                                                                               |                                                                                                                                                                                                                           | Telephone No.<br>973-225-8400                                                                                               |                                                       |           |                    |             |           |
| Start Date (10)<br>08/03/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Scheduled Completion Date (11)<br>08/12/2026                                                                                                                                                                                                                |                                                                                                                                                                                                                           | License No.<br>01104                                                                                                        |                                                       |           |                    |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                             | Name of OSHA Monitor<br>LIS CONSULTING SERVICES, LLC                                                                                                                                                                      |                                                                                                                             |                                                       |           |                    |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                             | Street Address<br>3 B Cottage Court                                                                                                                                                                                       |                                                                                                                             |                                                       |           |                    |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                             | City, State, Zip Code<br>Whiting, New Jersey                                                                                                                                                                              |                                                                                                                             |                                                       |           |                    |             |           |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                           |                                                                                                                             |                                                       |           |                    |             |           |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf<br><input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf<br><br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                           |                                                                                                                             |                                                       |           |                    |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility<br>(13)                                                                                                                                                                                                                                                                                                                                                                                         |  | Is Location Normally Used Solely 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 |                    |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                           |                                                                                                                             |                                                       | Removal   | Repair             | Encapsulate | Enclosure |
| 1- Nurses Toilet Room                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Yes                                                                                                                                                                                                                                                         | No                                                                                                                                                                                                                        | N/A                                                                                                                         |                                                       |           |                    |             |           |
| 2- Multi-user Toilet Rooms                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                             | X                                                                                                                                                                                                                         |                                                                                                                             | Ceramic floor tile / mortal bed                       | 44 SF     | X                  |             |           |
| 2- Faculty Toilet Room                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                             | X                                                                                                                                                                                                                         |                                                                                                                             | Ceramic floor tile / mortal bed                       | 580 SF    | X                  |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                             | X                                                                                                                                                                                                                         |                                                                                                                             | Ceramic floor tile / mortal bed                       | 50 SF     | X                  |             |           |
| Name of Registered Waste Hauler<br>Century Waste Services/Lilich                                                                                                                                                                                                                                                                                                                                                                                                                     |  | NJDEP Waste Hauler ID No.<br>32797/18724                                                                                                                                                                                                                    |                                                                                                                                                                                                                           | Cubic Yards of Waste<br>25                                                                                                  | Name of Registered Landfill<br>Grand Central Landfill |           |                    |             |           |
| City, State<br>Elizabeth, New Jersey                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                           | Disposal Date<br>August/2026                                                                                                | City, State<br>Pen Argyl, PA                          |           |                    |             |           |
| Completed by<br>Adriana Olejarova                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Title<br>President                                                                                                                                                                                                                                          |                                                                                                                                                                                                                           | Signature<br>                           |                                                       |           | Date<br>07/20/2026 |             |           |



4145

RECEIVED

JUL 24 2026

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           |                                                                                                                                                            |                                                       |           |                    |             |         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------|--------------------|-------------|---------|
| Date of Notification (1)<br>07/06/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       | Name of Building Owner/Operator (2)<br>Manalapan-Englishtown Regional Schools                                                                                                                                                      |                                                                                                                                                                                                                           | Check No. 4145                                                                                                                                             |                                                       |           |                    |             |         |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA                                                                                                                                                                                                                                                                                                 |                                                                       | Type Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                                                                                                                                                                                                           | Street Address<br>54 Main Street<br>City, State, Zip Code<br>Englishtown, NJ 07726<br>Name of Contact<br>Veronica Wolf<br>Telephone Number<br>732-789-2500 |                                                       |           |                    |             |         |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           |                                                                                                                                                            |                                                       |           |                    |             |         |
| Name of Facility Where Abatement is Taking Place (3)<br>Milford Brook Elementary School                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       |                                                                                                                                                                                                                                    | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                                                                                                                                                            |                                                       |           |                    |             |         |
| Street Address<br>20 Global Terrace                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       |                                                                                                                                                                                                                                    | Square Feet<br>15000                                                                                                                                                                                                      |                                                                                                                                                            |                                                       |           |                    |             |         |
| City (5)<br>Manalapan, NJ 07725                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       |                                                                                                                                                                                                                                    | # of Floors<br>2                                                                                                                                                                                                          |                                                                                                                                                            |                                                       |           |                    |             |         |
| County (6)<br>Monmouth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |                                                                                                                                                                                                                                    | Bldg. Age<br>50+                                                                                                                                                                                                          |                                                                                                                                                            |                                                       |           |                    |             |         |
| County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       |                                                                                                                                                                                                                                    | Current Use (Prior if being demolished)<br>Elementary School                                                                                                                                                              |                                                                                                                                                            |                                                       |           |                    |             |         |
| Name of Monitoring Firm Hired by Building Owner (8)<br>AHERA Consultants, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                       |                                                                                                                                                                                                                                    | ASCM No.<br>00057                                                                                                                                                                                                         |                                                                                                                                                            |                                                       |           |                    |             |         |
| Street Address<br>P.O. Box 385                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                       |                                                                                                                                                                                                                                    | Name of Abatement Contractor (9)<br>Lilich Corporation                                                                                                                                                                    |                                                                                                                                                            |                                                       |           |                    |             |         |
| City, State, Zip Code<br>Oceanville, New Jersey 08231                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                                                                                                                                                                                                                    | Street Address<br>246 Union Boulevard                                                                                                                                                                                     |                                                                                                                                                            |                                                       |           |                    |             |         |
| Project Manager for Monitoring Firm<br>Domenic D'Errico                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       |                                                                                                                                                                                                                                    | City, State, Zip Code<br>Totowa, New Jersey 07512                                                                                                                                                                         |                                                                                                                                                            |                                                       |           |                    |             |         |
| Telephone No.<br>609-652-1833                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       |                                                                                                                                                                                                                                    | Telephone No.<br>973-225-8400                                                                                                                                                                                             |                                                                                                                                                            |                                                       |           |                    |             |         |
| License No.<br>01104                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       |                                                                                                                                                                                                                                    | Name of OSHA Monitor<br>LIS CONSULTING SERVICES, LLC                                                                                                                                                                      |                                                                                                                                                            |                                                       |           |                    |             |         |
| Start Date (10)<br>07/20/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       |                                                                                                                                                                                                                                    | Scheduled Completion Date (11)<br>07/30/2026                                                                                                                                                                              |                                                                                                                                                            |                                                       |           |                    |             |         |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>                                                                                                                                                                                                                                       |                                                                       |                                                                                                                                                                                                                                    | Street Address<br>3 B Cottage Court<br>City, State, Zip Code<br>Whiting, New Jersey                                                                                                                                       |                                                                                                                                                            |                                                       |           |                    |             |         |
| Scope of Work (Check All That Apply)<br><input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                       |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           |                                                                                                                                                            |                                                       |           |                    |             |         |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility<br>(13)                                                                                                                                                                                                                                                                                                                                                                                                                                             | Is Location Normally Used Solely 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 |                    |             |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Yes                                                                   | No                                                                                                                                                                                                                                 | N/A                                                                                                                                                                                                                       |                                                                                                                                                            |                                                       | Removal   | Repair             | Encapsulate | Endorse |
| Kindergarten Classrooms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       | X                                                                                                                                                                                                                                  |                                                                                                                                                                                                                           | Ceramic wall tile/mortar bed AND CMU Block                                                                                                                 | 200 SF                                                | X         |                    |             |         |
| 1&2 Toilet Room                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       | X                                                                                                                                                                                                                                  |                                                                                                                                                                                                                           | Ceramic wall tile & mortar FROM CMU block                                                                                                                  | 130 SF                                                | X         |                    |             |         |
| Nurses Toilet Room                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       | X                                                                                                                                                                                                                                  |                                                                                                                                                                                                                           | Ceramic wall tile/mortar bed AND select CMU Block                                                                                                          | 150 SF                                                | X         |                    |             |         |
| Nurses Toilet Room                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       | X                                                                                                                                                                                                                                  |                                                                                                                                                                                                                           | Ceramic wall tile & mortar FROM CMU block                                                                                                                  | 775 SF                                                | X         |                    |             |         |
| Multi-user Toilet Rooms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       | X                                                                                                                                                                                                                                  |                                                                                                                                                                                                                           | Ceramic wall tile/mortar bed AND select                                                                                                                    | 250 SF                                                | X         |                    |             |         |
| Multi-user Toilet Rooms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       | X                                                                                                                                                                                                                                  |                                                                                                                                                                                                                           |                                                                                                                                                            |                                                       |           |                    |             |         |
| Name of Registered Waste Hauler<br>Century Waste Services/Lilich                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                       | NJDEP Waste Hauler ID No.<br>32797/18724                                                                                                                                                                                           |                                                                                                                                                                                                                           | Cubic Yards of Waste<br>25                                                                                                                                 | Name of Registered Landfill<br>Grand Central Landfill |           |                    |             |         |
| City, State<br>Elizabeth, New Jersey                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       | Disposal Date<br>July/2026                                                                                                                                                                                                         |                                                                                                                                                                                                                           | City, State<br>Pen Argyl, PA                                                                                                                               |                                                       |           |                    |             |         |
| Completed by<br>Adriana Olejarova                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       | Title<br>President                                                                                                                                                                                                                 |                                                                                                                                                                                                                           | Signature<br>                                                          |                                                       |           | Date<br>07/06/2026 |             |         |

ASB-41 (R-06-08)

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



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

RECEIVED

| Date of Notification (1)<br>07/30/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                       | Name of Building Owner/Operator (2)<br>Manalapan-Englishtown Regional Schools |                                                                                                                                                                                                                           | Check No.4145                                                                                                               |                                                       |           |        |             |           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------|--------|-------------|-----------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA                                                                                                                                                                                                                                                                                                                                                                                                                | Type Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <u>1</u><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                                                               | Street Address<br>54 Main Street                                                                                                                                                                                          |                                                                                                                             |                                                       |           |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                       |                                                                               | City, State, Zip Code<br>Englishtown, NJ 07726                                                                                                                                                                            |                                                                                                                             |                                                       |           |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                       |                                                                               | Name of Contact<br>Veronica Wolf                                                                                                                                                                                          |                                                                                                                             | Telephone Number<br>732-789-2500                      |           |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                       |                                                                               |                                                                                                                                                                                                                           |                                                                                                                             |                                                       |           |        |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                       |                                                                               |                                                                                                                                                                                                                           |                                                                                                                             |                                                       |           |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Milford Brook Elementary School                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                       |                                                                               | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                                                                                                                             |                                                       |           |        |             |           |
| Street Address<br>20 Global Terrace                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                       |                                                                               |                                                                                                                                                                                                                           |                                                                                                                             |                                                       |           |        |             |           |
| City (5)<br>Manalapan, NJ 07725                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                       |                                                                               | Square Feet<br>15000                                                                                                                                                                                                      | # of Floors<br>2                                                                                                            | Bldg. Age<br>50+                                      |           |        |             |           |
| County (6)<br>Monmouth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                       | County Code (7)<br>(STATE USE ONLY)                                           | Current Use (Prior if being demolished)<br>Elementary School                                                                                                                                                              |                                                                                                                             |                                                       |           |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>AHERA Consultants, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                       | ASCM No.<br>00057                                                             | Name of Abatement Contractor (9)<br>Lilich Corporation                                                                                                                                                                    |                                                                                                                             |                                                       |           |        |             |           |
| Street Address<br>P.O. Box 385                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                       | Street Address<br>246 Union Boulevard                                         |                                                                                                                                                                                                                           |                                                                                                                             |                                                       |           |        |             |           |
| City, State, Zip Code<br>Oceanville, New Jersey 08231                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                       | City, State, Zip Code<br>Totowa, New Jersey 07512                             |                                                                                                                                                                                                                           |                                                                                                                             |                                                       |           |        |             |           |
| Project Manager for Monitoring Firm<br>Domenic D'Errico                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                       | Telephone No.<br>609-652-1833                                                 | Telephone No.<br>973-225-8400                                                                                                                                                                                             | License No.<br>01104                                                                                                        |                                                       |           |        |             |           |
| Start Date (10)<br>07/20/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                       | Scheduled Completion Date (11)<br>08/07/2026                                  |                                                                                                                                                                                                                           | Name of OSHA Monitor<br>LIS CONSULTING SERVICES, LLC                                                                        |                                                       |           |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                       |                                                                               | Street Address<br>3 B Cottage Court                                                                                                                                                                                       |                                                                                                                             |                                                       |           |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                       |                                                                               | City, State, Zip Code<br>Whiting, New Jersey                                                                                                                                                                              |                                                                                                                             |                                                       |           |        |             |           |
| Scope of Work (Check All That Apply)<br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf<br/> <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf         </div> <div> <input checked="" type="checkbox"/> Renovation<br/> <input type="checkbox"/> Demolition         </div> <div> <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br/> <input type="checkbox"/> Mini-Enclosure<br/> <input type="checkbox"/> Glove Bag Procedure / Limited Containment &amp; Tent<br/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure         </div> </div> |                                                                                                                                                                                                                                       |                                                                               |                                                                                                                                                                                                                           |                                                                                                                             |                                                       |           |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Is Location Normally Used Solely 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 |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Yes                                                                                                                                                                                                                                   | No                                                                            | N/A                                                                                                                                                                                                                       |                                                                                                                             |                                                       | Removal   | Repair | Encapsulate | Enclosure |
| Kindergarten Classrooms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                       | X                                                                             |                                                                                                                                                                                                                           | Ceramic wall tile/mortar bed AND CMU Block                                                                                  | 200 SF                                                | X         |        |             |           |
| 1&2 Toilet Room                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                       | X                                                                             |                                                                                                                                                                                                                           | Ceramic wall tile & mortar FROM CMU block                                                                                   | 130 SF                                                | X         |        |             |           |
| Nurses Toilet Room                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                       | X                                                                             |                                                                                                                                                                                                                           | Ceramic wall tile/mortar bed AND select CMU Block                                                                           | 150 SF                                                | X         |        |             |           |
| Multi-user Toilet Rooms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                       | X                                                                             |                                                                                                                                                                                                                           | Ceramic wall tile & mortar FROM CMU block                                                                                   | 775 SF                                                | X         |        |             |           |
| Multi-user Toilet Rooms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                       | X                                                                             |                                                                                                                                                                                                                           | Ceramic wall tile/mortar bed AND select                                                                                     | 250 SF                                                | X         |        |             |           |
| Name of Registered Waste Hauler<br>Century Waste Services/Lilich                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                       | NJDEP Waste Hauler ID No.<br>32797/18724                                      |                                                                                                                                                                                                                           | Cubic Yards of Waste<br>25                                                                                                  | Name of Registered Landfill<br>Grand Central Landfill |           |        |             |           |
| City, State<br>Elizabeth, New Jersey                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                       |                                                                               |                                                                                                                                                                                                                           | Disposal Date<br>July/2026                                                                                                  | City, State<br>Pen Argyl, PA                          |           |        |             |           |
| Completed by<br>Adriana Olejarova                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                       | Title<br>President                                                            |                                                                                                                                                                                                                           | Signature<br>                                                                                                               | Date<br>07/30/2026                                    |           |        |             |           |

ASB-41 (R-06-08)

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



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

RECEIVED

| Date of Notification (1)<br>8/05/26                                                                                                                                                                                                          |                                                                                                                                                                                                                                  | Name of Building Owner/Operator (2)                                                                                                                                                               |                           |                                                                                                                                |                           |                 |        |             |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------|--------|-------------|-----------|
| Agencies Notified                                                                                                                                                                                                                            | Type Notification                                                                                                                                                                                                                | Street Address<br>11 Pennsylvania Ave                                                                                                                                                             |                           |                                                                                                                                |                           |                 |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Cape May, NJ, 08204                                                                                                                                                      |                           |                                                                                                                                |                           |                 |        |             |           |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                  | Name of Contact                                                                                                                                                                                   | Telephone Number          |                                                                                                                                |                           |                 |        |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                  |                                                                                                                                                                                                                                  |                                                                                                                                                                                                   |                           |                                                                                                                                |                           |                 |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)                                                                                                                                                                                         |                                                                                                                                                                                                                                  | Type of Facility (4)                                                                                                                                                                              |                           |                                                                                                                                |                           |                 |        |             |           |
| Street Address<br>11 Pennsylvania Ave                                                                                                                                                                                                        |                                                                                                                                                                                                                                  | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                           |                                                                                                                                |                           |                 |        |             |           |
| City (5)<br>Cape May, NJ                                                                                                                                                                                                                     |                                                                                                                                                                                                                                  | Square Feet<br>1000+                                                                                                                                                                              | # of Floors<br>2          |                                                                                                                                |                           |                 |        |             |           |
| County (6)<br>Cape May                                                                                                                                                                                                                       | County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                                              | Bldg. Age<br>50+                                                                                                                                                                                  |                           |                                                                                                                                |                           |                 |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A                                                                                                                                                                                   |                                                                                                                                                                                                                                  | Name of Abatement Contractor (9)<br>Pernaco Inc.                                                                                                                                                  |                           |                                                                                                                                |                           |                 |        |             |           |
| Street Address                                                                                                                                                                                                                               |                                                                                                                                                                                                                                  | Street Address<br>PO Box 329                                                                                                                                                                      |                           |                                                                                                                                |                           |                 |        |             |           |
| City, State, Zip Code                                                                                                                                                                                                                        |                                                                                                                                                                                                                                  | City, State, Zip Code<br>West Berlin NJ 08091                                                                                                                                                     |                           |                                                                                                                                |                           |                 |        |             |           |
| Project Manager for Monitoring Firm                                                                                                                                                                                                          |                                                                                                                                                                                                                                  | Telephone No.<br>856-753-9800                                                                                                                                                                     | License No.<br>00727      |                                                                                                                                |                           |                 |        |             |           |
| Start Date (10)<br>8/20/26                                                                                                                                                                                                                   | Scheduled Completion Date (11)<br>8/26/26                                                                                                                                                                                        | Name of OSHA Monitor<br>Same                                                                                                                                                                      |                           |                                                                                                                                |                           |                 |        |             |           |
| Occupancy Status During Abatement (Check Only One)                                                                                                                                                                                           |                                                                                                                                                                                                                                  | Street Address                                                                                                                                                                                    |                           |                                                                                                                                |                           |                 |        |             |           |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe:                 |                                                                                                                                                                                                                                  | City, State, Zip Code                                                                                                                                                                             |                           |                                                                                                                                |                           |                 |        |             |           |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                         |                                                                                                                                                                                                                                  |                                                                                                                                                                                                   |                           |                                                                                                                                |                           |                 |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition                                                         |                                                                                                                                                                                                                                  |                                                                                                                                                                                                   |                           |                                                                                                                                |                           |                 |        |             |           |
| <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                                                                                                                                                                                  |                                                                                                                                                                                                   |                           |                                                                                                                                |                           |                 |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)                                                                                                                                                    | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                            |                                                                                                                                                                                                   |                           | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type  |        |             |           |
|                                                                                                                                                                                                                                              | Yes                                                                                                                                                                                                                              | No                                                                                                                                                                                                | N/A                       |                                                                                                                                |                           | Removal         | Repair | Encapsulate | Enclosure |
| Exterior Siding                                                                                                                                                                                                                              |                                                                                                                                                                                                                                  |                                                                                                                                                                                                   | X                         | Exterior Siding                                                                                                                | 1200 SF                   | X               |        |             |           |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                  |                                                                                                                                                                                                   |                           |                                                                                                                                |                           |                 |        |             |           |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                  |                                                                                                                                                                                                   |                           |                                                                                                                                |                           |                 |        |             |           |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                  |                                                                                                                                                                                                   |                           |                                                                                                                                |                           |                 |        |             |           |
| Name of Registered Waste Hauler<br>Pernaco Inc                                                                                                                                                                                               |                                                                                                                                                                                                                                  | NJDEP Waste Hauler ID No.<br>21787                                                                                                                                                                | Cubic Yards of Waste<br>3 | Name of Registered Landfill<br>Cape May County Land Fill                                                                       |                           |                 |        |             |           |
| City, State<br>Berlin NJ                                                                                                                                                                                                                     |                                                                                                                                                                                                                                  | Disposal Date<br>8/27/26                                                                                                                                                                          |                           | City, State<br>Woodbine, NJ                                                                                                    |                           |                 |        |             |           |
| Completed by<br>Anthony T Perna                                                                                                                                                                                                              |                                                                                                                                                                                                                                  | Title<br>President                                                                                                                                                                                | Signature                 |                                                                                                                                |                           | Date<br>8/05/26 |        |             |           |



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

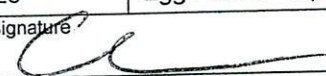
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| Date of Notification (1)<br>8/05/26                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                    | Name of Building Owner/Operator (2)<br>City of Pleasantville                                                                                                                                                                                                                                                                          |                                                                                                   |                                                                                                                             |                           |                 |        |             |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------|--------|-------------|-----------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                        | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>18 N. First St.                                                                                                                                                                                                                                                                                                     |                                                                                                   |                                                                                                                             |                           |                 |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    | City, State, Zip Code<br>Pleasantville, NJ, 08232                                                                                                                                                                                                                                                                                     |                                                                                                   |                                                                                                                             |                           |                 |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    | Name of Contact<br>Jagdish Patel                                                                                                                                                                                                                                                                                                      | Telephone Number<br>732-322-5069                                                                  |                                                                                                                             |                           |                 |        |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                       |                                                                                                   |                                                                                                                             |                           |                 |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Old Store                                                                                                                                                                                                                        |                                                                                                                                                                                                                                    | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                                                                                                             |                                                                                                   |                                                                                                                             |                           |                 |        |             |           |
| Street Address<br>17 N. Main St.                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                    | Square Feet<br>1500+                                                                                                                                                                                                                                                                                                                  | # of Floors<br>2                                                                                  |                                                                                                                             |                           |                 |        |             |           |
| City (5)<br>Pleasantville, NJ, 08232                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                    | Bldg. Age<br>50+                                                                                                                                                                                                                                                                                                                      |                                                                                                   |                                                                                                                             |                           |                 |        |             |           |
| County (6)<br>Atlantic                                                                                                                                                                                                                                                                   | County Code (7)<br>(STATE USE ONLY) _____                                                                                                                                                                                          | Current Use (Prior if being demolished)<br>Old Store                                                                                                                                                                                                                                                                                  |                                                                                                   |                                                                                                                             |                           |                 |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Finog Environmental                                                                                                                                                                                                               |                                                                                                                                                                                                                                    | ASCM No.                                                                                                                                                                                                                                                                                                                              | Name of Abatement Contractor (9)<br>Pernaco Inc.                                                  |                                                                                                                             |                           |                 |        |             |           |
| Street Address<br>617 Stokes Rd                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    | Street Address<br>PO Box 329                                                                                                                                                                                                                                                                                                          |                                                                                                   |                                                                                                                             |                           |                 |        |             |           |
| City, State, Zip Code<br>Medford, NJ, 08055                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                    | City, State, Zip Code<br>West Berlin NJ 08091                                                                                                                                                                                                                                                                                         |                                                                                                   |                                                                                                                             |                           |                 |        |             |           |
| Project Manager for Monitoring Firm<br>Mark Rubnitz                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                    | Telephone No.<br>888-715-2211                                                                                                                                                                                                                                                                                                         | Telephone No.<br>856-753-9800                                                                     |                                                                                                                             |                           |                 |        |             |           |
| License No.<br>00727                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                       |                                                                                                   |                                                                                                                             |                           |                 |        |             |           |
| Start Date (10)<br>8/20/26                                                                                                                                                                                                                                                               | Scheduled Completion Date (11)<br>8/28/26                                                                                                                                                                                          | Name of OSHA Monitor<br>Same                                                                                                                                                                                                                                                                                                          |                                                                                                   |                                                                                                                             |                           |                 |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><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<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                                        |                                                                                                                                                                                                                                    | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                                                   |                                                                                                                             |                           |                 |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)                                                                                                                                                                                                | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                       |                                                                                                   | Description of Asbestos Containing Material (ACM) (i.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                                                                                                 | Boiler Jacket, Ropes, Gaskets                                                                                               | 180                       | SF              |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                       |                                                                                                   |                                                                                                                             |                           |                 |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                       |                                                                                                   |                                                                                                                             |                           |                 |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                       |                                                                                                   |                                                                                                                             |                           |                 |        |             |           |
| Name of Registered Waste Hauler<br>Pernaco                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                    | NJDEP Waste Hauler ID No.<br>21787                                                                                                                                                                                                                                                                                                    | Cubic Yards of Waste<br>4                                                                         | Name of Registered Landfill<br>ACUA                                                                                         |                           |                 |        |             |           |
| City, State<br>West Berlin, NJ                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                    | Disposal Date<br>8/28/26                                                                                                                                                                                                                                                                                                              |                                                                                                   | City, State<br>Egg Harbor Twp, 08234                                                                                        |                           |                 |        |             |           |
| Completed by<br>Anthony T Perna                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    | Title<br>President                                                                                                                                                                                                                                                                                                                    | Signature<br> |                                                                                                                             |                           | Date<br>8/05/26 |        |             |           |



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

RECEIVED

|                                                                                                                                                                                                                                                                 |                                                                       |                                                                                                                                                                                                                                                             |                                                                                                   |                                                                                                                                |                                      |                 |        |             |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------|--------|-------------|-----------|
| Date of Notification (1)<br>8/05/26                                                                                                                                                                                                                             |                                                                       | Name of Building Owner/Operator (2)<br>City of Pleasantville                                                                                                                                                                                                |                                                                                                   |                                                                                                                                |                                      |                 |        |             |           |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                              |                                                                       | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                                                                                   |                                                                                                                                |                                      |                 |        |             |           |
| Street Address<br>18 N. First St.                                                                                                                                                                                                                               |                                                                       | City, State, Zip Code<br>Pleasantville, NJ, 08232                                                                                                                                                                                                           |                                                                                                   |                                                                                                                                |                                      |                 |        |             |           |
| Name of Contact<br>Jagdish Patel                                                                                                                                                                                                                                |                                                                       | Telephone Number<br>732-322-5069                                                                                                                                                                                                                            |                                                                                                   |                                                                                                                                |                                      |                 |        |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                     |                                                                       |                                                                                                                                                                                                                                                             |                                                                                                   |                                                                                                                                |                                      |                 |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Old Store                                                                                                                                                                                               |                                                                       | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                                   |                                                                                                   |                                                                                                                                |                                      |                 |        |             |           |
| Street Address<br>3 N. Main St.                                                                                                                                                                                                                                 |                                                                       | Square Feet<br>1500+                                                                                                                                                                                                                                        | # of Floors<br>2                                                                                  |                                                                                                                                |                                      |                 |        |             |           |
| City (5)<br>Pleasantville, NJ, 08232                                                                                                                                                                                                                            |                                                                       | Bldg. Age<br>50+                                                                                                                                                                                                                                            |                                                                                                   |                                                                                                                                |                                      |                 |        |             |           |
| County (6)<br>Atlantic                                                                                                                                                                                                                                          | County Code (7)<br>(STATE USE ONLY) _____                             | Current Use (Prior if being demolished)<br>Old Store                                                                                                                                                                                                        |                                                                                                   |                                                                                                                                |                                      |                 |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Finog Environmental                                                                                                                                                                                      |                                                                       | ASCM No. _____                                                                                                                                                                                                                                              | Name of Abatement Contractor (9)<br>Pernaco Inc.                                                  |                                                                                                                                |                                      |                 |        |             |           |
| Street Address<br>617 Stokes Rd                                                                                                                                                                                                                                 |                                                                       | Street Address<br>PO Box 329                                                                                                                                                                                                                                |                                                                                                   |                                                                                                                                |                                      |                 |        |             |           |
| City, State, Zip Code<br>Medford, NJ, 08055                                                                                                                                                                                                                     |                                                                       | City, State, Zip Code<br>West Berlin NJ 08091                                                                                                                                                                                                               |                                                                                                   |                                                                                                                                |                                      |                 |        |             |           |
| Project Manager for Monitoring Firm<br>Mark Rubnitz                                                                                                                                                                                                             |                                                                       | Telephone No.<br>888-715-2211                                                                                                                                                                                                                               | Telephone No.<br>856-753-9800                                                                     |                                                                                                                                |                                      |                 |        |             |           |
| License No.<br>00727                                                                                                                                                                                                                                            |                                                                       |                                                                                                                                                                                                                                                             |                                                                                                   |                                                                                                                                |                                      |                 |        |             |           |
| Start Date (10)<br>8/20/26                                                                                                                                                                                                                                      | Scheduled Completion Date (11)<br>8/28/26                             | Name of OSHA Monitor<br>Same                                                                                                                                                                                                                                |                                                                                                   |                                                                                                                                |                                      |                 |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br>Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |                                                                       | Street Address<br><br>City, State, Zip Code                                                                                                                                                                                                                 |                                                                                                   |                                                                                                                                |                                      |                 |        |             |           |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                                            |                                                                       |                                                                                                                                                                                                                                                             |                                                                                                   |                                                                                                                                |                                      |                 |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                               |                                                                       | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition                                                                                                                                                                       |                                                                                                   |                                                                                                                                |                                      |                 |        |             |           |
|                                                                                                                                                                                                                                                                 |                                                                       | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure     |                                                                                                   |                                                                                                                                |                                      |                 |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)                                                                                                                                                                       | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |                                                                                                                                                                                                                                                             |                                                                                                   | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)<br><br>200 | Abatement Type  |        |             |           |
|                                                                                                                                                                                                                                                                 | Yes                                                                   | No                                                                                                                                                                                                                                                          | N/A                                                                                               |                                                                                                                                |                                      | Removal         | Repair | Encapsulate | Enclosure |
| Exterior Windows                                                                                                                                                                                                                                                |                                                                       |                                                                                                                                                                                                                                                             | x                                                                                                 | Window Glazing                                                                                                                 |                                      | LF              |        |             |           |
|                                                                                                                                                                                                                                                                 |                                                                       |                                                                                                                                                                                                                                                             |                                                                                                   |                                                                                                                                |                                      |                 |        |             |           |
|                                                                                                                                                                                                                                                                 |                                                                       |                                                                                                                                                                                                                                                             |                                                                                                   |                                                                                                                                |                                      |                 |        |             |           |
|                                                                                                                                                                                                                                                                 |                                                                       |                                                                                                                                                                                                                                                             |                                                                                                   |                                                                                                                                |                                      |                 |        |             |           |
| Name of Registered Waste Hauler<br>Pernaco                                                                                                                                                                                                                      |                                                                       | NJDEP Waste Hauler ID No.<br>21787                                                                                                                                                                                                                          | Cubic Yards of Waste<br>2                                                                         | Name of Registered Landfill<br>ACUA                                                                                            |                                      |                 |        |             |           |
| City, State<br>West Berlin, NJ                                                                                                                                                                                                                                  |                                                                       | Disposal Date<br>8/28/26                                                                                                                                                                                                                                    |                                                                                                   | City, State<br>Egg Harbor Twp, 08234                                                                                           |                                      |                 |        |             |           |
| Completed by<br>Anthony T Perna                                                                                                                                                                                                                                 |                                                                       | Title<br>President                                                                                                                                                                                                                                          | Signature<br> |                                                                                                                                |                                      | Date<br>8/05/26 |        |             |           |



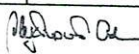
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State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

AUG 11 2026

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                           |                                                                                                                                                                     |                                                       |                |                    |             |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------|--------------------|-------------|-----------|
| Date of Notification (1)<br>07/31/2026                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Name of Building Owner/Operator (2)<br>Dunellen Public Schools                                                                                                                                                                                        |                                                                                                                                                                                                                           | Check No. 4165                                                                                                                                                      |                                                       |                |                    |             |           |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                                                                                                                                                                                                  |  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                                                                                                                                                                                                           | Street Address<br>411 First Street<br>City, State, Zip Code<br>Dunellen, New Jersey 08812<br>Name of Contact<br>Ronnie Haynes<br>Telephone Number<br>(973) 239-1551 |                                                       |                |                    |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                           |                                                                                                                                                                     |                                                       |                |                    |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Dunellen High School                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                       | Type of Facility (4)<br><input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                                                                                                                                                                     |                                                       |                |                    |             |           |
| Street Address<br>411 First Street                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                       | Square Feet<br>60,000                                                                                                                                                                                                     |                                                                                                                                                                     |                                                       |                |                    |             |           |
| City (5)<br>Dunellen, New Jersey 08812                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                       | # of Floors<br>2                                                                                                                                                                                                          |                                                                                                                                                                     | Bldg. Age<br>50+                                      |                |                    |             |           |
| County (6)<br>Middlesex                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                                                                   |                                                                                                                                                                                                                           | Current Use (Prior if being demolished)<br>High School                                                                                                              |                                                       |                |                    |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>AHERA Consultants, Inc.                                                                                                                                                                                                                                                                                                                                                                                           |  | ASCM No.<br>00057                                                                                                                                                                                                                                     |                                                                                                                                                                                                                           | Name of Abatement Contractor (9)<br>Lilich Corporation                                                                                                              |                                                       |                |                    |             |           |
| Street Address<br>PO BOX 385                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Street Address<br>246 Union Blvd                                                                                                                                                                                                                      |                                                                                                                                                                                                                           |                                                                                                                                                                     |                                                       |                |                    |             |           |
| City, State, Zip Code<br>Oceananville, New Jersey 08231                                                                                                                                                                                                                                                                                                                                                                                                                  |  | City, State, Zip Code<br>Totowa, New Jersey 07512                                                                                                                                                                                                     |                                                                                                                                                                                                                           |                                                                                                                                                                     |                                                       |                |                    |             |           |
| Project Manager for Monitoring Firm<br>John Smoyer                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Telephone No.<br>609-577-8801                                                                                                                                                                                                                         |                                                                                                                                                                                                                           | License No.<br>01104                                                                                                                                                |                                                       |                |                    |             |           |
| Start Date (10)<br>08/13/2026                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Scheduled Completion Date (11)<br>08/16/2026                                                                                                                                                                                                          |                                                                                                                                                                                                                           | Name of OSHA Monitor<br>LIS CONSULTING SERVICES, LLC                                                                                                                |                                                       |                |                    |             |           |
| Occupancy Status During Abatement (Check Only One)                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                           |                                                                                                                                                                     |                                                       |                |                    |             |           |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                           |                                                                                                                                                                     |                                                       |                |                    |             |           |
| Street Address<br>3 B Cottage Court                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                           |                                                                                                                                                                     |                                                       |                |                    |             |           |
| City, State, Zip Code<br>Whiting, New Jersey                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                           |                                                                                                                                                                     |                                                       |                |                    |             |           |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                           |                                                                                                                                                                     |                                                       |                |                    |             |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                           |                                                                                                                                                                     |                                                       |                |                    |             |           |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>In Facility (13)                                                                                                                                                                                                                                                                                                                                                                                |  | Is Location Normally Used Solely 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 |                    |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                           |                                                                                                                                                                     |                                                       | Removal        | Repair             | Encapsulate | Enclosure |
| Throughout the building                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Yes                                                                                                                                                                                                                                                   | No                                                                                                                                                                                                                        | N/A                                                                                                                                                                 |                                                       |                |                    |             |           |
| Throughout the building                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                       | X                                                                                                                                                                                                                         |                                                                                                                                                                     |                                                       |                |                    |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                       | X                                                                                                                                                                                                                         |                                                                                                                                                                     |                                                       |                |                    |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                       | X                                                                                                                                                                                                                         |                                                                                                                                                                     |                                                       |                |                    |             |           |
| Name of Registered Waste Hauler<br>Century Waste Services                                                                                                                                                                                                                                                                                                                                                                                                                |  | NJDEP Waste Hauler ID No.<br>32797                                                                                                                                                                                                                    |                                                                                                                                                                                                                           | Cubic Yards of Waste<br>3                                                                                                                                           | Name of Registered Landfill<br>Grand Central Landfill |                |                    |             |           |
| City, State<br>Elizabeth, New Jersey                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Disposal Date<br>August/2026                                                                                                                                                                                                                          |                                                                                                                                                                                                                           | City, State<br>Pen Argyl, PA                                                                                                                                        |                                                       |                |                    |             |           |
| Completed by<br>Adriana Olejarova                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Title<br>President                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           | Signature<br>                                                                   |                                                       |                | Date<br>07/31/2026 |             |           |

ASB-41 (R-06-08)

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



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

RECEIVED

|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                              |                                                                                                                                   |                                                                                                                                |                           |                |        |                    |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|--------|--------------------|-----------|
| Date of Notification (1)<br>08/10/2026                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                    | Name of Building Owner/Operator (2)<br>Newark Board Of Education                                                                                                                                                                             |                                                                                                                                   |                                                                                                                                |                           |                |        |                    |           |
| Agencies Notified<br><br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA                                         | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                                                                                                                                                                                                                              | Street Address<br>765 Broad Street<br><br>City, State, Zip Code<br>Newark, NJ, 07102<br><br>Name of Contact<br>Benjamin Olagadeyo |                                                                                                                                |                           |                |        |                    |           |
|                                                                                                                                                                                                                                                                                          | Telephone Number<br>973-332-4012                                                                                                                                                                                                   |                                                                                                                                                                                                                                              |                                                                                                                                   |                                                                                                                                |                           |                |        |                    |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                              |                                                                                                                                   |                                                                                                                                |                           |                |        |                    |           |
| Name of Facility Where Abatement is Taking Place (3)<br>South 17th Street School                                                                                                                                                                                                         |                                                                                                                                                                                                                                    | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |                                                                                                                                   |                                                                                                                                |                           |                |        |                    |           |
| Street Address<br>619 South 17th Street                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                    | Square Feet<br>80,000+                                                                                                                                                                                                                       | # of Floors<br>4                                                                                                                  |                                                                                                                                |                           |                |        |                    |           |
| City (5)<br>Newark, NJ, 07103                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                    | Bldg. Age<br>70+                                                                                                                                                                                                                             |                                                                                                                                   |                                                                                                                                |                           |                |        |                    |           |
| County (6)<br>Essex                                                                                                                                                                                                                                                                      | County Code (7)<br>(STATE USE ONLY) _____                                                                                                                                                                                          | Current Use (Prior if being demolished)<br>Educational                                                                                                                                                                                       |                                                                                                                                   |                                                                                                                                |                           |                |        |                    |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>TTI Environmental, Inc.                                                                                                                                                                                                           |                                                                                                                                                                                                                                    | ASCM No.<br>0003                                                                                                                                                                                                                             | Name of Abatement Contractor (9)<br>Spes Contracting LLC                                                                          |                                                                                                                                |                           |                |        |                    |           |
| Street Address<br>1253 North Church St.                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                    | Street Address<br>59 Beaverbrook Rd. Ste 302 E                                                                                                                                                                                               |                                                                                                                                   |                                                                                                                                |                           |                |        |                    |           |
| City, State, Zip Code<br>Moorestown, NJ, 08057                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                    | City, State, Zip Code<br>Lincoln Park, NJ, 07035                                                                                                                                                                                             |                                                                                                                                   |                                                                                                                                |                           |                |        |                    |           |
| Project Manager for Monitoring Firm<br>Jim Guillard                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                    | Telephone No.<br>609-314-1683                                                                                                                                                                                                                | Telephone No.<br>973-807-6330                                                                                                     |                                                                                                                                |                           |                |        |                    |           |
| Start Date (10)<br>08/20/2026                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                    | Scheduled Completion Date (11)<br>08/28/2026                                                                                                                                                                                                 | License No.<br>01383                                                                                                              |                                                                                                                                |                           |                |        |                    |           |
| Name of OSHA Monitor<br>Spes Contracting LLC                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                              |                                                                                                                                   |                                                                                                                                |                           |                |        |                    |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |                                                                                                                                                                                                                                    | Street Address<br>59 Beaverbrook Rd. Ste 302 E                                                                                                                                                                                               |                                                                                                                                   |                                                                                                                                |                           |                |        |                    |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    | City, State, Zip Code<br>Lincoln Park, NJ, 07035                                                                                                                                                                                             |                                                                                                                                   |                                                                                                                                |                           |                |        |                    |           |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                              |                                                                                                                                   |                                                                                                                                |                           |                |        |                    |           |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf                                                                                                                                                                |                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                                                                                                                                                        |                                                                                                                                   |                                                                                                                                |                           |                |        |                    |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                                                                                   |                                                                                                                                |                           |                |        |                    |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)                                                                                                                                                                                                | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                              |                                                                                                                                                                                                                                              |                                                                                                                                   | Description of Asbestos Containing Material (ACM)<br>(i.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 Hallway outside UN-23                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                    | x                                                                                                                                                                                                                                            |                                                                                                                                   | Pipe Insulation                                                                                                                | 180 LF                    | x              |        |                    |           |
| UN-23 Water Room                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                    | x                                                                                                                                                                                                                                            |                                                                                                                                   | Pipe Insulation                                                                                                                | 135 LF                    | x              |        |                    |           |
| Custodial Closet UN-16                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                    | x                                                                                                                                                                                                                                            |                                                                                                                                   | Pipe Insulation                                                                                                                | 5 LF                      | x              |        |                    |           |
| HVAC Areas UN-12,17,18,19                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                    | x                                                                                                                                                                                                                                            |                                                                                                                                   | Pipe Insulation / Ceiling Plaster                                                                                              | 260LF / 800SF             |                | x      |                    |           |
| Name of Registered Waste Hauler<br>Spes Contracting LLC                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                    | NJDEP Waste Hauler ID No.<br>0038075                                                                                                                                                                                                         | Cubic Yards of Waste<br>20                                                                                                        | Name of Registered Landfill<br>Tristate Transfer & Associates                                                                  |                           |                |        |                    |           |
| City, State<br>Lincoln Park, NJ, 07035                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                    | Disposal Date<br>TBD                                                                                                                                                                                                                         |                                                                                                                                   | City, State<br>Bronx, NY, 10453                                                                                                |                           |                |        |                    |           |
| Completed by<br>Branislav Pavlov                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                    | Title<br>General Manager                                                                                                                                                                                                                     |                                                                                                                                   | Signature<br>                             |                           |                |        | Date<br>08/10/2026 |           |



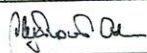
4161

**PAID**

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

RECEIVED

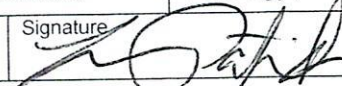
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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------|--------|-------------|
| Date of Notification (1)<br>07/31/2026                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                       | Name of Building Owner/Operator (2)<br>Westfield YMCA                                 |                                                                                                                                                                                                                           | Check# 4161                                                                                                                                                                                                                                                                           |                   |         |        |             |
| Agencies Notified<br><br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                         | Type Notification<br><br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # ____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                                                                       | Street Address<br>220 Clark Street                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                       |                   |         |        |             |
|                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                       |                                                                                       | City, State, Zip Code<br>Westfield, New Jersey 07090                                                                                                                                                                      |                                                                                                                                                                                                                                                                                       |                   |         |        |             |
|                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                       | Name of Contact<br>Robert Gasper                                                      |                                                                                                                                                                                                                           | Telephone Number<br>98-223-8820                                                                                                                                                                                                                                                       |                   |         |        |             |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                       |                                                                                       |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                       |                   |         |        |             |
| Name of Facility Where Abatement is Taking Place (3)<br>Westfield YMCA                                                                                                                                                                                                             |                                                                                                                                                                                                                                       |                                                                                       | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                                                                                                                                                                                                                                                                                       |                   |         |        |             |
| Street Address<br>220 Clark Street                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                       |                                                                                       |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                       |                   |         |        |             |
| City (5)<br>Westfield, New Jersey                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                       |                                                                                       | Square Feet<br>15,000                                                                                                                                                                                                     | # of Floors<br>1                                                                                                                                                                                                                                                                      | Bldg. Age<br>50+  |         |        |             |
| County (6)<br>Union                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                       | County Code (7)<br>(STATE USE ONLY)                                                   | Current Use (Prior if being demolished)<br>Recreational Center                                                                                                                                                            |                                                                                                                                                                                                                                                                                       |                   |         |        |             |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Detail Associates, Inc.                                                                                                                                                                                                     |                                                                                                                                                                                                                                       | ASCM No.                                                                              | Name of Abatement Contractor (9)<br>Lilich Corporation                                                                                                                                                                    |                                                                                                                                                                                                                                                                                       |                   |         |        |             |
| Street Address<br>560 Sylvan Ave, Suite 3065                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                       | Street Address<br>246 Union Blvd                                                      |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                       |                   |         |        |             |
| City, State, Zip Code<br>Englewood Cliffs, New Jersey 07632                                                                                                                                                                                                                        |                                                                                                                                                                                                                                       | City, State, Zip Code<br>Totowa, New Jersey                                           |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                       |                   |         |        |             |
| Project Manager for Monitoring Firm<br>Stephen A. Jaraczewski                                                                                                                                                                                                                      |                                                                                                                                                                                                                                       | Telephone No<br>201-569-6708                                                          | Telephone No<br>973-225-8400                                                                                                                                                                                              | License No.<br>01104                                                                                                                                                                                                                                                                  |                   |         |        |             |
| Start Date (10)<br>8/10/2026                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                       | Scheduled Completion Date (11)<br>8/15/2026                                           |                                                                                                                                                                                                                           | Name of OSHA Monitor<br>Iris Environmental Laboratories, LLC                                                                                                                                                                                                                          |                   |         |        |             |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: |                                                                                                                                                                                                                                       |                                                                                       | Street Address<br>2333 Route 22 West                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                       |                   |         |        |             |
|                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                       |                                                                                       | City, State, Zip Code<br>Union, NJ 07083                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                       |                   |         |        |             |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                       |                                                                                       |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                       |                   |         |        |             |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                                  |                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition |                                                                                                                                                                                                                           | <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                   |         |        |             |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility<br>(13)<br><br>BLDG 1                                                                                                                                                                         | Is Location Normally Used Solely by Maintenance/Custodial                                                                                                                                                                             |                                                                                       | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)                                                                                            | Amount (Specify SF or LF)                                                                                                                                                                                                                                                             | Abatement Type    |         |        |             |
|                                                                                                                                                                                                                                                                                    | Yes                                                                                                                                                                                                                                   | No                                                                                    |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                       | N/A               | Removal | Repair | Encapsulate |
| Men's Room - 1 <sup>st</sup> Fl                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                       | X                                                                                     | Pipe insulation                                                                                                                                                                                                           | 8 LF                                                                                                                                                                                                                                                                                  | X                 |         |        |             |
| Bathroom - 1 <sup>st</sup> Fl                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                       | X                                                                                     | Pipe Insulation (Wrap & Cut)                                                                                                                                                                                              | 15 LF                                                                                                                                                                                                                                                                                 | X                 |         |        |             |
|                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                       |                                                                                       |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                       |                   |         |        |             |
| Name of Registered Waste Hauler<br>Century Waste Services                                                                                                                                                                                                                          |                                                                                                                                                                                                                                       | NJDEP Waste Hauler ID No.<br>32797                                                    | Cubic Yards of Waste<br>1                                                                                                                                                                                                 | Name of Registered Landfill<br>Grand Central Landfill                                                                                                                                                                                                                                 |                   |         |        |             |
| City, State<br>Elizabeth, New Jersey                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                       | Disposal Date<br>August/2026                                                          |                                                                                                                                                                                                                           | City, State<br>Pen Argyl, PA                                                                                                                                                                                                                                                          |                   |         |        |             |
| Completed by<br>Adriana Olejarova                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                       | Title<br>President                                                                    | Signature<br>                                                                                                                        |                                                                                                                                                                                                                                                                                       | Date<br>7/31/2026 |         |        |             |



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

RECEIVED

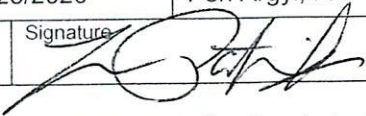
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                           |                                                                                                                                                                |                           |                                                       |        |             |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------|--------|-------------|-----------|
| Date of Notification (1)<br>8/10/2026                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       | Name of Building Owner/Operator (2)<br>Vernon Public Schools                                                                                                                                                                                                     |                                                                                                                                                                                                                           | AUG 13 2026                                                                                                                                                    |                           |                                                       |        |             |           |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                                                                                                                                                                                                            |                                                                       | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                                                                                                                                                                                                           | Street Address<br>625 Route 517, PO Box 99<br>City, State, Zip Code<br>Vernon, NJ 07462<br>Name of Contact<br>Joe Van Kirk<br>Telephone Number<br>973-764-5957 |                           |                                                       |        |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       |                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                           |                                                                                                                                                                |                           |                                                       |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Vernon Township High School                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |                                                                                                                                                                                                                                                                  | Type of Facility (4)<br><input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                                                                                                                                                                |                           |                                                       |        |             |           |
| Street Address<br>1832 County Rd 565                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       |                                                                                                                                                                                                                                                                  | Square Feet<br>218,000                                                                                                                                                                                                    |                                                                                                                                                                |                           |                                                       |        |             |           |
| City (5)<br>Vernon                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       |                                                                                                                                                                                                                                                                  | # of Floors<br>2                                                                                                                                                                                                          |                                                                                                                                                                | Bldg. Age<br>50           |                                                       |        |             |           |
| County (6)<br>Sussex                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       | County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                                                                              |                                                                                                                                                                                                                           | Current Use (Prior if being demolished)<br>School                                                                                                              |                           |                                                       |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>EnviroVision Consultants                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       | ASCN No.<br>0004                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                           | Name of Abatement Contractor (9)<br>National Flooring Removal L.L.C.                                                                                           |                           |                                                       |        |             |           |
| Street Address<br>20-21 Wagaraw Rd, Building 35E                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |                                                                                                                                                                                                                                                                  | Street Address<br>PO Box 58                                                                                                                                                                                               |                                                                                                                                                                |                           |                                                       |        |             |           |
| City, State, Zip Code<br>Fair Lawn, NJ 07410                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |                                                                                                                                                                                                                                                                  | City, State, Zip Code<br>Augusta, NJ 07822                                                                                                                                                                                |                                                                                                                                                                |                           |                                                       |        |             |           |
| Project Manager for Monitoring Firm<br>Fred Larson                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       | Telephone No.<br>973-636-9145                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           | Telephone No.<br>973-919-5743                                                                                                                                  |                           |                                                       |        |             |           |
| Start Date (10)<br>8/14/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       | Scheduled Completion Date (11)<br>8/14/2026                                                                                                                                                                                                                      |                                                                                                                                                                                                                           | License No.<br>02093                                                                                                                                           |                           |                                                       |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe:                                                                                                                                                                                                 |                                                                       |                                                                                                                                                                                                                                                                  | Street Address<br>City, State, Zip Code                                                                                                                                                                                   |                                                                                                                                                                |                           |                                                       |        |             |           |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><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                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | X                                                                     |                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                           | Asbestos Pipe Insulation                                                                                                                                       | 6.5 LF                    | X                                                     |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                           |                                                                                                                                                                |                           |                                                       |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                           |                                                                                                                                                                |                           |                                                       |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                           |                                                                                                                                                                |                           |                                                       |        |             |           |
| Name of Registered Waste Hauler<br>National Flooring Removal L.L.C.                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       | NJDEP Waste Hauler ID No.<br>105431                                                                                                                                                                                                                              |                                                                                                                                                                                                                           | Cubic Yards of Waste<br><5                                                                                                                                     |                           | Name of Registered Landfill<br>Grand Central Landfill |        |             |           |
| City, State<br>Augusta, NJ                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                       | Disposal Date<br>8/25/2026                                                                                                                                                                                                                                       |                                                                                                                                                                                                                           | City, State<br>Pen Argyl, PA                                                                                                                                   |                           |                                                       |        |             |           |
| Completed by<br>Timothy Patrick                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       | Title<br>CEO                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                           | Signature<br>                                                              |                           | Date<br>8/10/2026                                     |        |             |           |



PAID

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

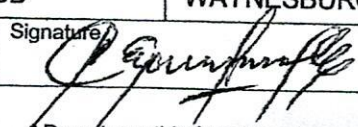
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| Date of Notification (1)<br>8/10/2026                                                                                                                                                                                              |                                                                       | Name of Building Owner/Operator (2)<br>Vernon Public Schools                                                                                                                                                             |     | AUG 13 2026                                                                                                                                                                                                                                  |                                                       |
| Agencies Notified                                                                                                                                                                                                                  |                                                                       | Type Notification                                                                                                                                                                                                        |     | Street Address                                                                                                                                                                                                                               |                                                       |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                             |                                                                       | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |     | 625 Route 517, PO Box 99                                                                                                                                                                                                                     |                                                       |
|                                                                                                                                                                                                                                    |                                                                       |                                                                                                                                                                                                                          |     | City, State, Zip Code<br>Vernon, NJ 07462                                                                                                                                                                                                    |                                                       |
|                                                                                                                                                                                                                                    |                                                                       | Name of Contact<br>Joe Van Kirk                                                                                                                                                                                          |     | Telephone Number<br>973-764-5957                                                                                                                                                                                                             |                                                       |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                        |                                                                       |                                                                                                                                                                                                                          |     |                                                                                                                                                                                                                                              |                                                       |
| Name of Facility Where Abatement is Taking Place (3)<br>Rolling Hills Primary School                                                                                                                                               |                                                                       |                                                                                                                                                                                                                          |     | Type of Facility (4)                                                                                                                                                                                                                         |                                                       |
| Street Address<br>60 Sammis Rd                                                                                                                                                                                                     |                                                                       |                                                                                                                                                                                                                          |     | <input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                                            |                                                       |
| City (5)<br>Vernon                                                                                                                                                                                                                 |                                                                       | Square Feet<br>Unknown                                                                                                                                                                                                   |     | # of Floors<br>2                                                                                                                                                                                                                             | Bldg. Age<br>54                                       |
| County (6)<br>Sussex                                                                                                                                                                                                               |                                                                       | County Code (7)<br>(STATE USE ONLY) _____                                                                                                                                                                                |     | Current Use (Prior if being demolished)<br>School                                                                                                                                                                                            |                                                       |
| Name of Monitoring Firm Hired by Building Owner (8)<br>EnviroVision Consultants                                                                                                                                                    |                                                                       | ASCM No.<br>0004                                                                                                                                                                                                         |     | Name of Abatement Contractor (9)<br>National Flooring Removal L.L.C.                                                                                                                                                                         |                                                       |
| Street Address<br>20-21 Wagaraw Rd, Building 35E                                                                                                                                                                                   |                                                                       | Street Address<br>PO Box 58                                                                                                                                                                                              |     |                                                                                                                                                                                                                                              |                                                       |
| City, State, Zip Code<br>Fair Lawn, NJ 07410                                                                                                                                                                                       |                                                                       | City, State, Zip Code<br>Augusta, NJ 07822                                                                                                                                                                               |     |                                                                                                                                                                                                                                              |                                                       |
| Project Manager for Monitoring Firm<br>Fred Larson                                                                                                                                                                                 |                                                                       | Telephone No.<br>973-636-9145                                                                                                                                                                                            |     | Telephone No.<br>973-919-5743                                                                                                                                                                                                                | License No.<br>02093                                  |
| Start Date (10)<br>8/17/2026                                                                                                                                                                                                       |                                                                       | Scheduled Completion Date (11)<br>8/17/2026                                                                                                                                                                              |     | Name of OSHA Monitor<br>N/A                                                                                                                                                                                                                  |                                                       |
| Occupancy Status During Abatement (Check Only One)                                                                                                                                                                                 |                                                                       |                                                                                                                                                                                                                          |     | Street Address                                                                                                                                                                                                                               |                                                       |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |                                                                       |                                                                                                                                                                                                                          |     | City, State, Zip Code                                                                                                                                                                                                                        |                                                       |
| Scope of Work (Check All That Apply)                                                                                                                                                                                               |                                                                       |                                                                                                                                                                                                                          |     |                                                                                                                                                                                                                                              |                                                       |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                  |                                                                       | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                                                                                                                                    |     | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                       |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)                                                                                                                                          | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |                                                                                                                                                                                                                          |     | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)                                                                                                                  | Amount (Specify SF or LF)                             |
|                                                                                                                                                                                                                                    | Yes                                                                   | No                                                                                                                                                                                                                       | N/A |                                                                                                                                                                                                                                              |                                                       |
| Storage Room                                                                                                                                                                                                                       | X                                                                     |                                                                                                                                                                                                                          |     | Asbestos Pipe Insulation                                                                                                                                                                                                                     | 4.5 LF                                                |
|                                                                                                                                                                                                                                    |                                                                       |                                                                                                                                                                                                                          |     |                                                                                                                                                                                                                                              |                                                       |
|                                                                                                                                                                                                                                    |                                                                       |                                                                                                                                                                                                                          |     |                                                                                                                                                                                                                                              |                                                       |
|                                                                                                                                                                                                                                    |                                                                       |                                                                                                                                                                                                                          |     |                                                                                                                                                                                                                                              |                                                       |
| Name of Registered Waste Hauler<br>National Flooring Removal L.L.C.                                                                                                                                                                |                                                                       | NJDEP Waste Hauler ID No.<br>105431                                                                                                                                                                                      |     | Cubic Yards of Waste<br><5                                                                                                                                                                                                                   | Name of Registered Landfill<br>Grand Central Landfill |
| City, State<br>Augusta, NJ                                                                                                                                                                                                         |                                                                       | Disposal Date<br>8/25/2026                                                                                                                                                                                               |     | City, State<br>Pen Argyl, PA                                                                                                                                                                                                                 |                                                       |
| Completed by<br>Timothy Patrick                                                                                                                                                                                                    |                                                                       | Title<br>CEO                                                                                                                                                                                                             |     | Signature<br>                                                                                                                                            | Date<br>8/10/2026                                     |



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

**RECEIVED**

|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                              |                                                                                                   |                                                                                                                             |                           |                |        |             |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|--------|-------------|-----------|
| Date of Notification (1)<br><b>08/04/2026</b>                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                        | Name of Building Owner/Operator (2)<br><b>SMS HOME IMPROVEMENT</b>                                                                                                                                                                           |                                                                                                   |                                                                                                                             |                           |                |        |             |           |
| Agencies Notified                                                                                                                                                                                                                                                                        | Type Notification                                                                                                                                                                                                                      | Street Address<br><b>6 EMMMA LANE</b>                                                                                                                                                                                                        |                                                                                                   |                                                                                                                             |                           |                |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                            | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br><b>JACKSON NJ. 08527</b>                                                                                                                                                                                            |                                                                                                   |                                                                                                                             |                           |                |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                        | Name of Contact<br><b>ITZHAK FRIEDLAN</b>                                                                                                                                                                                                    | Telephone Number<br><b>347.693.6783</b>                                                           |                                                                                                                             |                           |                |        |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                              |                                                                                                   |                                                                                                                             |                           |                |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br><b>COMMERCIAL</b>                                                                                                                                                                                                                |                                                                                                                                                                                                                                        | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |                                                                                                   |                                                                                                                             |                           |                |        |             |           |
| Street Address<br><b>239 CENTRAL AVENUE,</b>                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                        | Square Feet<br><b>2,500. SF.</b>                                                                                                                                                                                                             | # of Floors<br><b>2</b>                                                                           |                                                                                                                             |                           |                |        |             |           |
| City (5)<br><b>JERSEY CITY NJ. 07304.</b>                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                        | Bldg. Age<br><b>56</b>                                                                                                                                                                                                                       |                                                                                                   |                                                                                                                             |                           |                |        |             |           |
| County (6)<br><b>BERGEN</b>                                                                                                                                                                                                                                                              | County Code (7)<br>(STATE USE ONLY) _____                                                                                                                                                                                              | Current Use (Prior if being demolished)<br><b>YES</b>                                                                                                                                                                                        |                                                                                                   |                                                                                                                             |                           |                |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>N/A</b>                                                                                                                                                                                                                        |                                                                                                                                                                                                                                        | ASCM No. _____                                                                                                                                                                                                                               | Name of Abatement Contractor (9)<br><b>NORTH EAST ENVIRONMENTAL LLC</b>                           |                                                                                                                             |                           |                |        |             |           |
| Street Address                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                        | Street Address<br><b>52 FIELD RD.</b>                                                                                                                                                                                                        |                                                                                                   |                                                                                                                             |                           |                |        |             |           |
| City, State, Zip Code                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                        | City, State, Zip Code<br><b>CLIFTON NJ. 07013</b>                                                                                                                                                                                            |                                                                                                   |                                                                                                                             |                           |                |        |             |           |
| Project Manager for Monitoring Firm<br><b>N/A</b>                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                        | Telephone No. _____                                                                                                                                                                                                                          | License No. _____                                                                                 |                                                                                                                             |                           |                |        |             |           |
| Start Date (10)<br><b>08/13/2026</b>                                                                                                                                                                                                                                                     | Scheduled Completion Date (11)<br><b>08/15/2026</b>                                                                                                                                                                                    | Name of OSHA Monitor<br><b>HILLMANN CONSULTING LLC</b>                                                                                                                                                                                       |                                                                                                   |                                                                                                                             |                           |                |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |                                                                                                                                                                                                                                        | Street Address<br><b>1605 VAUXHALL RD</b>                                                                                                                                                                                                    |                                                                                                   |                                                                                                                             |                           |                |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                        | City, State, Zip Code<br><b>UNION NJ. 07083.</b>                                                                                                                                                                                             |                                                                                                   |                                                                                                                             |                           |                |        |             |           |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                              |                                                                                                   |                                                                                                                             |                           |                |        |             |           |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf                                                                                                                                                                |                                                                                                                                                                                                                                        | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition                                                                                                                                                        |                                                                                                   |                                                                                                                             |                           |                |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                        | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                                                   |                                                                                                                             |                           |                |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>In Facility (13)                                                                                                                                                                                                | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                                  |                                                                                                                                                                                                                                              |                                                                                                   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|                                                                                                                                                                                                                                                                                          | Yes                                                                                                                                                                                                                                    | No                                                                                                                                                                                                                                           | N/A                                                                                               |                                                                                                                             |                           | Removal        | Repair | Encapsulate | Enclosure |
| <b>ROOF</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                        | <b>X</b>                                                                                                                                                                                                                                     |                                                                                                   | <b>ROOFING FELT &amp; FLASHING</b>                                                                                          | <b>760. SF</b>            | <b>X</b>       |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                              |                                                                                                   |                                                                                                                             |                           |                |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                              |                                                                                                   |                                                                                                                             |                           |                |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                              |                                                                                                   |                                                                                                                             |                           |                |        |             |           |
| Name of Registered Waste Hauler<br><b>TRI- STATE</b>                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                        | NJDEP Waste Hauler ID No.<br><b>19954</b>                                                                                                                                                                                                    | Cubic Yards of Waste<br><b>TBD</b>                                                                | Name of Registered Landfill<br><b>MINERVA ENTERPRISE INC.</b>                                                               |                           |                |        |             |           |
| City, State<br><b>BRONX NY.</b>                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                        | Disposal Date<br><b>TBD</b>                                                                                                                                                                                                                  |                                                                                                   | City, State<br><b>WAYNESBURG OHIO</b>                                                                                       |                           |                |        |             |           |
| Completed by<br><b>CARLOS ESQUIVEL</b>                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                        | Title<br><b>MANAGER</b>                                                                                                                                                                                                                      | Signature<br> | Date<br><b>08/04/2026</b>                                                                                                   |                           |                |        |             |           |



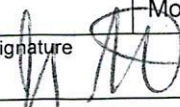
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Job#6520

CHECK #033698

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------|--------|-------------|-----------|
| Date of Notification (1)<br>08-03-26                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                    | Name of Building Owner/Operator (2)<br>The Port Authority of New York & New Jersey                                                                                                                                        |                                           |                                                                                                                                                                                                                                              |                                                  |                    |        |             |           |
| Agencies Notified<br><br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                               | Type Notification<br><br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment #1 _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                                                                                                                                                                                                           | Street Address<br>260 Kellogg Street      |                                                                                                                                                                                                                                              | Telephone Number<br>347-266-6279                 |                    |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           | City, State, Zip Code<br>Newark, NJ 07114 |                                                                                                                                                                                                                                              |                                                  |                    |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Port Newark                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                    | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                                           |                                                                                                                                                                                                                                              |                                                  |                    |        |             |           |
| Street Address<br>267-269 Distribution Street                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                    | Square Feet<br>50,000                                                                                                                                                                                                     |                                           | # of Floors<br>-                                                                                                                                                                                                                             | Bldg. Age<br>-                                   |                    |        |             |           |
| City (5)<br>Newark                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                    | Current Use (Prior if being demolished)<br>The Port Authority of NY & NJ                                                                                                                                                  |                                           |                                                                                                                                                                                                                                              |                                                  |                    |        |             |           |
| County (6)<br>Essex                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                    | County Code (7)<br>(STATE USE ONLY) _____                                                                                                                                                                                 |                                           |                                                                                                                                                                                                                                              |                                                  |                    |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Hillmann Consulting LLC                                                                                                                                                                                                           |                                                                                                                                                                                                                                                    | ASCM No.<br>62252                                                                                                                                                                                                         |                                           | Name of Abatement Contractor (9)<br>Pinnacle Environmental Corp.                                                                                                                                                                             |                                                  |                    |        |             |           |
| Street Address<br>1600 Route 22 East Suite #107                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                    | Street Address<br>200 Broad Street                                                                                                                                                                                        |                                           |                                                                                                                                                                                                                                              |                                                  |                    |        |             |           |
| City, State, Zip Code<br>Union, New Jersey 07083                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                    | City, State, Zip Code<br>Carlstadt, NJ 07072                                                                                                                                                                              |                                           |                                                                                                                                                                                                                                              |                                                  |                    |        |             |           |
| Project Manager for Monitoring Firm<br>Craig Abrams                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                    | Telephone No.<br>908-688-7800                                                                                                                                                                                             |                                           | Telephone No.<br>201-939-6565                                                                                                                                                                                                                | License No.<br>00756                             |                    |        |             |           |
| Start Date (10)<br>08-05-2026                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                    | Scheduled Completion Date (11)<br>02-04-2027                                                                                                                                                                              |                                           | Name of OSHA Monitor<br>Saban Engineering Group                                                                                                                                                                                              |                                                  |                    |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |                                                                                                                                                                                                                                                    | Street Address<br>201 Stuyvesant Avenue                                                                                                                                                                                   |                                           |                                                                                                                                                                                                                                              |                                                  |                    |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                    | City, State, Zip Code<br>Lyndhurst NJ 07071                                                                                                                                                                               |                                           |                                                                                                                                                                                                                                              |                                                  |                    |        |             |           |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           |                                           |                                                                                                                                                                                                                                              |                                                  |                    |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                                        |                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                                                                                                                                     |                                           | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                  |                    |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)                                                                                                                                                                                                | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                                              |                                                                                                                                                                                                                           |                                           | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)                                                                                                               | Amount (Specify SF or LF)<br>250 LF              | Abatement Type     |        |             |           |
|                                                                                                                                                                                                                                                                                          | Yes                                                                                                                                                                                                                                                | No                                                                                                                                                                                                                        | N/A                                       |                                                                                                                                                                                                                                              |                                                  | Removal            | Repair | Encapsulate | Enclosure |
| Excavation-Ground                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           | x                                         | Transite Pipe                                                                                                                                                                                                                                |                                                  | x                  |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           |                                           |                                                                                                                                                                                                                                              |                                                  |                    |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           |                                           |                                                                                                                                                                                                                                              |                                                  |                    |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           |                                           |                                                                                                                                                                                                                                              |                                                  |                    |        |             |           |
| Name of Registered Waste Hauler<br>Century Waste Services, LLC                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                    | NJDEP Waste Hauler ID No.                                                                                                                                                                                                 |                                           | Cubic Yards of Waste<br>TBD                                                                                                                                                                                                                  | Name of Registered Landfill<br>Fairless Landfill |                    |        |             |           |
| City, State<br>Elizabeth, NJ 07201                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                    | Disposal Date<br>TBD                                                                                                                                                                                                      |                                           | City, State<br>Morrisville, PA 19067                                                                                                                                                                                                         |                                                  |                    |        |             |           |
| Completed by<br>Joseph Patrick                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                    | Title<br>Project Manager                                                                                                                                                                                                  |                                           | Signature<br>                                                                                                                                            |                                                  | Date<br>08-03-2026 |        |             |           |



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

RECEIVED

|                                                                                                                                                                                                                                    |                                                                                                                                                                                                               |                                                                                                                                                                                                                                                         |                                                              |                                                                                                                             |                           |                |        |                    |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|--------|--------------------|-----------|
| Date of Notification (1)<br>08/07/2026                                                                                                                                                                                             |                                                                                                                                                                                                               | Name of Building Owner/Operator (2)<br>AUG 13 2026                                                                                                                                                                                                      |                                                              |                                                                                                                             |                           |                |        |                    |           |
| Agencies Notified                                                                                                                                                                                                                  | Type Notification                                                                                                                                                                                             | Street Address<br>231 Harvard Avenue                                                                                                                                                                                                                    |                                                              |                                                                                                                             |                           |                |        |                    |           |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                       | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Collingswood, NJ 08108                                                                                                                                                                                                         |                                                              |                                                                                                                             |                           |                |        |                    |           |
|                                                                                                                                                                                                                                    |                                                                                                                                                                                                               | Name of Contact                                                                                                                                                                                                                                         | Telephone Number                                             |                                                                                                                             |                           |                |        |                    |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                        |                                                                                                                                                                                                               |                                                                                                                                                                                                                                                         |                                                              |                                                                                                                             |                           |                |        |                    |           |
| Name of Facility Where Abatement is Taking Place (3)                                                                                                                                                                               |                                                                                                                                                                                                               | Type of Facility (4)                                                                                                                                                                                                                                    |                                                              |                                                                                                                             |                           |                |        |                    |           |
| Street Address<br>231 Harvard Avenue                                                                                                                                                                                               |                                                                                                                                                                                                               | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                                                       |                                                              |                                                                                                                             |                           |                |        |                    |           |
| City (5)<br>Collingswood                                                                                                                                                                                                           | Square Feet<br>1,998                                                                                                                                                                                          | # of Floors<br>2                                                                                                                                                                                                                                        | Bldg. Age<br>111                                             |                                                                                                                             |                           |                |        |                    |           |
| County (6)<br>Camden                                                                                                                                                                                                               | County Code (7)<br>(STATE USE ONLY) _____                                                                                                                                                                     | Current Use (Prior if being demolished)<br>Residence                                                                                                                                                                                                    |                                                              |                                                                                                                             |                           |                |        |                    |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Management & Environmental Consulting Serv                                                                                                                                  |                                                                                                                                                                                                               | ASCM No.                                                                                                                                                                                                                                                | Name of Abatement Contractor (9)<br>Shade Environmental, LLC |                                                                                                                             |                           |                |        |                    |           |
| Street Address<br>PO Box 341                                                                                                                                                                                                       |                                                                                                                                                                                                               | Street Address<br>623 Cutler Avenue                                                                                                                                                                                                                     |                                                              |                                                                                                                             |                           |                |        |                    |           |
| City, State, Zip Code<br>Chesterfield, NJ 08515                                                                                                                                                                                    |                                                                                                                                                                                                               | City, State, Zip Code<br>Maple Shade, NJ 08052                                                                                                                                                                                                          |                                                              |                                                                                                                             |                           |                |        |                    |           |
| Project Manager for Monitoring Firm<br>Nora Pearce                                                                                                                                                                                 |                                                                                                                                                                                                               | Telephone No.<br>609-298-4070                                                                                                                                                                                                                           | Telephone No.<br>856-755-0099                                |                                                                                                                             |                           |                |        |                    |           |
| License No.<br>00842                                                                                                                                                                                                               |                                                                                                                                                                                                               |                                                                                                                                                                                                                                                         |                                                              |                                                                                                                             |                           |                |        |                    |           |
| Start Date (10)<br>08/21/2026                                                                                                                                                                                                      | Scheduled Completion Date (11)<br>08/24/2026                                                                                                                                                                  | Name of OSHA Monitor<br>EMSL Analytical, Inc.                                                                                                                                                                                                           |                                                              |                                                                                                                             |                           |                |        |                    |           |
| Occupancy Status During Abatement (Check Only One)                                                                                                                                                                                 |                                                                                                                                                                                                               | Street Address<br>200 Route 130 North                                                                                                                                                                                                                   |                                                              |                                                                                                                             |                           |                |        |                    |           |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |                                                                                                                                                                                                               | City, State, Zip Code<br>Cinnaminson, NJ 08077                                                                                                                                                                                                          |                                                              |                                                                                                                             |                           |                |        |                    |           |
| Scope of Work (Check All That Apply)                                                                                                                                                                                               |                                                                                                                                                                                                               |                                                                                                                                                                                                                                                         |                                                              |                                                                                                                             |                           |                |        |                    |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                  |                                                                                                                                                                                                               | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                                                                                                                                                                   |                                                              |                                                                                                                             |                           |                |        |                    |           |
|                                                                                                                                                                                                                                    |                                                                                                                                                                                                               | <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                              |                                                                                                                             |                           |                |        |                    |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)                                                                                                                                          | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                         |                                                                                                                                                                                                                                                         |                                                              | Description of Asbestos Containing Material (ACM) (i.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/Fittings                                                                                                    | 60 LF                     | X              |        |                    |           |
|                                                                                                                                                                                                                                    |                                                                                                                                                                                                               |                                                                                                                                                                                                                                                         |                                                              |                                                                                                                             |                           |                |        |                    |           |
|                                                                                                                                                                                                                                    |                                                                                                                                                                                                               |                                                                                                                                                                                                                                                         |                                                              |                                                                                                                             |                           |                |        |                    |           |
|                                                                                                                                                                                                                                    |                                                                                                                                                                                                               |                                                                                                                                                                                                                                                         |                                                              |                                                                                                                             |                           |                |        |                    |           |
| Name of Registered Waste Hauler<br>Freehold Cartage                                                                                                                                                                                |                                                                                                                                                                                                               | NJDEP Waste Hauler ID No.<br>15939                                                                                                                                                                                                                      | Cubic Yards of Waste<br>1                                    | Name of Registered Landfill<br>Conestoga Landfill                                                                           |                           |                |        |                    |           |
| City, State<br>Freehold, NJ                                                                                                                                                                                                        |                                                                                                                                                                                                               | Disposal Date<br>08/24/2026                                                                                                                                                                                                                             |                                                              | City, State<br>Morgantown, PA                                                                                               |                           |                |        |                    |           |
| Completed by<br>Shannon Thomson                                                                                                                                                                                                    |                                                                                                                                                                                                               | Title<br>Operations Manager                                                                                                                                                                                                                             |                                                              | Signature<br>Shannon Thomson                                                                                                |                           |                |        | Date<br>08/07/2026 |           |



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

RECEIVED

|                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                            |                                                                                       |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                              |                                                   |                    |        |             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------|--------|-------------|
| Date of Notification (1)<br>08/07/2026                                                                                                                                                                                                                                             |                                                                                                                                                                                                                            | Name of Building Owner/Operator (2)<br>JP Morgan Chase Bank NA                        |                                                                                                                                                                                                                           | AUG 14 2026                                                                                                                                                                                                                                  |                                                   |                    |        |             |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                  | Type Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended Amendment #2<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                                                                       | Street Address<br>PO Box 8265                                                                                                                                                                                             |                                                                                                                                                                                                                                              |                                                   |                    |        |             |
|                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                            |                                                                                       | City, State, Zip Code<br>Wichita Falls, TX 76307                                                                                                                                                                          |                                                                                                                                                                                                                                              |                                                   |                    |        |             |
|                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                            | Name of Contact<br>Nora Kuderka                                                       |                                                                                                                                                                                                                           | Telephone Number<br>908-806-4103                                                                                                                                                                                                             |                                                   |                    |        |             |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                            |                                                                                       |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                              |                                                   |                    |        |             |
| Name of Facility Where Abatement is Taking Place (3)<br>Chase Bank                                                                                                                                                                                                                 |                                                                                                                                                                                                                            |                                                                                       | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                                                                                                                                                                                                                                              |                                                   |                    |        |             |
| Street Address<br>1 E. Clinton Street                                                                                                                                                                                                                                              |                                                                                                                                                                                                                            |                                                                                       | Square Feet<br>5,000                                                                                                                                                                                                      | # of Floors<br>2                                                                                                                                                                                                                             | Bldg. Age<br>75                                   |                    |        |             |
| City (5)<br>Dover                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                            |                                                                                       | Current Use (Prior if being demolished)<br>Bank                                                                                                                                                                           |                                                                                                                                                                                                                                              |                                                   |                    |        |             |
| County (6)<br>Morris                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                            | County Code (7)<br>(STATE USE ONLY)                                                   |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                              |                                                   |                    |        |             |
| Name of Monitoring Firm Hired by Building Owner (8)<br>TRC Companies, Inc.                                                                                                                                                                                                         |                                                                                                                                                                                                                            | ASCM No.                                                                              |                                                                                                                                                                                                                           | Name of Abatement Contractor (9)<br>Shade Environmental, LLC                                                                                                                                                                                 |                                                   |                    |        |             |
| Street Address<br>4747 N. 7th Street, Suite 422                                                                                                                                                                                                                                    |                                                                                                                                                                                                                            | Street Address                                                                        |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                              |                                                   |                    |        |             |
| City, State, Zip Code<br>Phoenix, AZ 85014                                                                                                                                                                                                                                         |                                                                                                                                                                                                                            | City, State, Zip Code<br>Maple Shade, NJ 08052                                        |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                              |                                                   |                    |        |             |
| Project Manager for Monitoring Firm<br>Adam Carity                                                                                                                                                                                                                                 |                                                                                                                                                                                                                            | Telephone No.<br>480-535-7371                                                         |                                                                                                                                                                                                                           | Telephone No.<br>856-755-0099                                                                                                                                                                                                                | License No.<br>00842                              |                    |        |             |
| Start Date (10)<br>08/15/2026                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                            | Scheduled Completion Date (11)<br>08/19/2026                                          |                                                                                                                                                                                                                           | Name of OSHA Monitor<br>EMSL Analytical, Inc.                                                                                                                                                                                                |                                                   |                    |        |             |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: |                                                                                                                                                                                                                            |                                                                                       | Street Address<br>200 Route 130 North                                                                                                                                                                                     |                                                                                                                                                                                                                                              |                                                   |                    |        |             |
|                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                            |                                                                                       | City, State, Zip Code<br>Cinnaminson, NJ 08077                                                                                                                                                                            |                                                                                                                                                                                                                                              |                                                   |                    |        |             |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                                                               |                                                                                                                                                                                                                            |                                                                                       |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                              |                                                   |                    |        |             |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                                  |                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition |                                                                                                                                                                                                                           | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                   |                    |        |             |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)                                                                                                                                                                                          | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                      |                                                                                       | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)                                                                                               | Amount (Specify SF or LF)                                                                                                                                                                                                                    | Abatement Type                                    |                    |        |             |
|                                                                                                                                                                                                                                                                                    | Yes                                                                                                                                                                                                                        | No                                                                                    |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                              | N/A                                               | Removal            | Repair | Encapsulate |
| Basement                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                            | X                                                                                     | Mastic                                                                                                                                                                                                                    | 16 SF                                                                                                                                                                                                                                        | X                                                 |                    |        |             |
|                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                            |                                                                                       |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                              |                                                   |                    |        |             |
|                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                            |                                                                                       |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                              |                                                   |                    |        |             |
| Name of Registered Waste Hauler<br>Freehold Cartage                                                                                                                                                                                                                                |                                                                                                                                                                                                                            | NJDEP Waste Hauler ID No.<br>15939                                                    |                                                                                                                                                                                                                           | Cubic Yards of Waste<br>1                                                                                                                                                                                                                    | Name of Registered Landfill<br>Conestoga Landfill |                    |        |             |
| City, State<br>Freehold, NJ                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                            | Disposal Date<br>08/19/2026                                                           |                                                                                                                                                                                                                           | City, State<br>Morgantown, PA                                                                                                                                                                                                                |                                                   |                    |        |             |
| Completed by<br>Samantha Brown                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                            | Title<br>Operations Coordinator                                                       |                                                                                                                                                                                                                           | Signature                                                                                                                                                                                                                                    |                                                   | Date<br>08/07/2026 |        |             |



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

RECEIVED

11256

08/10/2026

DATE OF NOTIFICATION (1)  
08/10/2026

NAME OF BUILDING OWNER/OPERATOR (2)  
448 Gladstone Avenue  
Haddonfield, NJ 08033

STREET ADDRESS  
448 Gladstone Avenue

CITY, STATE, ZIP CODE  
Haddonfield, NJ 08033

NAME OF CONTACT

TELEPHONE NUMBER

AGENCIES NOTIFIED

☒ EPA  
☒ DEP  
☒ DOL  
☒ DOH  
☐ DCA

TYPE NOTIFICATION

☒ Initial  
☐ Amended  
Amendment # \_\_\_\_\_  
☐ Emergency (including justification)  
☐ Cancellation

**FACILITY INFORMATION**

NAME OF FACILITY WHERE ABATEMENT IS TAKING PLACE (3)  
448 Gladstone Avenue

STREET ADDRESS  
448 Gladstone Avenue

CITY (5)  
Haddonfield

COUNTY (6)  
Camden

COUNTY CODE (7)  
(STATE USE ONLY)

TYPE OF FACILITY (4)

☐ School (K-12)  
☐ Subchapter 8 (Other than K-12)  
☒ Other (i.e. private & commercial buildings, homes, etc.)

SQUARE FEET  
1,591

# OF FLOORS  
2

BLDG. AGE  
72

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

TELEPHONE No.  
609-298-4070

TELEPHONE No.  
856-755-0099

LICENSE No.  
00842

PROJECT MANAGER FOR MONITORING FIRM  
Nora Pearse

START DATE (10)  
08/24/2026

SCHEDULED COMPLETION DATE (11)  
08/28/2026

NAME OF OSHA MONITOR  
EMSL Analytical, Inc.

STREET ADDRESS  
200 Route 130 North

CITY, STATE, ZIP CODE  
Cinnaminson, NJ 08077

OCCUPANCY STATUS DURING ABATEMENT (Check Only One)

☒ 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 |
| Basement                                                                     |                                                                       |    | X   | Floor Tile & Mastic                                                                                                         | 250 SF                    | X              |        |             |           |
|                                                                              |                                                                       |    |     |                                                                                                                             |                           |                |        |             |           |
|                                                                              |                                                                       |    |     |                                                                                                                             |                           |                |        |             |           |
|                                                                              |                                                                       |    |     |                                                                                                                             |                           |                |        |             |           |

NAME OF REGISTERED WASTE HAULER  
Freehold Cartage

NJDEP WASTE HAULER ID No.  
15939

CUBIC YARDS OF WASTE  
2

NAME OF REGISTERED LANDFILL  
Conestoga Landfill

CITY, STATE  
Morgantown, PA

DISPOSAL DATE  
08/28/2026

DATE  
08/10/2026

COMPLETED BY  
Samantha Brown

TITLE  
Operations Coordinator

SIGNATURE

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



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

|                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                              |                                                                                                                                |                                                 |                |                    |        |             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------|--------------------|--------|-------------|
| Date of Notification (1)<br>08/06/2026                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                 | Name of Building Owner/Operator (2)<br>HALEDON BOARD OF EDUCATION                                                                                                                                                                            |                                                                                                                                |                                                 |                |                    |        |             |
| Agencies Notified<br><br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA                                                                    | Type Notification<br><br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                                                                                                                                                                                                                              | Street Address<br>91 HENRY STREET                                                                                              |                                                 |                |                    |        |             |
|                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                              | City, State, Zip Code<br>07825                                                                                                 |                                                 |                |                    |        |             |
|                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                              | Name of Contact<br>MS. LAMEKA AUGUSTIN                                                                                         |                                                 |                |                    |        |             |
|                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                              | Telephone Number<br>908-389-2872                                                                                               |                                                 |                |                    |        |             |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                              |                                                                                                                                |                                                 |                |                    |        |             |
| Name of Facility Where Abatement is Taking Place (3)<br>HALEDON PUBLIC SCHOOL                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                 | Type of Facility (4)<br><input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |                                                                                                                                |                                                 |                |                    |        |             |
| Street Address<br>91 HENRY STREET                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                 | Square Feet                                                                                                                                                                                                                                  | # of Floors                                                                                                                    |                                                 |                |                    |        |             |
| City (5)<br>HALEDON                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                 | Bldg. Age                                                                                                                                                                                                                                    |                                                                                                                                |                                                 |                |                    |        |             |
| County (6)<br>PASSAIC                                                                                                                                                                                                                                                                                    | County Code (7)<br>(STATE USE ONLY) _____                                                                                                                                                                                                                       | Current Use (Prior if being demolished)                                                                                                                                                                                                      |                                                                                                                                |                                                 |                |                    |        |             |
| Name of Monitoring Firm Hired by Building Owner (8)<br>R.K OCCUPATIONAL & ENVIRONMENTAL                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                 | ASCM No.                                                                                                                                                                                                                                     | Name of Abatement Contractor (9)<br>TWO BROTHERS CONTRACTING, INC.                                                             |                                                 |                |                    |        |             |
| Street Address<br>401 ST. JAMES AVENUE                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                 | Street Address<br>11 VREELAND AVENUE                                                                                                                                                                                                         |                                                                                                                                |                                                 |                |                    |        |             |
| City, State, Zip Code<br>PHILLIPSBURG, NJ 08865                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                 | City, State, Zip Code<br>TOTOWA, NJ 07512                                                                                                                                                                                                    |                                                                                                                                |                                                 |                |                    |        |             |
| Project Manager for Monitoring Firm<br>PATRICK D. MCGUINNESS                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                 | Telephone No.<br>908-454-6316                                                                                                                                                                                                                | Telephone No.<br>973-956-8700                                                                                                  |                                                 |                |                    |        |             |
| License No.<br>00494                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                              |                                                                                                                                |                                                 |                |                    |        |             |
| Start Date (10)<br>08/12/2026                                                                                                                                                                                                                                                                            | Scheduled Completion Date (11)<br>08/22/2026                                                                                                                                                                                                                    | Name of OSHA Monitor<br>SAME AS (9) ABOVE                                                                                                                                                                                                    |                                                                                                                                |                                                 |                |                    |        |             |
| Occupancy Status During Abatement (Check Only One)<br><br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <u>unoccupied</u> |                                                                                                                                                                                                                                                                 | Street Address                                                                                                                                                                                                                               |                                                                                                                                |                                                 |                |                    |        |             |
|                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                 | City, State, Zip Code                                                                                                                                                                                                                        |                                                                                                                                |                                                 |                |                    |        |             |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                              |                                                                                                                                |                                                 |                |                    |        |             |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                                                                                                                                                        |                                                                                                                                |                                                 |                |                    |        |             |
|                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                                                                                |                                                 |                |                    |        |             |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)                                                                                                                                                                                                                | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                                                           |                                                                                                                                                                                                                                              | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)                       | Abatement Type |                    |        |             |
|                                                                                                                                                                                                                                                                                                          | Yes                                                                                                                                                                                                                                                             | No                                                                                                                                                                                                                                           |                                                                                                                                |                                                 | N/A            | Removal            | Repair | Encapsulate |
| CAFETERIA/KITCHEN AREA                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                 | X                                                                                                                                                                                                                                            |                                                                                                                                | PIPE INSULATION                                 | 235            | X                  |        |             |
| HALLWAY BY ROOMS 226-232                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                 | X                                                                                                                                                                                                                                            |                                                                                                                                | PIPE INSULATION                                 | 164            | X                  |        |             |
|                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                              |                                                                                                                                |                                                 |                |                    |        |             |
| Name of Registered Waste Hauler<br>TWO BROTHERS CONTRACTING, INC.                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                 | NJDEP Waste Hauler ID No.<br>18743                                                                                                                                                                                                           | Cubic Yards of Waste<br>+/- 40 YD                                                                                              | Name of Registered Landfill<br>WASTE MANAGEMENT |                |                    |        |             |
| City, State<br>TOTOWA, NJ 07512                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                 | Disposal Date<br>08/28/2026                                                                                                                                                                                                                  | City, State<br>MORRISVILLE, PA                                                                                                 |                                                 |                |                    |        |             |
| Completed by<br>ALEXANDRA LLAQUE                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                 | Title<br>PROJECT COORDINATOR                                                                                                                                                                                                                 | Signature<br><i>Alexandra Llaque</i>                                                                                           |                                                 |                | Date<br>08/06/2026 |        |             |



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

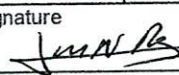
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|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                              |                                                              |                                                                                                                             |                           |                |        |                    |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|--------|--------------------|-----------|
| Date of Notification (1)<br>08/13/2026                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                        | Name of Building Owner/Operator (2)<br>Fanwood Presbyterian Church                                                                                                                                                                           |                                                              |                                                                                                                             |                           |                |        |                    |           |
| Agencies Notified<br><br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                    | Type Notification<br><br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>74 S. Martine Avenue                                                                                                                                                                                                       |                                                              |                                                                                                                             |                           |                |        |                    |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                        | City, State, Zip Code<br>Fanwood, NJ 07023                                                                                                                                                                                                   |                                                              |                                                                                                                             |                           |                |        |                    |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                        | Name of Contact<br>Stacy Smith                                                                                                                                                                                                               | Telephone Number<br>202-487-0818                             |                                                                                                                             |                           |                |        |                    |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                              |                                                              |                                                                                                                             |                           |                |        |                    |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Fanwood Presbyterian Church                                                                                                                                                                                                      |                                                                                                                                                                                                                                        | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |                                                              |                                                                                                                             |                           |                |        |                    |           |
| Street Address<br>74 S. Martine Avenue                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                        | Square Feet<br>10,608                                                                                                                                                                                                                        | # of Floors<br>1                                             |                                                                                                                             |                           |                |        |                    |           |
| City (5)<br>Fanwood                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                        | Bldg. Age<br>72                                                                                                                                                                                                                              |                                                              |                                                                                                                             |                           |                |        |                    |           |
| County (6)<br>Union                                                                                                                                                                                                                                                                      | County Code (7)<br>(STATE USE ONLY) _____                                                                                                                                                                                              | Current Use (Prior if being demolished)<br>Church                                                                                                                                                                                            |                                                              |                                                                                                                             |                           |                |        |                    |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Management & Environmental Consulting Serv                                                                                                                                                                                        |                                                                                                                                                                                                                                        | ASCM No. _____                                                                                                                                                                                                                               | Name of Abatement Contractor (9)<br>Shade Environmental, LLC |                                                                                                                             |                           |                |        |                    |           |
| Street Address<br>PO Box 341                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                        | Street Address<br>623 Cutler Avenue                                                                                                                                                                                                          |                                                              |                                                                                                                             |                           |                |        |                    |           |
| City, State, Zip Code<br>Chesterfield, NJ 08515                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                        | City, State, Zip Code<br>Maple Shade, NJ 08052                                                                                                                                                                                               |                                                              |                                                                                                                             |                           |                |        |                    |           |
| Project Manager for Monitoring Firm<br>Nora Pearse                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                        | Telephone No.<br>609-298-4070                                                                                                                                                                                                                | Telephone No.<br>856-755-0099                                |                                                                                                                             |                           |                |        |                    |           |
| License No.<br>00842                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                        | Name of OSHA Monitor<br>EMSL Analytical, Inc.                                                                                                                                                                                                |                                                              |                                                                                                                             |                           |                |        |                    |           |
| Start Date (10)<br>08/26/2026                                                                                                                                                                                                                                                            | Scheduled Completion Date (11)<br>08/28/2026                                                                                                                                                                                           | Street Address<br>200 Route 130 North                                                                                                                                                                                                        |                                                              |                                                                                                                             |                           |                |        |                    |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other – Describe: _____ |                                                                                                                                                                                                                                        | City, State, Zip Code<br>Cinnaminson, NJ 08077                                                                                                                                                                                               |                                                              |                                                                                                                             |                           |                |        |                    |           |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                              |                                                              |                                                                                                                             |                           |                |        |                    |           |
| <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                                                                                                                                                                                                    |                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><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                                                                                                                                                                                                                                            |                                                              | Ceiling Plaster                                                                                                             | 22 SF                     |                | X      |                    |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                              |                                                              |                                                                                                                             |                           |                |        |                    |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                              |                                                              |                                                                                                                             |                           |                |        |                    |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                              |                                                              |                                                                                                                             |                           |                |        |                    |           |
| Name of Registered Waste Hauler<br>Freehold Cartage                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                        | NJDEP Waste Hauler ID No.<br>15939                                                                                                                                                                                                           | Cubic Yards of Waste<br>1                                    | Name of Registered Landfill<br>Conestoga Landfill                                                                           |                           |                |        |                    |           |
| City, State<br>Freehold, NJ                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                        | Disposal Date<br>08/28/2026                                                                                                                                                                                                                  |                                                              | City, State<br>Morgantown, PA                                                                                               |                           |                |        |                    |           |
| Completed by<br>Shannon Thomson                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                        | Title<br>Operations Manager                                                                                                                                                                                                                  |                                                              | Signature<br><i>Shannon Thomson</i>                                                                                         |                           |                |        | Date<br>08/13/2026 |           |



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

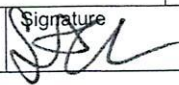
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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------|--------|-------------|-----------|
| Date of Notification (1)<br>08/12/2026                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       | Name of Building Owner/Operator (2)                                                                                                                                                                                                                   |     |                                                                                                                                                                                                                           |                                                  |                    |        |             |           |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                                                                                                                                                                                                        |                                                                       | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |     | Street Address<br>120 Phillips Ave<br>City, State, Zip Code<br>Deal NJ 07723<br>Name of Contact<br>Telephone Number                                                                                                       |                                                  |                    |        |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       |                                                                                                                                                                                                                                                       |     |                                                                                                                                                                                                                           |                                                  |                    |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Residential Home                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                       |                                                                                                                                                                                                                                                       |     | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                                                  |                    |        |             |           |
| Street Address<br>120 Phillips Ave                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       |                                                                                                                                                                                                                                                       |     | Square Feet<br># of Floors<br>Bldg. Age                                                                                                                                                                                   |                                                  |                    |        |             |           |
| City (5)<br>Deal                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |                                                                                                                                                                                                                                                       |     | 2<br>+50                                                                                                                                                                                                                  |                                                  |                    |        |             |           |
| County (6)<br>Monmouth                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       | County Code (7)<br>(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)<br>United Demo LLC                                                                                                                                                                       |                                                  |                    |        |             |           |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       |                                                                                                                                                                                                                                                       |     | Street Address<br>143 Acme St                                                                                                                                                                                             |                                                  |                    |        |             |           |
| City, State, Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       |                                                                                                                                                                                                                                                       |     | City, State, Zip Code<br>Elizabeth NJ 07202                                                                                                                                                                               |                                                  |                    |        |             |           |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       | Telephone No.                                                                                                                                                                                                                                         |     | Telephone No.<br>862-218-3930<br>License No.<br>02045                                                                                                                                                                     |                                                  |                    |        |             |           |
| Start Date (10)<br>08/22/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       | Scheduled Completion Date (11)<br>08/24/2026                                                                                                                                                                                                          |     | Name of OSHA Monitor<br>United Demo LLC                                                                                                                                                                                   |                                                  |                    |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____                                                                                                                                                                                           |                                                                       |                                                                                                                                                                                                                                                       |     | Street Address<br>143 Acme Sr<br>City, State, Zip Code<br>Elizabeth NJ 07202                                                                                                                                              |                                                  |                    |        |             |           |
| Scope of Work (Check All That Apply)<br><input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                       |                                                                                                                                                                                                                                                       |     |                                                                                                                                                                                                                           |                                                  |                    |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility<br>(13)                                                                                                                                                                                                                                                                                                                                                                                       | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |                                                                                                                                                                                                                                                       |     | Description of Asbestos Containing Material (ACM)<br>(i.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 Rooms                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                                                                                                                                                                                                                                       | X   | VAT                                                                                                                                                                                                                       | 360SF                                            | X                  |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                                                                                                                                                                                                                                       |     |                                                                                                                                                                                                                           |                                                  |                    |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                                                                                                                                                                                                                                       |     |                                                                                                                                                                                                                           |                                                  |                    |        |             |           |
| Name of Registered Waste Hauler<br>United Demo LLC                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       | NJDEP Waste Hauler ID No.<br>0040986                                                                                                                                                                                                                  |     | Cubic Yards of Waste<br>As Needed                                                                                                                                                                                         | Name of Registered Landfill<br>Fairless Landfill |                    |        |             |           |
| City, State<br>Elizabeth NJ                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       |                                                                                                                                                                                                                                                       |     | Disposal Date<br>TBD                                                                                                                                                                                                      | City, State<br>Morrisville PA                    |                    |        |             |           |
| Completed by<br>Jose N Rosas                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       | Title<br>Project Manager                                                                                                                                                                                                                              |     | Signature<br>                                                                                                                         |                                                  | Date<br>08/12/2026 |        |             |           |



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

JUL 13 2026

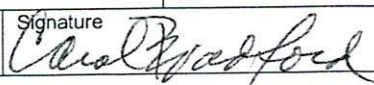
| Date of Notification (1)<br>07/07/2026                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                           | Name of Building Owner/Operator (2)<br>Bridgewater-Raritan Regional School District                                                                                                                                       |                                                              |                                                                                                                             |                           |                |                    |             |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|--------------------|-------------|-----------|
| Agencies Notified<br><br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                                                                                                                                                           | Type Notification<br><br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <u>2</u><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>836 Newmans Lane                                                                                                                                                                                        |                                                              |                                                                                                                             |                           |                |                    |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                           | City, State, Zip Code<br>Bridgewater, NJ 08807                                                                                                                                                                            |                                                              |                                                                                                                             |                           |                |                    |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                           | Name of Contact<br>Stephen Santurro                                                                                                                                                                                       | Telephone Number<br>908-722-1822                             |                                                                                                                             |                           |                |                    |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                           |                                                              |                                                                                                                             |                           |                |                    |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Eisenhower Intermediate School                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                           | Type of Facility (4)<br><input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                                                              |                                                                                                                             |                           |                |                    |             |           |
| Street Address<br>791 Eisenhower Avenue                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                           | Square Feet<br>100,000                                                                                                                                                                                                    | # of Floors<br>2                                             |                                                                                                                             |                           |                |                    |             |           |
| City (5)<br>Bridgewater                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                           | Bldg. Age<br>80+                                                                                                                                                                                                          |                                                              |                                                                                                                             |                           |                |                    |             |           |
| County (6)<br>Somerset                                                                                                                                                                                                                                                                                                                                                                                                                                          | County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                                                       | Current Use (Prior if being demolished)<br>School                                                                                                                                                                         |                                                              |                                                                                                                             |                           |                |                    |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Briggs Associates                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                           | ASCM No.                                                                                                                                                                                                                  | Name of Abatement Contractor (9)<br>Shade Environmental, LLC |                                                                                                                             |                           |                |                    |             |           |
| Street Address<br>3 Crosswicks Street                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                           | Street Address<br>623 Cutler Avenue                                                                                                                                                                                       |                                                              |                                                                                                                             |                           |                |                    |             |           |
| City, State, Zip Code<br>Bordentown, NJ 08505                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                           | City, State, Zip Code<br>Maple Shade, NJ 08052                                                                                                                                                                            |                                                              |                                                                                                                             |                           |                |                    |             |           |
| Project Manager for Monitoring Firm<br>Michael Hoodak                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                           | Telephone No.<br>609-298-5520                                                                                                                                                                                             | License No.<br>00842                                         |                                                                                                                             |                           |                |                    |             |           |
| Start Date (10)<br>07/06/2026                                                                                                                                                                                                                                                                                                                                                                                                                                   | Scheduled Completion Date (11)<br>07/17/2026                                                                                                                                                                                              | Name of OSHA Monitor<br>EMSL Analytical, Inc.                                                                                                                                                                             |                                                              |                                                                                                                             |                           |                |                    |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <u>Work areas to be isolated from occupied areas</u>                                                                                                                         |                                                                                                                                                                                                                                           | Street Address<br>200 Route 130 North                                                                                                                                                                                     |                                                              |                                                                                                                             |                           |                |                    |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                           | City, State, Zip Code<br>Cinnaminson, NJ 08077                                                                                                                                                                            |                                                              |                                                                                                                             |                           |                |                    |             |           |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                           |                                                              |                                                                                                                             |                           |                |                    |             |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                           |                                                              |                                                                                                                             |                           |                |                    |             |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)                                                                                                                                                                                                                                                                                                                                                                                    | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                                     |                                                                                                                                                                                                                           |                                                              | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |                    |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Yes                                                                                                                                                                                                                                       | No                                                                                                                                                                                                                        | N/A                                                          |                                                                                                                             |                           | Removal        | Repair             | Encapsulate | Enclosure |
| Room 308                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                           | X                                                                                                                                                                                                                         |                                                              | Chalkboard Mastic                                                                                                           | 32 SF                     | X              |                    |             |           |
| Room 309                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                           | X                                                                                                                                                                                                                         |                                                              | Chalkboard Mastic                                                                                                           | 32 SF                     | X              |                    |             |           |
| Room 401                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                           | X                                                                                                                                                                                                                         |                                                              | Chalkboard Mastic                                                                                                           | 32 SF                     | X              |                    |             |           |
| Room 402                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                           | X                                                                                                                                                                                                                         |                                                              | Chalkboard Mastic                                                                                                           | 32 SF                     | X              |                    |             |           |
| Name of Registered Waste Hauler<br>Freehold Cartage                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                           | NJDEP Waste Hauler ID No.<br>15939                                                                                                                                                                                        | Cubic Yards of Waste<br>4                                    | Name of Registered Landfill<br>Conestoga Landfill                                                                           |                           |                |                    |             |           |
| City, State<br>Freehold, NJ                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                           | Disposal Date<br>07/17/2026                                                                                                                                                                                               |                                                              | City, State<br>Morgantown, PA                                                                                               |                           |                |                    |             |           |
| Completed by<br>Samantha Brown                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                           | Title<br>Operations Coordinator                                                                                                                                                                                           |                                                              | Signature<br>                           |                           |                | Date<br>07/07/2026 |             |           |



| Location of Asbestos-Containing Material (ACM) <u>TO</u><br><u>BE ABATED</u> In Facility | Is Location Normally<br>Used Solely by<br>Maintenance/Custodial |    |     | Description of Asbestos Containing Material (ACM) | Amount (Specify<br>SF or LF) | Removal | Repair |
|------------------------------------------------------------------------------------------|-----------------------------------------------------------------|----|-----|---------------------------------------------------|------------------------------|---------|--------|
|                                                                                          | Yes                                                             | No | N/A |                                                   |                              |         |        |
| Room 401 Storage                                                                         |                                                                 | X  |     | Floor Tile & Mastic                               | 224 SF                       | X       |        |
| Room 402 Storage                                                                         |                                                                 | X  |     | Floor Tile & Mastic                               | 224 SF                       | X       |        |
| Room 308 Storage                                                                         |                                                                 | X  |     | Pipe Fitting/Insulation (Wrap & Cut)              | 10 LF                        | X       |        |
| Room 308 Storage                                                                         |                                                                 | X  |     | Pipe Fitting Insulation (Glovebag)                | 4 LF                         | X       |        |
| Room 401 Storage                                                                         |                                                                 | X  |     | Pipe Fitting/Insulation (Wrap & Cut)              | 10 LF                        | X       |        |
| Room 401 Storage                                                                         |                                                                 | X  |     | Pipe Fitting Insulation (Glovebag)                | 4 LF                         | X       |        |



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

| Date of Notification (1)<br>June 29, 2026                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                            | Name of Building Owner/Operator (2)<br>Caldwell-West Caldwell Board of Education JUL 7 2026                                                                                                                               |                                                                                                                                    |                                                                                                                                |                                                  |                |                    |             |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------|--------------------|-------------|-----------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA                                                                                                                                                                                                                                                  | Type Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended Amendment #2<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                                                                                                                                                                                                           | Street Address<br>104 Gray Street<br><br>City, State, Zip Code<br>West Caldwell, NJ 07006<br><br>Name of Contact<br>David Trinidad |                                                                                                                                |                                                  |                |                    |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                            |                                                                                                                                                                                                                           | Telephone Number<br>973-417-7946                                                                                                   |                                                                                                                                |                                                  |                |                    |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>FACILITY INFORMATION</b>                                                                                                                                                                                                |                                                                                                                                                                                                                           |                                                                                                                                    |                                                                                                                                |                                                  |                |                    |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>James Caldwell High School                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                            | Type of Facility (4)<br><input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                                                                                                                                    |                                                                                                                                |                                                  |                |                    |             |           |
| Street Address<br>265 Westville Avenue                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                            | Square Feet<br># of Floors<br>Bldg. Age                                                                                                                                                                                   |                                                                                                                                    |                                                                                                                                |                                                  |                |                    |             |           |
| City (5)<br>West Caldwell                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                            | Current Use (Prior if being demolished)                                                                                                                                                                                   |                                                                                                                                    |                                                                                                                                |                                                  |                |                    |             |           |
| County (6)<br>Essex                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                            | County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                                       |                                                                                                                                    |                                                                                                                                |                                                  |                |                    |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Karl Environmental Group                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                            | ASCM No.<br>Name of Abatement Contractor (9)<br>Osiyo Inc                                                                                                                                                                 |                                                                                                                                    |                                                                                                                                |                                                  |                |                    |             |           |
| Street Address<br>20 Lauck Road                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                            | Street Address<br>292 Main Street, #261                                                                                                                                                                                   |                                                                                                                                    |                                                                                                                                |                                                  |                |                    |             |           |
| City, State, Zip Code<br>Mohnton, PA 19540                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                            | City, State, Zip Code<br>Harleysville, PA 19438                                                                                                                                                                           |                                                                                                                                    |                                                                                                                                |                                                  |                |                    |             |           |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                            | Telephone No.<br>610-856-7700                                                                                                                                                                                             |                                                                                                                                    |                                                                                                                                |                                                  |                |                    |             |           |
| Start Date (10)<br>07/09/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                            | Scheduled Completion Date (11)<br>07/09/2026                                                                                                                                                                              |                                                                                                                                    |                                                                                                                                |                                                  |                |                    |             |           |
| Name of OSHA Monitor<br>Schneider Laboratories Global Inc.                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                            | License No.<br>01373                                                                                                                                                                                                      |                                                                                                                                    |                                                                                                                                |                                                  |                |                    |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other – Describe: Area of removal vacated during entire period of abatement                                                                                                                                       |                                                                                                                                                                                                                            | Street Address<br>2512 West Cary Street<br><br>City, State, Zip Code<br>Richmond, VA 23220                                                                                                                                |                                                                                                                                    |                                                                                                                                |                                                  |                |                    |             |           |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                                                                                                                                                                            |                                                                                                                                                                                                                           |                                                                                                                                    |                                                                                                                                |                                                  |                |                    |             |           |
| Location of Asbestos-Containing Material (ACM)<br>TO BE ABATED<br>In Facility (13)                                                                                                                                                                                                                                                                                                                                                                                                 | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                      |                                                                                                                                                                                                                           |                                                                                                                                    | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)                        | Abatement Type |                    |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Yes                                                                                                                                                                                                                        | No                                                                                                                                                                                                                        | N/A                                                                                                                                |                                                                                                                                |                                                  | Removal        | Repair             | Encapsulate | Enclosure |
| Wood Shop                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                            | X                                                                                                                                                                                                                         |                                                                                                                                    | Duct Insulation                                                                                                                | 40LF                                             | X              |                    |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                            |                                                                                                                                                                                                                           |                                                                                                                                    |                                                                                                                                |                                                  |                |                    |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                            |                                                                                                                                                                                                                           |                                                                                                                                    |                                                                                                                                |                                                  |                |                    |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                            |                                                                                                                                                                                                                           |                                                                                                                                    |                                                                                                                                |                                                  |                |                    |             |           |
| Name of Registered Waste Hauler<br>Century Waste Services LLC                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                            | NJDEP Waste Hauler ID No.<br>32797                                                                                                                                                                                        |                                                                                                                                    | Cubic Yards of Waste                                                                                                           | Name of Registered Landfill<br>Fairless Landfill |                |                    |             |           |
| City, State<br>Elizabeth, NJ                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                            | Disposal Date                                                                                                                                                                                                             |                                                                                                                                    | City, State<br>Morrisville, PA                                                                                                 |                                                  |                |                    |             |           |
| Completed by<br>Carol Bradford                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                            | Title<br>President                                                                                                                                                                                                        |                                                                                                                                    | Signature<br>                              |                                                  |                | Date<br>06/29/2026 |             |           |



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

RECEIVED

JUL 13 2026

|                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                              |                                                  |                                                                                                                             |                           |                      |        |             |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------|--------|-------------|-----------|
| Date of Notification (1)<br>July 8, 2026                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                        | Name of Building Owner/Operator (2)<br>Caldwell-West Caldwell Board of Education                                                                                                                                                             |                                                  |                                                                                                                             |                           |                      |        |             |           |
| Agencies Notified<br><br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA                                                                                                               | Type Notification<br><br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input checked="" type="checkbox"/> Cancellation |                                                                                                                                                                                                                                              | Street Address<br>104 Gray Street                |                                                                                                                             |                           |                      |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                              | City, State, Zip Code<br>West Caldwell, NJ 07006 |                                                                                                                             |                           |                      |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                              | Name of Contact<br>David Trinidad                | Telephone Number<br>973-417-7946                                                                                            |                           |                      |        |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                              |                                                  |                                                                                                                             |                           |                      |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>James Caldwell High School                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                        | Type of Facility (4)<br><input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |                                                  |                                                                                                                             |                           |                      |        |             |           |
| Street Address<br>265 Westville Avenue                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                        | Square Feet      # of Floors      Bldg. Age                                                                                                                                                                                                  |                                                  |                                                                                                                             |                           |                      |        |             |           |
| City (5)<br>West Caldwell                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                        | Current Use (Prior if being demolished)                                                                                                                                                                                                      |                                                  |                                                                                                                             |                           |                      |        |             |           |
| County (6)<br>Essex                                                                                                                                                                                                                                                                                                                                 | County Code (7)<br>(STATE USE ONLY) _____                                                                                                                                                                                              |                                                                                                                                                                                                                                              |                                                  |                                                                                                                             |                           |                      |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Karl Environmental Group                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                        | ASCM No.                                                                                                                                                                                                                                     | Name of Abatement Contractor (9)<br>Osiyo Inc    |                                                                                                                             |                           |                      |        |             |           |
| Street Address<br>20 Lauck Road                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                        | Street Address<br>292 Main Street, #261                                                                                                                                                                                                      |                                                  |                                                                                                                             |                           |                      |        |             |           |
| City, State, Zip Code<br>Mohnton, PA 19540                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                        | City, State, Zip Code<br>Harleysville, PA 19438                                                                                                                                                                                              |                                                  |                                                                                                                             |                           |                      |        |             |           |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                        | Telephone No.<br>610-856-7700                                                                                                                                                                                                                | License No.<br>01373                             |                                                                                                                             |                           |                      |        |             |           |
| Start Date (10)<br>07/09/2026 CANCEL                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                        | Name of OSHA Monitor<br>Schneider Laboratories Global Inc.                                                                                                                                                                                   |                                                  |                                                                                                                             |                           |                      |        |             |           |
| Scheduled Completion Date (11)<br>07/09/2026 CANCEL                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                              |                                                  |                                                                                                                             |                           |                      |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other – Describe: <u>Area of removal vacated during entire period of abatement</u> |                                                                                                                                                                                                                                        | Street Address<br>2512 West Cary Street                                                                                                                                                                                                      |                                                  |                                                                                                                             |                           |                      |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                        | City, State, Zip Code<br>Richmond, VA 23220                                                                                                                                                                                                  |                                                  |                                                                                                                             |                           |                      |        |             |           |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                              |                                                  |                                                                                                                             |                           |                      |        |             |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                                                                                                                                                        |                                                  |                                                                                                                             |                           |                      |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                  |                                                                                                                             |                           |                      |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)                                                                                                                                                                                                                                                           | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                                  |                                                                                                                                                                                                                                              |                                                  | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type       |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                     | Yes                                                                                                                                                                                                                                    | No                                                                                                                                                                                                                                           | N/A                                              |                                                                                                                             |                           | Removal              | Repair | Encapsulate | Enclosure |
| Wood Shop                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                        | X                                                                                                                                                                                                                                            |                                                  | Duct Insulation                                                                                                             | 40LF                      | X                    |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                              |                                                  |                                                                                                                             |                           |                      |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                              |                                                  |                                                                                                                             |                           |                      |        |             |           |
| Name of Registered Waste Hauler<br>Century Waste Services LLC                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                        | NJDEP Waste Hauler ID No.<br>32797                                                                                                                                                                                                           | Cubic Yards of Waste                             | Name of Registered Landfill<br>Fairless Landfill                                                                            |                           |                      |        |             |           |
| City, State<br>Elizabeth, NJ                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                        | Disposal Date                                                                                                                                                                                                                                |                                                  | City, State<br>Morrisville, PA                                                                                              |                           |                      |        |             |           |
| Completed by<br>Carol Bradford                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                        | Title<br>President                                                                                                                                                                                                                           | Signature<br><i>Carol Bradford</i>               |                                                                                                                             |                           | Date<br>July 8, 2026 |        |             |           |



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

RECEIVED

|                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                |                                                                                                                                                                                                                                              |                                               |                                                                                                                             |                           |                       |        |             |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------|--------|-------------|-----------|
| Date of Notification (1)<br>July 15, 2026                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                | Name of Building Owner/Operator (2)<br>Caldwell-West Caldwell Board of Education                                                                                                                                                             |                                               |                                                                                                                             |                           |                       |        |             |           |
| Agencies Notified                                                                                                                                                                                                                                                                                                                                   | Type Notification                                                                                                                                                                                              | Street Address<br>104 Gray Street                                                                                                                                                                                                            |                                               |                                                                                                                             |                           |                       |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA                                                                                                                                        | <input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment #1 _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>West Caldwell, NJ 07006                                                                                                                                                                                             |                                               |                                                                                                                             |                           |                       |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                | Name of Contact<br>David Trinidad                                                                                                                                                                                                            | Telephone Number<br>973-417-7946              |                                                                                                                             |                           |                       |        |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                |                                                                                                                                                                                                                                              |                                               |                                                                                                                             |                           |                       |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>James Caldwell High School                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                | Type of Facility (4)<br><input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |                                               |                                                                                                                             |                           |                       |        |             |           |
| Street Address<br>265 Westville Avenue                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                | Square Feet                                                                                                                                                                                                                                  | # of Floors                                   |                                                                                                                             |                           |                       |        |             |           |
| City (5)<br>West Caldwell                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                | Bldg. Age                                                                                                                                                                                                                                    |                                               |                                                                                                                             |                           |                       |        |             |           |
| County (6)<br>Essex                                                                                                                                                                                                                                                                                                                                 | County Code (7)<br>(STATE USE ONLY) _____                                                                                                                                                                      | Current Use (Prior if being demolished)                                                                                                                                                                                                      |                                               |                                                                                                                             |                           |                       |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Westchester Environmental LLC                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                | ASCM No.                                                                                                                                                                                                                                     | Name of Abatement Contractor (9)<br>Osiyo Inc |                                                                                                                             |                           |                       |        |             |           |
| Street Address<br>1248 Wrights Lane                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                | Street Address<br>292 Main Street, #261                                                                                                                                                                                                      |                                               |                                                                                                                             |                           |                       |        |             |           |
| City, State, Zip Code<br>West Chester, PA 19380                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                | City, State, Zip Code<br>Harleysville, PA 19438                                                                                                                                                                                              |                                               |                                                                                                                             |                           |                       |        |             |           |
| Project Manager for Monitoring Firm<br>Philip Conteh                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                | Telephone No.<br>610-431-7545                                                                                                                                                                                                                | License No.<br>01373                          |                                                                                                                             |                           |                       |        |             |           |
| Start Date (10)<br>07/23/2026                                                                                                                                                                                                                                                                                                                       | Scheduled Completion Date (11)<br>07/27/2026                                                                                                                                                                   | Name of OSHA Monitor<br>Schneider Laboratories Global Inc.                                                                                                                                                                                   |                                               |                                                                                                                             |                           |                       |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other – Describe: <u>Area of removal vacated during entire period of abatement</u> |                                                                                                                                                                                                                | Street Address<br>2512 West Cary Street                                                                                                                                                                                                      |                                               |                                                                                                                             |                           |                       |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                | City, State, Zip Code<br>Richmond, VA 23220                                                                                                                                                                                                  |                                               |                                                                                                                             |                           |                       |        |             |           |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                |                                                                                                                                                                                                                                              |                                               |                                                                                                                             |                           |                       |        |             |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                                                                                                                                                        |                                               |                                                                                                                             |                           |                       |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                               |                                                                                                                             |                           |                       |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)                                                                                                                                                                                                                                                           | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                          |                                                                                                                                                                                                                                              |                                               | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type        |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                     | Yes                                                                                                                                                                                                            | No                                                                                                                                                                                                                                           | N/A                                           |                                                                                                                             |                           | Removal               | Repair | Encapsulate | Enclosure |
| Wood Shop                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                | X                                                                                                                                                                                                                                            |                                               | Duct Insulation                                                                                                             | 200SF                     | X                     |        |             |           |
| Wood Shop                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                | X                                                                                                                                                                                                                                            |                                               | Pipe Insulation                                                                                                             | 50LF                      | X                     |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                |                                                                                                                                                                                                                                              |                                               |                                                                                                                             |                           |                       |        |             |           |
| Name of Registered Waste Hauler<br>Century Waste Services LLC                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                | NJDEP Waste Hauler ID No.<br>32797                                                                                                                                                                                                           | Cubic Yards of Waste                          | Name of Registered Landfill<br>Fairless Landfill                                                                            |                           |                       |        |             |           |
| City, State<br>Elizabeth, NJ                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                |                                                                                                                                                                                                                                              | Disposal Date                                 | City, State<br>Morrisville, PA                                                                                              |                           |                       |        |             |           |
| Completed by<br>Carol Bradford                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                | Title<br>President                                                                                                                                                                                                                           | Signature<br><i>Carol Bradford</i>            |                                                                                                                             |                           | Date<br>July 15, 2026 |        |             |           |



4166

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

RECEIVED

|                                                                                                                                                                                                                                                                                          |                                                                       |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                            |                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| Date of Notification (1)<br>07/30/2026                                                                                                                                                                                                                                                   |                                                                       | Name of Building Owner/Operator (2)<br>Montclair State University                                                                                                                                                                                           |                                                                                                                                                                                                                           | Check No. 4166 2026                                                                                                                                                                                                                                                        |                                      |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                            |                                                                       | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                                                                                                                                                                                                           | Street Address<br>1 Normal Ave<br><br>City, State, Zip Code<br>Montclair, New Jersey 07043<br><br>Name of Contact _____ Telephone Number _____                                                                                                                             |                                      |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                              |                                                                       |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                            |                                      |
| Name of Facility Where Abatement is Taking Place (3)<br>MSU- Legge House                                                                                                                                                                                                                 |                                                                       |                                                                                                                                                                                                                                                             | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                                                                                                                                                                                                                                                                            |                                      |
| Street Address<br>10 Normal Ave                                                                                                                                                                                                                                                          |                                                                       |                                                                                                                                                                                                                                                             | Square Feet<br>3000                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                            | # of Floors<br>2                     |
| City (5)<br>Montclair, New Jersey                                                                                                                                                                                                                                                        |                                                                       |                                                                                                                                                                                                                                                             | Bldg. Age<br>86                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                            |                                      |
| County (6)<br>Essex                                                                                                                                                                                                                                                                      |                                                                       | County Code (7)<br>(STATE USE ONLY) .                                                                                                                                                                                                                       |                                                                                                                                                                                                                           | Current Use (Prior if being demolished)<br>Office                                                                                                                                                                                                                          |                                      |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Environmental Design Inc.                                                                                                                                                                                                         |                                                                       | ASCM No.<br>00003                                                                                                                                                                                                                                           |                                                                                                                                                                                                                           | Name of Abatement Contractor (9)<br>Lilich Corporation                                                                                                                                                                                                                     |                                      |
| Street Address<br>5434 King Avenue Suite 101                                                                                                                                                                                                                                             |                                                                       |                                                                                                                                                                                                                                                             | Street Address<br>246 Union Boulevard                                                                                                                                                                                     |                                                                                                                                                                                                                                                                            |                                      |
| City, State, Zip Code<br>Pennsauken, New Jersey 08109                                                                                                                                                                                                                                    |                                                                       |                                                                                                                                                                                                                                                             | City, State, Zip Code<br>Totowa, New Jersey 07512                                                                                                                                                                         |                                                                                                                                                                                                                                                                            |                                      |
| Project Manager for Monitoring Firm<br>TIM GROMEN                                                                                                                                                                                                                                        |                                                                       | Telephone No.<br>(856)-616-9517                                                                                                                                                                                                                             |                                                                                                                                                                                                                           | Telephone No.<br>973-225-8400                                                                                                                                                                                                                                              |                                      |
| License No.<br>01104                                                                                                                                                                                                                                                                     |                                                                       | Name of OSHA Monitor<br>Iris Environmental Laboratories, LLC                                                                                                                                                                                                |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                            |                                      |
| Start Date (10)<br>08/17/2026                                                                                                                                                                                                                                                            |                                                                       | Scheduled Completion Date (11)<br>09/17/2026                                                                                                                                                                                                                |                                                                                                                                                                                                                           | Name of OSHA Monitor<br>Iris Environmental Laboratories, LLC                                                                                                                                                                                                               |                                      |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |                                                                       |                                                                                                                                                                                                                                                             | Street Address<br>2333 Route 22 West                                                                                                                                                                                      |                                                                                                                                                                                                                                                                            |                                      |
|                                                                                                                                                                                                                                                                                          |                                                                       |                                                                                                                                                                                                                                                             | City, State, Zip Code<br>Union, NJ 07083                                                                                                                                                                                  |                                                                                                                                                                                                                                                                            |                                      |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                                                                     |                                                                       |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                            |                                      |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                                        |                                                                       | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                                                                                                                                                                       |                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                      |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)                                                                                                                                                                                                | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                           | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)                                                                                                                                                | Amount (Specify SF or LF)<br>6000 SF |
|                                                                                                                                                                                                                                                                                          | Yes                                                                   | No                                                                                                                                                                                                                                                          | N/A                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                            |                                      |
| Throughout Building                                                                                                                                                                                                                                                                      |                                                                       | X                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                           | Plaster                                                                                                                                                                                                                                                                    | X                                    |
|                                                                                                                                                                                                                                                                                          |                                                                       |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                            |                                      |
|                                                                                                                                                                                                                                                                                          |                                                                       |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                            |                                      |
|                                                                                                                                                                                                                                                                                          |                                                                       |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                            |                                      |
|                                                                                                                                                                                                                                                                                          |                                                                       |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                            |                                      |
|                                                                                                                                                                                                                                                                                          |                                                                       |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                            |                                      |
| Name of Registered Waste Hauler<br>Century Waste Service                                                                                                                                                                                                                                 |                                                                       | NJDEP Waste Hauler ID No.<br>32797                                                                                                                                                                                                                          |                                                                                                                                                                                                                           | Cubic Yards of Waste<br>80                                                                                                                                                                                                                                                 |                                      |
| City, State<br>Elizabeth, NJ                                                                                                                                                                                                                                                             |                                                                       | Disposal Date<br>September/2026                                                                                                                                                                                                                             |                                                                                                                                                                                                                           | Name of Registered Landfill<br>Waste Mgmt.- Fairless Hills                                                                                                                                                                                                                 |                                      |
| Completed by<br>Adriana Olejarova                                                                                                                                                                                                                                                        |                                                                       | Title<br>President                                                                                                                                                                                                                                          |                                                                                                                                                                                                                           | Signature<br><i>Adriana Olejarova</i>                                                                                                                                                                                                                                      |                                      |
|                                                                                                                                                                                                                                                                                          |                                                                       |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                           | Date<br>07/30/2026                                                                                                                                                                                                                                                         |                                      |

ASB-41 (R-06-08)

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



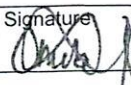
11260

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

RECEIVED

Print Form

JUN 13 2026

| Date of Notification (1)<br>08/05/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                        | Name of Building Owner/Operator (2)<br>Rutgers, The State University of NJ                                                                                                                                                |                                                              |                                                                                                                             |                           |                |        |                    |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|--------|--------------------|-----------|
| Agencies Notified<br><br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                                                                                                                                                                                         | Type Notification<br><br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                                                                                                                                                                                                           | Street Address<br>REHS 74 Street 1603                        |                                                                                                                             |                           |                |        |                    |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                           | City, State, Zip Code<br>Piscataway, NJ 08854                |                                                                                                                             |                           |                |        |                    |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                        | Name of Contact<br>Michael F. Smith                                                                                                                                                                                       | Telephone Number<br>848-445-2550                             |                                                                                                                             |                           |                |        |                    |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                           |                                                              |                                                                                                                             |                           |                |        |                    |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Armitage Hall, Building #7036                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                        | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                                                              |                                                                                                                             |                           |                |        |                    |           |
| Street Address<br>Camden Campus, 311 N. 5th Street                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                        | Square Feet<br>N/A                                                                                                                                                                                                        | # of Floors<br>4                                             |                                                                                                                             |                           |                |        |                    |           |
| City (5)<br>Camden                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                        | Bldg. Age<br>60+ years                                                                                                                                                                                                    |                                                              |                                                                                                                             |                           |                |        |                    |           |
| County (6)<br>Camden                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | County Code (7)<br>(STATE USE ONLY) _____                                                                                                                                                                                              | Current Use (Prior if being demolished)<br>Academic                                                                                                                                                                       |                                                              |                                                                                                                             |                           |                |        |                    |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Atlas Technical Services                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                        | ASCM No.<br>00098                                                                                                                                                                                                         | Name of Abatement Contractor (9)<br>Shade Environmental, LLC |                                                                                                                             |                           |                |        |                    |           |
| Street Address<br>3 Terri Lane, Suite 4                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                        | Street Address<br>623 Cutler Avenue                                                                                                                                                                                       |                                                              |                                                                                                                             |                           |                |        |                    |           |
| City, State, Zip Code<br>Burlington, NJ 08016                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                        | City, State, Zip Code<br>Maple Shade, NJ 08052                                                                                                                                                                            |                                                              |                                                                                                                             |                           |                |        |                    |           |
| Project Manager for Monitoring Firm<br>John Lutz                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                        | Telephone No.<br>609-386-8800                                                                                                                                                                                             | Telephone No.<br>856-755-0099                                |                                                                                                                             |                           |                |        |                    |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                           | License No.<br>00842                                         |                                                                                                                             |                           |                |        |                    |           |
| Start Date (10)<br>08/14/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Scheduled Completion Date (11)<br>08/17/2026                                                                                                                                                                                           |                                                                                                                                                                                                                           | Name of OSHA Monitor<br>EMSL Analytical, Inc.                |                                                                                                                             |                           |                |        |                    |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <b>4pm-5am</b><br><input type="checkbox"/> Other - Describe: _____                                                                                                                                                                                       |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                           | Street Address<br>200 Route 130 North                        |                                                                                                                             |                           |                |        |                    |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                           | City, State, Zip Code<br>Cinnaminson, NJ 08077               |                                                                                                                             |                           |                |        |                    |           |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                           |                                                              |                                                                                                                             |                           |                |        |                    |           |
| Location of Asbestos-Containing Material (ACM) In Facility (13)<br><u>TO BE ABATED</u>                                                                                                                                                                                                                                                                                                                                                                                                        | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                                  |                                                                                                                                                                                                                           |                                                              | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |                    |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Yes                                                                                                                                                                                                                                    | No                                                                                                                                                                                                                        | N/A                                                          |                                                                                                                             |                           | Removal        | Repair | Encapsulate        | Enclosure |
| B035                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                        | X                                                                                                                                                                                                                         |                                                              | Floor Tile                                                                                                                  | 225 SF                    | X              |        |                    |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                           |                                                              |                                                                                                                             |                           |                |        |                    |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                           |                                                              |                                                                                                                             |                           |                |        |                    |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                           |                                                              |                                                                                                                             |                           |                |        |                    |           |
| Name of Registered Waste Hauler<br>Freehold Cartage                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                        | NJDEP Waste Hauler ID No.<br>15939                                                                                                                                                                                        | Cubic Yards of Waste<br>2                                    | Name of Registered Landfill<br>Conestoga Landfill                                                                           |                           |                |        |                    |           |
| City, State<br>Freehold, NJ                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                        | Disposal Date<br>08/17/2026                                                                                                                                                                                               |                                                              | City, State<br>Morgantown, PA                                                                                               |                           |                |        |                    |           |
| Completed by<br>Christina Fay                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                        | Title<br>VP of Operations                                                                                                                                                                                                 |                                                              | Signature<br>                           |                           |                |        | Date<br>08/05/2026 |           |



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

RECEIVED

| Date of Notification (1)<br>08/05/2026                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                           | Name of Building Owner/Operator (2)<br>Newark Board of Education                                                                                                                                  |                                                              |                                                                                                                             |                           |                |                    |             |           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|--------------------|-------------|-----------|
| Agencies Notified                                                                                                                                                                                                                                                                                                                                                                                                                                     | Type Notification                                                                                                                                                                                         | Street Address<br>190 Muhammad Ali Avenue                                                                                                                                                         |                                                              |                                                                                                                             |                           |                |                    |             |           |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA                                                                                                                                                                                                                               | <input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # 1<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Newark, NJ 07108                                                                                                                                                         |                                                              |                                                                                                                             |                           |                |                    |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                           | Name of Contact<br>Benjamin Olagadeyo                                                                                                                                                             | Telephone Number<br>973-733-7220 x 8149                      |                                                                                                                             |                           |                |                    |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                           |                                                                                                                                                                                                   |                                                              |                                                                                                                             |                           |                |                    |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Abington Avenue School                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                           | Type of Facility (4)                                                                                                                                                                              |                                                              |                                                                                                                             |                           |                |                    |             |           |
| Street Address<br>209 Abington Avenue                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                           | <input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                                                              |                                                                                                                             |                           |                |                    |             |           |
| City (5)<br>Newark                                                                                                                                                                                                                                                                                                                                                                                                                                    | County (6)<br>Essex                                                                                                                                                                                       | Square Feet<br>100,000                                                                                                                                                                            | # of Floors<br>4                                             |                                                                                                                             |                           |                |                    |             |           |
| County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                           | Bldg. Age<br>141                                                                                                                                                                                  | Current Use (Prior if being demolished)<br>School            |                                                                                                                             |                           |                |                    |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>TTI Environmental, Inc.                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                           | ASCM No.<br>003                                                                                                                                                                                   | Name of Abatement Contractor (9)<br>Shade Environmental, LLC |                                                                                                                             |                           |                |                    |             |           |
| Street Address<br>1253 N. Church Street                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                           | Street Address<br>623 Cutler Avenue                                                                                                                                                               |                                                              |                                                                                                                             |                           |                |                    |             |           |
| City, State, Zip Code<br>Moorestown, NJ 08057                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                           | City, State, Zip Code<br>Maple Shade, NJ 08052                                                                                                                                                    |                                                              |                                                                                                                             |                           |                |                    |             |           |
| Project Manager for Monitoring Firm<br>Jim Guilardi                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                           | Telephone No.<br>856-840-8800                                                                                                                                                                     | Telephone No.<br>856-755-0099                                |                                                                                                                             |                           |                |                    |             |           |
| Start Date (10)<br>08/04/2026                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                           | Scheduled Completion Date (11)<br>08/22/2026                                                                                                                                                      | License No.<br>00842                                         |                                                                                                                             |                           |                |                    |             |           |
| Occupancy Status During Abatement (Check Only One)                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                           | Name of OSHA Monitor<br>EMSL Analytical, Inc.                                                                                                                                                     |                                                              |                                                                                                                             |                           |                |                    |             |           |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <u>Subchapter 8 Occupied Procedures</u>                                                                                                                                                                                  |                                                                                                                                                                                                           | Street Address<br>200 Route 130 North                                                                                                                                                             |                                                              |                                                                                                                             |                           |                |                    |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                           | City, State, Zip Code<br>Cinnaminson, NJ 08077                                                                                                                                                    |                                                              |                                                                                                                             |                           |                |                    |             |           |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                           |                                                                                                                                                                                                   |                                                              |                                                                                                                             |                           |                |                    |             |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><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 |
| Room 206 & Closet                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                           | X                                                                                                                                                                                                 |                                                              | Ceiling Plaster                                                                                                             | 1,200 SF                  | X              |                    |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                           |                                                                                                                                                                                                   |                                                              |                                                                                                                             |                           |                |                    |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                           |                                                                                                                                                                                                   |                                                              |                                                                                                                             |                           |                |                    |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                           |                                                                                                                                                                                                   |                                                              |                                                                                                                             |                           |                |                    |             |           |
| Name of Registered Waste Hauler<br>Freehold Cartage                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                           | NJDEP Waste Hauler ID No.<br>15939                                                                                                                                                                | Cubic Yards of Waste<br>40                                   | Name of Registered Landfill<br>Conestoga Landfill                                                                           |                           |                |                    |             |           |
| City, State<br>Freehold, NJ                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                           | Disposal Date<br>08/22/2026                                                                                                                                                                       |                                                              | City, State<br>Morgantown, PA                                                                                               |                           |                |                    |             |           |
| Completed by<br>Shannon Thomson                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                           | Title<br>Operations Manager                                                                                                                                                                       |                                                              | Signature<br><i>Shannon Thomson</i>                                                                                         |                           |                | Date<br>08/05/2026 |             |           |



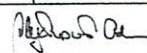
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AUG 13 2026

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

|                                                                                                                                                                                                                                                                                          |                                                                       |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                            |                  |                                                       |        |             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------------|--------|-------------|
| Date of Notification (1)<br>07/31/2026                                                                                                                                                                                                                                                   |                                                                       | Name of Building Owner/Operator (2)<br>Elizabeth School District                                                                                                                                                                   |                                                                                                                                                                                                                           | Check No. 4164                                                                                                                                                                                                                                                             |                  |                                                       |        |             |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                   |                                                                       | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                                                                                                                                                                                                           | Street Address<br>500 North Broad Street<br><br>City, State, Zip Code<br>Elizabeth, New Jersey 07208<br><br>Name of Contact<br>Milanes Luis                                                                                                                                |                  |                                                       |        |             |
|                                                                                                                                                                                                                                                                                          |                                                                       |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           | Telephone Number<br>908-436-5180                                                                                                                                                                                                                                           |                  |                                                       |        |             |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                              |                                                                       |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                            |                  |                                                       |        |             |
| Name of Facility Where Abatement is Taking Place (3)<br>Woodrow Wilson School 19                                                                                                                                                                                                         |                                                                       |                                                                                                                                                                                                                                    | Type of Facility (4)<br><input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                                                                                                                                                                                                                                                                            |                  |                                                       |        |             |
| Street Address<br>539 Edgar Rd                                                                                                                                                                                                                                                           |                                                                       |                                                                                                                                                                                                                                    | Square Feet<br>20000                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                            |                  |                                                       |        |             |
| City (5)<br>Elizabeth, New Jersey 07202                                                                                                                                                                                                                                                  |                                                                       |                                                                                                                                                                                                                                    | # of Floors<br>2                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                            | Bldg. Age<br>50+ |                                                       |        |             |
| County (6)<br>Union                                                                                                                                                                                                                                                                      |                                                                       | County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                                                |                                                                                                                                                                                                                           | Current Use (Prior if being demolished)<br>School                                                                                                                                                                                                                          |                  |                                                       |        |             |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Detail Associates, Inc                                                                                                                                                                                                            |                                                                       | ASCM No.<br>00012                                                                                                                                                                                                                  |                                                                                                                                                                                                                           | Name of Abatement Contractor (9)<br>Lilich Corporation                                                                                                                                                                                                                     |                  |                                                       |        |             |
| Street Address<br>560 Sylvan Avenue Suite 3065                                                                                                                                                                                                                                           |                                                                       | Street Address<br>246 Union Boulevard                                                                                                                                                                                              |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                            |                  |                                                       |        |             |
| City, State, Zip Code<br>Englewood Cliffs, NJ 07632                                                                                                                                                                                                                                      |                                                                       | City, State, Zip Code<br>Totowa, New Jersey 07512                                                                                                                                                                                  |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                            |                  |                                                       |        |             |
| Project Manager for Monitoring Firm<br>Stephen A. Jaraczewski                                                                                                                                                                                                                            |                                                                       | Telephone No.<br>201-569-6078                                                                                                                                                                                                      |                                                                                                                                                                                                                           | Telephone No.<br>973-225-8400                                                                                                                                                                                                                                              |                  |                                                       |        |             |
| Start Date (10)<br>08/11/2026                                                                                                                                                                                                                                                            |                                                                       | Scheduled Completion Date (11)<br>08/15/2026                                                                                                                                                                                       |                                                                                                                                                                                                                           | License No.<br>01104                                                                                                                                                                                                                                                       |                  |                                                       |        |             |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |                                                                       |                                                                                                                                                                                                                                    | Name of OSHA Monitor<br><b>LIS CONSULTING SERVICES, LLC</b>                                                                                                                                                               |                                                                                                                                                                                                                                                                            |                  |                                                       |        |             |
|                                                                                                                                                                                                                                                                                          |                                                                       |                                                                                                                                                                                                                                    | Street Address<br>3 B Cottage Court                                                                                                                                                                                       |                                                                                                                                                                                                                                                                            |                  |                                                       |        |             |
|                                                                                                                                                                                                                                                                                          |                                                                       |                                                                                                                                                                                                                                    | City, State, Zip Code<br>Whiting, New Jersey                                                                                                                                                                              |                                                                                                                                                                                                                                                                            |                  |                                                       |        |             |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                                                                     |                                                                       |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                            |                  |                                                       |        |             |
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf<br><input type="checkbox"/> ≥ 160 sf or ≥ 260 lf                                                                                                                                                                                    |                                                                       | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                                                                                                                                              |                                                                                                                                                                                                                           | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent<br><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 |
| Outside of Rm 22-hallway                                                                                                                                                                                                                                                                 |                                                                       | X                                                                                                                                                                                                                                  | Pipe Insulation                                                                                                                                                                                                           | 6 LF                                                                                                                                                                                                                                                                       | X                |                                                       |        |             |
|                                                                                                                                                                                                                                                                                          |                                                                       |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                            |                  |                                                       |        |             |
|                                                                                                                                                                                                                                                                                          |                                                                       |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                            |                  |                                                       |        |             |
|                                                                                                                                                                                                                                                                                          |                                                                       |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                            |                  |                                                       |        |             |
|                                                                                                                                                                                                                                                                                          |                                                                       |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                            |                  |                                                       |        |             |
| Name of Registered Waste Hauler<br>Century Waste Services                                                                                                                                                                                                                                |                                                                       | NJDEP Waste Hauler ID No.<br>32797                                                                                                                                                                                                 |                                                                                                                                                                                                                           | Cubic Yards of Waste<br>1                                                                                                                                                                                                                                                  |                  | Name of Registered Landfill<br>Grand Central Landfill |        |             |
| City, State<br>Elizabeth, New Jersey                                                                                                                                                                                                                                                     |                                                                       | Disposal Date<br>July/2026                                                                                                                                                                                                         |                                                                                                                                                                                                                           | City, State<br>Pen Argyl, PA                                                                                                                                                                                                                                               |                  |                                                       |        |             |
| Completed by<br>Adriana Olejarova                                                                                                                                                                                                                                                        |                                                                       | Title<br>President                                                                                                                                                                                                                 |                                                                                                                                                                                                                           | Signature<br>                                                                                                                                                                          |                  | Date<br>07/31/2026                                    |        |             |



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

RECEIVED

| Date of Notification (1)<br>7/30/2026                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                               | Name of Building Owner/Operator (2)<br><div style="text-align: right;">AUG 19 2026</div>                                                                                                          |                                                                  |                                                                                                                             |                                        |                 |        |             |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------|--------|-------------|-----------|
| Agencies Notified                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Type Notification                                                                                                                                                                                             | Street Address<br>10 Rever Drive                                                                                                                                                                  |                                                                  |                                                                                                                             |                                        |                 |        |             |           |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Florham Park, NJ 07932                                                                                                                                                   |                                                                  |                                                                                                                             |                                        |                 |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                               | Name of Contact<br>lo                                                                                                                                                                             | Telephone Number                                                 |                                                                                                                             |                                        |                 |        |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                               |                                                                                                                                                                                                   |                                                                  |                                                                                                                             |                                        |                 |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                               | Type of Facility (4)                                                                                                                                                                              |                                                                  |                                                                                                                             |                                        |                 |        |             |           |
| Street Address<br>10 Rever Drive                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                               | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                                                                  |                                                                                                                             |                                        |                 |        |             |           |
| City (5)<br>Florham                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Square Feet<br>2522                                                                                                                                                                                           | # of Floors<br>3                                                                                                                                                                                  | Bldg. Age<br>60                                                  |                                                                                                                             |                                        |                 |        |             |           |
| County (6)<br>Morris                                                                                                                                                                                                                                                                                                                                                                                                                                                       | County Code (7)<br>(STATE USE ONLY) _____                                                                                                                                                                     | Current Use (Prior if being demolished)<br>Residential                                                                                                                                            |                                                                  |                                                                                                                             |                                        |                 |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                               | ASCM No.                                                                                                                                                                                          | Name of Abatement Contractor (9)<br>ProService Environmental LLC |                                                                                                                             |                                        |                 |        |             |           |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                               | Street Address<br>3143 Bordentown Ave.                                                                                                                                                            |                                                                  |                                                                                                                             |                                        |                 |        |             |           |
| City, State, Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                               | City, State, Zip Code<br>Parlin, NJ 08859                                                                                                                                                         |                                                                  |                                                                                                                             |                                        |                 |        |             |           |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                               | Telephone No.<br>908-456-2900                                                                                                                                                                     | License No.<br>01350                                             |                                                                                                                             |                                        |                 |        |             |           |
| Start Date (10)<br>8.10.26                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Scheduled Completion Date (11)<br>8.30.26                                                                                                                                                                     | Name of OSHA Monitor                                                                                                                                                                              |                                                                  |                                                                                                                             |                                        |                 |        |             |           |
| Occupancy Status During Abatement (Check Only One)                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                               | Street Address                                                                                                                                                                                    |                                                                  |                                                                                                                             |                                        |                 |        |             |           |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____                                                                                                                                                                                                                                         |                                                                                                                                                                                                               | City, State, Zip Code                                                                                                                                                                             |                                                                  |                                                                                                                             |                                        |                 |        |             |           |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                               |                                                                                                                                                                                                   |                                                                  |                                                                                                                             |                                        |                 |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition<br><div style="float: right;"> <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br/> <input type="checkbox"/> Mini-Enclosure<br/> <input type="checkbox"/> Glovebag Procedure<br/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure         </div> |                                                                                                                                                                                                               |                                                                                                                                                                                                   |                                                                  |                                                                                                                             |                                        |                 |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)                                                                                                                                                                                                                                                                                                                                                                                  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                         |                                                                                                                                                                                                   |                                                                  | Description of Asbestos Containing Material (ACM) (i.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 - Gym & Stairs                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                               |                                                                                                                                                                                                   | X                                                                | Floor tile                                                                                                                  | 353 sf                                 | X               |        |             |           |
| 1st Floor - entire                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                               |                                                                                                                                                                                                   | X                                                                | Floor tile                                                                                                                  | 1,011 sf                               | X               |        |             |           |
| 2nd Floor - Kitchen, Dining, Living                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                               |                                                                                                                                                                                                   | X                                                                | Floor tile                                                                                                                  | 599 sf                                 | X               |        |             |           |
| 3rd Fl - Hall, bed x2, bath x2                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                               |                                                                                                                                                                                                   | X                                                                | Floor tile                                                                                                                  | 568 sf                                 | X               |        |             |           |
| Name of Registered Waste Hauler<br>Century Waste                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                               | NJDEP Waste Hauler ID No.<br>NJ-913                                                                                                                                                               |                                                                  | Cubic Yards of Waste<br>40                                                                                                  | Name of Registered Landfill<br>T.R.R.F |                 |        |             |           |
| City, State<br>Elizabeth, NJ                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                               | Disposal Date<br>8.30.26                                                                                                                                                                          |                                                                  | City, State<br>Tullytown, PA                                                                                                |                                        |                 |        |             |           |
| Completed by<br>Thomas Re                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                               | Title<br>Owner                                                                                                                                                                                    |                                                                  | Signature<br><i>Th Re</i>                                                                                                   |                                        | Date<br>7.30.26 |        |             |           |



0451 CK# 6451

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

**RECEIVED**

|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                           |                                             |                                                   |        |             |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------------------|--------|-------------|-----------|
| Date of Notification (1)<br><b>8-17-26</b>                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                    | Name of Building Owner/Operator (2)<br><b>CLARKE EDWARD DEVELOPMENT</b>                                                                                                                                                                                                                                                                   |                                             |                                                   |        |             |           |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                              | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>111 E 9TH ST 3RD FLOOR</b>                                                                                                                                                                                                                                                                                           |                                             |                                                   |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    | City, State, Zip Code<br><b>OCEAN CITY N.J. 08226</b>                                                                                                                                                                                                                                                                                     |                                             |                                                   |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    | Name of Contact                                                                                                                                                                                                                                                                                                                           | Telephone Number                            |                                                   |        |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                           |                                             |                                                   |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br><b>RESIDENCE</b>                                                                                                                                                                                                                 |                                                                                                                                                                                                                                    | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)                                                                                                                |                                             |                                                   |        |             |           |
| Street Address<br><b>859 PARK PLACE</b>                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                    | Square Feet<br><b>1500</b>                                                                                                                                                                                                                                                                                                                | # of Floors<br><b>2</b>                     |                                                   |        |             |           |
| City (5)<br><b>OCEAN CITY</b>                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                    | Bldg Age<br><b>50+</b>                                                                                                                                                                                                                                                                                                                    |                                             |                                                   |        |             |           |
| County (6)<br><b>CAPE MAY</b>                                                                                                                                                                                                                                                            | County Code (7) (STATE USE ONLY)                                                                                                                                                                                                   | Current Use (Prior if being demolished)<br><b>VACANT</b>                                                                                                                                                                                                                                                                                  |                                             |                                                   |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>N/A</b>                                                                                                                                                                                                                        |                                                                                                                                                                                                                                    | Name of Abatement Contractor (9)<br><b>KLEMMCO INC</b>                                                                                                                                                                                                                                                                                    |                                             |                                                   |        |             |           |
| Street Address                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                    | Street Address<br><b>369 S. SPRUCE AVE</b>                                                                                                                                                                                                                                                                                                |                                             |                                                   |        |             |           |
| City, State, Zip Code                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                    | City, State, Zip Code<br><b>MAPLE SHADE NJ 08052</b>                                                                                                                                                                                                                                                                                      |                                             |                                                   |        |             |           |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                    | Telephone No<br><b>856-779-0472</b>                                                                                                                                                                                                                                                                                                       | License No<br><b>1371</b>                   |                                                   |        |             |           |
| Start Date (10)<br><b>8-28-26</b>                                                                                                                                                                                                                                                        | Scheduled Completion Date (11)<br><b>8-28-26</b>                                                                                                                                                                                   | Name of OSHA Monitor<br><b>N/A</b>                                                                                                                                                                                                                                                                                                        |                                             |                                                   |        |             |           |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><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<br><input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf                                                                                                                                                                                    |                                                                                                                                                                                                                                    | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                             |                                                   |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED IN FACILITY (13)</b>                                                                                                                                                                                                   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>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)<br><b>3000 SF</b> | Abatement Type                                    |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                           |                                             | Removal                                           | Repair | Encapsulate | Enclosure |
| <b>SIDING</b>                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                    | <b>TRANSITE</b>                                                                                                                                                                                                                                                                                                                           |                                             | <input checked="" type="checkbox"/>               |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                           |                                             |                                                   |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                           |                                             |                                                   |        |             |           |
| Name of Registered Waste Hauler<br><b>KLEMMCO INC</b>                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                    | NJDEP Waste Hauler ID No.<br><b>17904</b>                                                                                                                                                                                                                                                                                                 | Cubic Yards of Waste<br><b>5</b>            | Name of Registered Landfill<br><b>C.M.C.M.D.A</b> |        |             |           |
| City, State<br><b>MAPLE SHADE N.J. 08052</b>                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                    | Disposal Date                                                                                                                                                                                                                                                                                                                             | City, State<br><b>WOODBINE NJ</b>           |                                                   |        |             |           |
| Completed By<br><b>MICHAEL KLEMM</b>                                                                                                                                                                                                                                                     | Title<br><b>PRES.</b>                                                                                                                                                                                                              | Signature<br><i>[Signature]</i>                                                                                                                                                                                                                                                                                                           | Date<br><b>8-17-26</b>                      |                                                   |        |             |           |



6451

CK#6451

PAID

RECEIVED

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

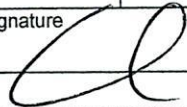
AUG 21 2026

|                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                       |                                             |                                               |        |             |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------|--------|-------------|-----------|
| Date of Notification (1)<br><b>8-17-26</b>                                                                                                                                                                                                                                         |                                                                                                                                                                                                                              | Name of Building Owner/Operator (2)<br><b>CLARKE EDWARD DEVELOPMENT</b>                                                                                                                                                                                                                                                               |                                             |                                               |        |             |           |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                            | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>111 E 9TH ST 3RD FLOOR</b>                                                                                                                                                                                                                                                                                       |                                             |                                               |        |             |           |
|                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                              | City, State, Zip Code<br><b>OCEAN CITY N.J. 08226</b>                                                                                                                                                                                                                                                                                 |                                             |                                               |        |             |           |
|                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                              | Name of Contact                                                                                                                                                                                                                                                                                                                       | Telephone Number                            |                                               |        |             |           |
| FACILITY INFORMATION                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                       |                                             |                                               |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br><b>RESIDENCE</b>                                                                                                                                                                                                           |                                                                                                                                                                                                                              | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)                                                                                                            |                                             |                                               |        |             |           |
| Street Address<br><b>2540 ASBURY AVE</b>                                                                                                                                                                                                                                           |                                                                                                                                                                                                                              | Square Feet<br><b>1500</b>                                                                                                                                                                                                                                                                                                            | # of Floors<br><b>2</b>                     |                                               |        |             |           |
| City (5)<br><b>OCEAN CITY</b>                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                              | Bldg Age<br><b>50+</b>                                                                                                                                                                                                                                                                                                                |                                             |                                               |        |             |           |
| County (6)<br><b>CAPE MAY</b>                                                                                                                                                                                                                                                      | County Code (7) (STATE USE ONLY)                                                                                                                                                                                             | Current Use (Prior if being demolished)<br><b>VACANT</b>                                                                                                                                                                                                                                                                              |                                             |                                               |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>N/A</b>                                                                                                                                                                                                                  | ASCM No.                                                                                                                                                                                                                     | Name of Abatement Contractor (9)<br><b>KLEMMCO INC</b>                                                                                                                                                                                                                                                                                |                                             |                                               |        |             |           |
| Street Address                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                              | Street Address<br><b>369 S. SPRUCE AVE</b>                                                                                                                                                                                                                                                                                            |                                             |                                               |        |             |           |
| City, State, Zip Code                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                              | City, State, Zip Code<br><b>MAPLE SHADE NJ 08052</b>                                                                                                                                                                                                                                                                                  |                                             |                                               |        |             |           |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                | Telephone No.                                                                                                                                                                                                                | Telephone No.<br><b>856-779-0472</b>                                                                                                                                                                                                                                                                                                  | License No.<br><b>1371</b>                  |                                               |        |             |           |
| Start Date (10)<br><b>8-27-26</b>                                                                                                                                                                                                                                                  | Scheduled Completion Date (11)<br><b>9-7-26</b>                                                                                                                                                                              | Name of OSHA Monitor<br><b>N/A</b>                                                                                                                                                                                                                                                                                                    |                                             |                                               |        |             |           |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: |                                                                                                                                                                                                                              | Street Address                                                                                                                                                                                                                                                                                                                        |                                             |                                               |        |             |           |
|                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                              | City, State, Zip Code                                                                                                                                                                                                                                                                                                                 |                                             |                                               |        |             |           |
| Scope of Work (Check all that apply)                                                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                       |                                             |                                               |        |             |           |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf                                                                                                                                                          |                                                                                                                                                                                                                              | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><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)<br>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)<br><b>2000 SF</b> | Abatement Type                                |        |             |           |
|                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                       |                                             | Removal                                       | Repair | Encapsulate | Enclosure |
| <b>SIDING</b>                                                                                                                                                                                                                                                                      | <b>X</b>                                                                                                                                                                                                                     | <b>TRANSITE</b>                                                                                                                                                                                                                                                                                                                       | <b>2000 SF</b>                              | <b>X</b>                                      |        |             |           |
|                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                       |                                             |                                               |        |             |           |
|                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                       |                                             |                                               |        |             |           |
| Name of Registered Waste Hauler<br><b>KLEMMCO INC</b>                                                                                                                                                                                                                              |                                                                                                                                                                                                                              | NJDEP Waste Hauler ID No.<br><b>17904</b>                                                                                                                                                                                                                                                                                             | Cubic Yards of Waste<br><b>5</b>            | Name of Registered Landfill<br><b>CMC MUA</b> |        |             |           |
| City, State<br><b>MAPLE SHADE N.J. 08052</b>                                                                                                                                                                                                                                       |                                                                                                                                                                                                                              | Disposal Date                                                                                                                                                                                                                                                                                                                         | City, State<br><b>WOODBINE N.J.</b>         |                                               |        |             |           |
| Completed By<br><b>MICHAEL KLEMM</b>                                                                                                                                                                                                                                               | Title<br><b>PREP.</b>                                                                                                                                                                                                        | Signature<br><i>[Signature]</i>                                                                                                                                                                                                                                                                                                       | Date<br><b>8-17-26</b>                      |                                               |        |             |           |



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

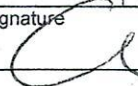
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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------|--------|-------------|-----------|
| Date of Notification (1)<br>8/19/26                                                                                                                                                                                                                                                      |                                                                                                       | Name of Building Owner/Operator (2)<br>AUG 21 2026                                                                                                                                                                                           |                                                                                                   |                                                                                                                                |                           |                 |        |             |           |
| Agencies Notified                                                                                                                                                                                                                                                                        | Type Notification                                                                                     | Street Address<br>38 W Colorado Ave                                                                                                                                                                                                          |                                                                                                   |                                                                                                                                |                           |                 |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL                                                                                                                                                                       | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____  | City, State, Zip Code<br>Long Beach Twp NJ 08008                                                                                                                                                                                             |                                                                                                   |                                                                                                                                |                           |                 |        |             |           |
| <input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                                                                                                                                                  | <input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Name of Contact                                                                                                                                                                                                                              | Telephone Number                                                                                  |                                                                                                                                |                           |                 |        |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                              |                                                                                                       |                                                                                                                                                                                                                                              |                                                                                                   |                                                                                                                                |                           |                 |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>House                                                                                                                                                                                                                            |                                                                                                       | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |                                                                                                   |                                                                                                                                |                           |                 |        |             |           |
| Street Address<br>38 W Colorado Ave                                                                                                                                                                                                                                                      |                                                                                                       | Square Feet<br>1000+                                                                                                                                                                                                                         | # of Floors<br>2                                                                                  |                                                                                                                                |                           |                 |        |             |           |
| City (5)<br>Long Beach Twp NJ 08008                                                                                                                                                                                                                                                      |                                                                                                       | Bldg. Age<br>50+                                                                                                                                                                                                                             |                                                                                                   |                                                                                                                                |                           |                 |        |             |           |
| County (6)<br>Ocean                                                                                                                                                                                                                                                                      | County Code (7)<br>(STATE USE ONLY) _____                                                             | Current Use (Prior if being demolished)<br>House & Garage                                                                                                                                                                                    |                                                                                                   |                                                                                                                                |                           |                 |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A                                                                                                                                                                                                                               |                                                                                                       | ASCM No.                                                                                                                                                                                                                                     | Name of Abatement Contractor (9)<br>Pernaco Inc.                                                  |                                                                                                                                |                           |                 |        |             |           |
| Street Address                                                                                                                                                                                                                                                                           |                                                                                                       | Street Address<br>PO Box 329                                                                                                                                                                                                                 |                                                                                                   |                                                                                                                                |                           |                 |        |             |           |
| City, State, Zip Code                                                                                                                                                                                                                                                                    |                                                                                                       | City, State, Zip Code<br>West Berlin NJ 08091                                                                                                                                                                                                |                                                                                                   |                                                                                                                                |                           |                 |        |             |           |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                      |                                                                                                       | Telephone No.<br>856-753-9800                                                                                                                                                                                                                | License No.<br>00727                                                                              |                                                                                                                                |                           |                 |        |             |           |
| Start Date (10)<br>9/1/26                                                                                                                                                                                                                                                                | Scheduled Completion Date (11)<br>9/7/26                                                              | Name of OSHA Monitor<br>Same                                                                                                                                                                                                                 |                                                                                                   |                                                                                                                                |                           |                 |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><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<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                                        |                                                                                                       | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition                                                                                                                                                        |                                                                                                   |                                                                                                                                |                           |                 |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                       | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                                                   |                                                                                                                                |                           |                 |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility<br>(13)                                                                                                                                                                                             | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                 |                                                                                                                                                                                                                                              |                                                                                                   | Description of Asbestos Containing Material (ACM)<br>(i.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 of House & Garage                                                                                                                                                                                                                                                               |                                                                                                       |                                                                                                                                                                                                                                              | X                                                                                                 | Transite Siding                                                                                                                | 3200 SF                   | X               |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                       |                                                                                                                                                                                                                                              |                                                                                                   |                                                                                                                                |                           |                 |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                       |                                                                                                                                                                                                                                              |                                                                                                   |                                                                                                                                |                           |                 |        |             |           |
| Name of Registered Waste Hauler<br>Pernaco Inc                                                                                                                                                                                                                                           |                                                                                                       | NJDEP Waste Hauler ID No.<br>21787                                                                                                                                                                                                           | Cubic Yards of Waste<br>2                                                                         | Name of Registered Landfill<br>Fairless Hills                                                                                  |                           |                 |        |             |           |
| City, State<br>Berlin NJ                                                                                                                                                                                                                                                                 |                                                                                                       | Disposal Date<br>9/8/26                                                                                                                                                                                                                      |                                                                                                   | City, State<br>Morrisville PA 19067                                                                                            |                           |                 |        |             |           |
| Completed by<br>Anthony T Perna                                                                                                                                                                                                                                                          |                                                                                                       | Title<br>President                                                                                                                                                                                                                           | Signature<br> |                                                                                                                                |                           | Date<br>8/19/26 |        |             |           |



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

RECEIVED

| Date of Notification (1)<br>8/18/26                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                  | Name of Building Owner/Operator (2)<br>Terry Moeller                                                                                                                                                                                         |                                                  |                                                                                                                             |                                               |                                     |                 |             |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------|-----------------|-------------|-----------|
| Agencies Notified                                                                                                                                                                                                                                                                        | Type Notification                                                                                                                                                                                                                | Street Address<br>510 N Bay Ave Unit 105                                                                                                                                                                                                     |                                                  |                                                                                                                             |                                               |                                     |                 |             |           |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL                                                                                                                                                            | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Beach Haven NJ 08008                                                                                                                                                                                                |                                                  |                                                                                                                             |                                               |                                     |                 |             |           |
| <input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA                                                                                                                                                                                                       |                                                                                                                                                                                                                                  | Name of Contact                                                                                                                                                                                                                              | Telephone Number                                 |                                                                                                                             |                                               |                                     |                 |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                              |                                                  |                                                                                                                             |                                               |                                     |                 |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Old Church                                                                                                                                                                                                                       |                                                                                                                                                                                                                                  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |                                                  |                                                                                                                             |                                               |                                     |                 |             |           |
| Street Address<br>301 North Beach Ave                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                  | Square Feet<br>1000+                                                                                                                                                                                                                         | # of Floors<br>2                                 |                                                                                                                             |                                               |                                     |                 |             |           |
| City (5)<br>Beach Haven NJ 08008                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                  | Bldg. Age<br>50+                                                                                                                                                                                                                             |                                                  |                                                                                                                             |                                               |                                     |                 |             |           |
| County (6)<br>Ocean                                                                                                                                                                                                                                                                      | County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                                              | Current Use (Prior if being demolished)<br>Old Church                                                                                                                                                                                        |                                                  |                                                                                                                             |                                               |                                     |                 |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A                                                                                                                                                                                                                               |                                                                                                                                                                                                                                  | ASCM No.                                                                                                                                                                                                                                     | Name of Abatement Contractor (9)<br>Pernaco Inc. |                                                                                                                             |                                               |                                     |                 |             |           |
| Street Address                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                  | Street Address<br>PO Box 329                                                                                                                                                                                                                 |                                                  |                                                                                                                             |                                               |                                     |                 |             |           |
| City, State, Zip Code                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                  | City, State, Zip Code<br>West Berlin NJ 08091                                                                                                                                                                                                |                                                  |                                                                                                                             |                                               |                                     |                 |             |           |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                  | Telephone No.<br>856-753-9800                                                                                                                                                                                                                | License No.<br>00727                             |                                                                                                                             |                                               |                                     |                 |             |           |
| Start Date (10)<br>8/31/26                                                                                                                                                                                                                                                               | Scheduled Completion Date (11)<br>9/18/26                                                                                                                                                                                        | Name of OSHA Monitor<br>Same                                                                                                                                                                                                                 |                                                  |                                                                                                                             |                                               |                                     |                 |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><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<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                                        |                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                                                                                                                                                        |                                                  |                                                                                                                             |                                               |                                     |                 |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><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 |
| Windows                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/>              | Window Caulk                                                                                                                | 140 LF                                        | <input checked="" type="checkbox"/> |                 |             |           |
| Exterior Siding                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/>              | Exterior siding                                                                                                             | 4500 SF                                       | <input checked="" type="checkbox"/> |                 |             |           |
| Exterior Roofing                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/>              | Exterior Roofing                                                                                                            | 3000 SF                                       | <input checked="" type="checkbox"/> |                 |             |           |
| Through-out                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/>              | Floor Tile                                                                                                                  | 2155 SF                                       | <input checked="" type="checkbox"/> |                 |             |           |
| Hallway Near Side Door Plaster                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/>              | Plaster Textured                                                                                                            | 300 SF                                        | <input checked="" type="checkbox"/> |                 |             |           |
| Name of Registered Waste Hauler<br>Mazza Recycling                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                  | NJDEP Waste Hauler ID No.<br>36891                                                                                                                                                                                                           |                                                  | Cubic Yards of Waste<br>40                                                                                                  | Name of Registered Landfill<br>Fairless Hills |                                     |                 |             |           |
| City, State<br>Tinton Falls NJ                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                  | Disposal Date<br>9/18/26                                                                                                                                                                                                                     |                                                  | City, State<br>Morrisville PA 10067                                                                                         |                                               |                                     |                 |             |           |
| Completed by<br>Anthony T Perna                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                  | Title<br>President                                                                                                                                                                                                                           |                                                  | Signature<br>                           |                                               |                                     | Date<br>8/18/26 |             |           |



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

RECEIVED

Print Form

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                  |                                                                                                                                                                                                   |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| Date of Notification (1)<br>8/18/26                                                                                                                                                                                                          |                                                                                                                                                                                                                                  | Name of Building Owner/Operator (2)<br>AUG 21 2026                                                                                                                                                |                           |
| Agencies Notified                                                                                                                                                                                                                            | Type Notification                                                                                                                                                                                                                | Street Address<br>2109 Central Ave                                                                                                                                                                |                           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Ship Bottom NJ 08008                                                                                                                                                     |                           |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                  | Name of Contact                                                                                                                                                                                   | Telephone Number          |
| Name of Facility Where Abatement is Taking Place (3)                                                                                                                                                                                         |                                                                                                                                                                                                                                  |                                                                                                                                                                                                   |                           |
| Street Address<br>2109 Central Ave                                                                                                                                                                                                           |                                                                                                                                                                                                                                  | Type of Facility (4)                                                                                                                                                                              |                           |
| City (5)<br>Ship Bottom NJ 08008                                                                                                                                                                                                             |                                                                                                                                                                                                                                  | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                           |
| County (6)<br>Ocean                                                                                                                                                                                                                          | County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                                              | Square Feet<br>1000+                                                                                                                                                                              | # of Floors<br>1.5        |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A                                                                                                                                                                                   |                                                                                                                                                                                                                                  | Bldg. Age<br>50+                                                                                                                                                                                  |                           |
| Street Address                                                                                                                                                                                                                               |                                                                                                                                                                                                                                  | Current Use (Prior if being demolished)<br>House                                                                                                                                                  |                           |
| City, State, Zip Code                                                                                                                                                                                                                        |                                                                                                                                                                                                                                  | Name of Abatement Contractor (9)<br>Pernaco Inc.                                                                                                                                                  |                           |
| Project Manager for Monitoring Firm                                                                                                                                                                                                          |                                                                                                                                                                                                                                  | Street Address<br>PO Box 329                                                                                                                                                                      |                           |
| Telephone No.                                                                                                                                                                                                                                |                                                                                                                                                                                                                                  | City, State, Zip Code<br>West Berlin NJ 08091                                                                                                                                                     |                           |
| Start Date (10)<br>8/27/26                                                                                                                                                                                                                   | Scheduled Completion Date (11)<br>9/2/26                                                                                                                                                                                         | Telephone No.<br>856-753-9800                                                                                                                                                                     | License No.<br>00727      |
| Occupancy Status During Abatement (Check Only One)                                                                                                                                                                                           |                                                                                                                                                                                                                                  | Name of OSHA Monitor<br>Same                                                                                                                                                                      |                           |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe:                 |                                                                                                                                                                                                                                  | Street Address                                                                                                                                                                                    |                           |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                         |                                                                                                                                                                                                                                  | City, State, Zip Code                                                                                                                                                                             |                           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                            |                                                                                                                                                                                                                                  | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition                                                                                                             |                           |
| <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><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) |
| Front Foyer & Front Room                                                                                                                                                                                                                     | Yes No N/A                                                                                                                                                                                                                       | Red Floor Tile                                                                                                                                                                                    | 350 SF                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                  |                                                                                                                                                                                                   |                           |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                  |                                                                                                                                                                                                   |                           |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                  |                                                                                                                                                                                                   |                           |
| Name of Registered Waste Hauler<br>Pernaco Inc                                                                                                                                                                                               |                                                                                                                                                                                                                                  | NJDEP Waste Hauler ID No.<br>21787                                                                                                                                                                | Cubic Yards of Waste<br>2 |
| City, State<br>Berlin NJ                                                                                                                                                                                                                     |                                                                                                                                                                                                                                  | Name of Registered Landfill<br>Fairless Hills                                                                                                                                                     |                           |
| Disposal Date<br>9/2/26                                                                                                                                                                                                                      |                                                                                                                                                                                                                                  | City, State<br>Morrisville PA 19067                                                                                                                                                               |                           |
| Completed by<br>Anthony T Perna                                                                                                                                                                                                              | Title<br>President                                                                                                                                                                                                               | Signature                                                                                                                                                                                         | Date<br>8/18/26           |



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

RECEIVED

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                |         |        |                    |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------|---------|--------|--------------------|-----------|
| Date of Notification (1)<br>08/19/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Name of Building Owner/Operator (2)<br>Rutgers, The State University of NJ |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                |         |        |                    |           |
| Agencies Notified<br><br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                                                                                                                                                                                                      | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            | Street Address<br>REHS 74 Street 1603<br><br>City, State, Zip Code<br>Piscataway, NJ 08854<br><br>Name of Contact<br>Michael F. Smith<br><br>Telephone Number<br>848-445-2550                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                   |                |         |        |                    |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>FACILITY INFORMATION</b><br>Name of Facility Where Abatement is Taking Place (3)<br>Food Science and Nutritional Sciences Building<br><br>Street Address<br>New Brunswick Campus, 65 Dudley Street<br><br>City (5)<br>New Brunswick<br><br>County (6)<br>Middlesex<br><br>County Code (7)<br>(SPACE USE ONLY) _____<br><br>Name of Monitoring Firm Hired by Building Owner (8)<br>N/A<br><br>Street Address<br>N/A<br><br>City, State, Zip Code<br>N/A<br><br>Project Manager for Monitoring Firm<br>N/A<br><br>Telephone No.<br>N/A<br><br>Start Date (10)<br>08/20/2026<br><br>Scheduled Completion Date (11)<br>08/21/2026<br><br>Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other – Describe: <u>Work being performed on the exterior of the building.</u> |                                                                            | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)<br><br>Square Feet<br>N/A<br><br># of Floors<br>4<br><br>Bldg. Age<br>54<br><br>Current Use (Prior if being demolished)<br>Academic<br><br>Name of Abatement Contractor (9)<br>Shade Environmental, LLC<br><br>Street Address<br>623 Cutler Avenue<br><br>City, State, Zip Code<br>Maple Shade, NJ 08052<br><br>Telephone No.<br>856-755-0099<br><br>License No.<br>00842<br><br>Name of OSHA Monitor<br>EMSL Analytical, Inc.<br><br>Street Address<br>200 Route 130 North<br><br>City, State, Zip Code<br>Cinnaminson, NJ 08077 |                                                   |                |         |        |                    |           |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                |         |        |                    |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)                                                                                                                                                                                                                                                                                                                                                                                                                  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            | Description of Asbestos Containing Material (ACM) (i.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                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Built-Up Roofing                                  | 144 SF         | X       |        |                    |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                |         |        |                    |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                |         |        |                    |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                |         |        |                    |           |
| Name of Registered Waste Hauler<br>Freehold Cartage                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | NJDEP Waste Hauler ID No.<br>15939                                         | Cubic Yards of Waste<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Name of Registered Landfill<br>Conestoga Landfill |                |         |        |                    |           |
| City, State<br>Freehold, NJ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Disposal Date<br>08/21/2026                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | City, State<br>Morgantown, PA                     |                |         |        |                    |           |
| Completed by<br>Shannon Thomson                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Title<br>Operations Manager                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Signature<br><i>Shannon Thomson</i>               |                |         |        | Date<br>08/19/2026 |           |



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

RECEIVED

Date of Notification (1)

8 / 21 /2026

Name of Building Owner/Operator (2)

VERIZON NJ INC.

Street Address

773 SUMMIT AVENUE

City, State, Zip Code

JERSEY CITY, NEW JERSEY 07307

Name of Contact

RAFAEL LEONARDO

Telephone Number

732-289-7014

Agencies Notified

☒ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

☐ Initial Notification  
☒ Amended Notification #3  
☐ Cancellation  
☐ On Hold  
☐ EMERGENCY NOTIFICATION

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

VERIZON

Type of Facility (4)

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

Street Address

773 SUMMIT AVENUE

Square Feet  
75,000

# of Floors  
3

Bldg. Age  
65+

City (5)

JERSEY CITY

County (6)

HUDSON

County Code (7)  
(STATE USE ONLY)

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

Name of Monitoring Firm Hired by Building Owner (8)

RBS ENVIRONMENTAL

ASCM No.

17

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

24 VETERANS SQUARE

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

MEDIA, PA 19063

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

MIKE STOCKU

Telephone Number

609-304-3969

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

8 / 4 /26  
Month Day Year

Sched. Completion Date (11)

8 / 21 /26  
Month Day Year

Name of OSHA Monitor

QUALITY ENVIRONMENTAL

Occupancy Status During Abatement (Check only one)

☐ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe:  
☒ Other - Describe: Monday-Friday 4pm-12am

Street Address  
1376 ROUTE 9

City, State, Zip Code

WAPPINGERS FALL, NEW YORK 12590

Scope of Work (Check all that apply)

☐ Demolition  
☒ >3SF OR LF  
☒ >160 SF OR 260 LF  
☒ Renovation

☒ Full Containment  
☐ Mini-Enclo.  
☐ Glovebag Procedure  
☐ Non-Friable Procedure

| Location of Asbestos-containing Material (ACM)<br>TO BE ABATED<br>in Facility (13) | Is Location normally used solely by Maint/Custodial Staff (12) |    |     | Description of Asbestos-Containing Material (ACM)<br>(ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount<br>(Specify SF or LF) | Abatement Type |        |           |           |
|------------------------------------------------------------------------------------|----------------------------------------------------------------|----|-----|-------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------|--------|-----------|-----------|
|                                                                                    | Yes                                                            | No | N/A |                                                                                                                               |                              | REMOVAL        | REPAIR | ENCAPSULE | ENCLOSURE |
| ROOF -PENTHOUSE                                                                    |                                                                |    | X   | DUCT INSULATION                                                                                                               | 650 SF                       | X              |        |           |           |
| ROOF -PENTHOUSE                                                                    |                                                                |    | X   | DUCT VIBRATION DAMPER                                                                                                         | 15 SF                        | X              |        |           |           |
| ROOF -PENTHOUSE                                                                    |                                                                |    | X   | FLOOR TILE / MASTIC                                                                                                           | 150 SF                       | X              |        |           |           |

Name of Registered Waste Hauler  
NEWARK CARTING

NJDEP Waste Hauler ID No.  
913

Cubic Yards of Waste  
30

Name of Registered Landfill  
GRAND CENTRAL SANITARY

City, State

NEWARK, NEW JERSEY

Disposal Date

7/14/2026-9/30/2026

City, State

PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)

BENJAMIN SANCHEZ

Title

VICE PRESIDENT, OPERATIONS

Signature

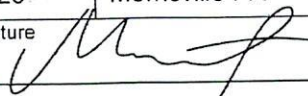
Date

8-21-26



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

RECEIVED

|                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                               |                                                                                                                                                                                                                                              |                                                     |                                                                                                                             |                           |                    |        |             |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------|--------|-------------|-----------|
| Date of Notification (1)<br>08/13/2026                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                               | Name of Building Owner/Operator (2)<br>Wallington Public Schools                                                                                                                                                                             |                                                     |                                                                                                                             |                           |                    |        |             |           |
| Agencies Notified                                                                                                                                                                                                                                                                                      | Type Notification                                                                                                                                                                                             | Street Address<br>32 Pine St                                                                                                                                                                                                                 |                                                     |                                                                                                                             |                           |                    |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                           | <input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Wallington NJ 07057                                                                                                                                                                                                 |                                                     |                                                                                                                             |                           |                    |        |             |           |
|                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                               | Name of Contact<br>Jody Pietrowitz                                                                                                                                                                                                           | Telephone Number<br>973-777-4151                    |                                                                                                                             |                           |                    |        |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                               |                                                                                                                                                                                                                                              |                                                     |                                                                                                                             |                           |                    |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Wallington High School                                                                                                                                                                                                                         |                                                                                                                                                                                                               | Type of Facility (4)<br><input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |                                                     |                                                                                                                             |                           |                    |        |             |           |
| Street Address<br>234 Main Ave                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                               | Square Feet<br>N/A                                                                                                                                                                                                                           | # of Floors<br>N/A                                  |                                                                                                                             |                           |                    |        |             |           |
| City (5)<br>Wallington NJ 07057                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                               | Bldg. Age<br>N/A                                                                                                                                                                                                                             |                                                     |                                                                                                                             |                           |                    |        |             |           |
| County (6)<br>Bergen                                                                                                                                                                                                                                                                                   | County Code (7)<br>(STATE USE ONLY) _____                                                                                                                                                                     | Current Use (Prior if being demolished)<br>School                                                                                                                                                                                            |                                                     |                                                                                                                             |                           |                    |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>RJB Environmental                                                                                                                                                                                                                               |                                                                                                                                                                                                               | ASCM No. _____                                                                                                                                                                                                                               | Name of Abatement Contractor (9)<br>Teal Management |                                                                                                                             |                           |                    |        |             |           |
| Street Address<br>PO BOX 869                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                               | Street Address<br>24 Morley Drive                                                                                                                                                                                                            |                                                     |                                                                                                                             |                           |                    |        |             |           |
| City, State, Zip Code<br>Levittown PA 19058                                                                                                                                                                                                                                                            |                                                                                                                                                                                                               | City, State, Zip Code<br>Woodland Park NJ 07424                                                                                                                                                                                              |                                                     |                                                                                                                             |                           |                    |        |             |           |
| Project Manager for Monitoring Firm<br>James Frisbee                                                                                                                                                                                                                                                   |                                                                                                                                                                                                               | Telephone No.<br>267-991-9212                                                                                                                                                                                                                | Telephone No.<br>862-243-1471                       |                                                                                                                             |                           |                    |        |             |           |
| License No.<br>02063                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                               |                                                                                                                                                                                                                                              |                                                     |                                                                                                                             |                           |                    |        |             |           |
| Start Date (10)<br>08/14/2026                                                                                                                                                                                                                                                                          | Scheduled Completion Date (11)<br>08/17/2026                                                                                                                                                                  | Name of OSHA Monitor<br>Teal Management                                                                                                                                                                                                      |                                                     |                                                                                                                             |                           |                    |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other – Describe: WRAP&CUT |                                                                                                                                                                                                               | Street Address<br>24 Morley Drive                                                                                                                                                                                                            |                                                     |                                                                                                                             |                           |                    |        |             |           |
|                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                               | City, State, Zip Code<br>Woodland Park NJ 07424                                                                                                                                                                                              |                                                     |                                                                                                                             |                           |                    |        |             |           |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                               |                                                                                                                                                                                                                                              |                                                     |                                                                                                                             |                           |                    |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                                                      |                                                                                                                                                                                                               | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                                                                                                                                                        |                                                     |                                                                                                                             |                           |                    |        |             |           |
|                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                               | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                     |                                                                                                                             |                           |                    |        |             |           |
| Location of Asbestos-Containing Material (ACM) In Facility (13)<br><b>TO BE ABATED</b>                                                                                                                                                                                                                 | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                         |                                                                                                                                                                                                                                              |                                                     | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type     |        |             |           |
|                                                                                                                                                                                                                                                                                                        | Yes                                                                                                                                                                                                           | No                                                                                                                                                                                                                                           | N/A                                                 |                                                                                                                             |                           | Removal            | Repair | Encapsulate | Enclosure |
| Custodian office                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                               |                                                                                                                                                                                                                                              | X                                                   | elbows (wrap&cut)                                                                                                           | 15 LF                     | X                  |        |             |           |
|                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                               |                                                                                                                                                                                                                                              |                                                     |                                                                                                                             |                           |                    |        |             |           |
|                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                               |                                                                                                                                                                                                                                              |                                                     |                                                                                                                             |                           |                    |        |             |           |
|                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                               |                                                                                                                                                                                                                                              |                                                     |                                                                                                                             |                           |                    |        |             |           |
| Name of Registered Waste Hauler<br>Teal Management                                                                                                                                                                                                                                                     |                                                                                                                                                                                                               | NJDEP Waste Hauler ID No.<br>40229                                                                                                                                                                                                           | Cubic Yards of Waste<br>2 CY                        | Name of Registered Landfill<br>Fairless PA                                                                                  |                           |                    |        |             |           |
| City, State<br>Woodland Park NJ 07424                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                               | Disposal Date<br>08/17/2026                                                                                                                                                                                                                  |                                                     | City, State<br>Morrisville PA                                                                                               |                           |                    |        |             |           |
| Completed by<br>Tome Maslarkov                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                               | Title<br>Project Manager                                                                                                                                                                                                                     |                                                     | Signature<br>                           |                           | Date<br>08/13/2026 |        |             |           |



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

RECEIVED

AUG 24 2026

ASBESTOS ABATEMENT LICENSING

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                  |                                                                                                                                                                                                   |                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| Date of Notification (1)<br>8/20/26                                                                                                                                                                                                          |                                                                                                                                                                                                                                  | Name of Building Owner/Operator (2)                                                                                                                                                               |                                               |
| Agencies Notified                                                                                                                                                                                                                            | Type Notification                                                                                                                                                                                                                | Street Address<br>109 N Barnegat Ave                                                                                                                                                              |                                               |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                     | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Surf City NJ 08008                                                                                                                                                       |                                               |
| Name of Facility Where Abatement is Taking Place (3)                                                                                                                                                                                         |                                                                                                                                                                                                                                  | Name of Contact                                                                                                                                                                                   |                                               |
| Street Address<br>109 N Barnegat Ave                                                                                                                                                                                                         |                                                                                                                                                                                                                                  | Telephone Number                                                                                                                                                                                  |                                               |
| City (5)<br>Surf City NJ 08008                                                                                                                                                                                                               |                                                                                                                                                                                                                                  | FACILITY INFORMATION                                                                                                                                                                              |                                               |
| County (6)<br>Ocean                                                                                                                                                                                                                          |                                                                                                                                                                                                                                  | Type of Facility (4)                                                                                                                                                                              |                                               |
| County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                                                          |                                                                                                                                                                                                                                  | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                                               |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A                                                                                                                                                                                   |                                                                                                                                                                                                                                  | Square Feet<br>1000+                                                                                                                                                                              | # of Floors<br>2                              |
| Street Address                                                                                                                                                                                                                               |                                                                                                                                                                                                                                  | Bldg. Age<br>50+                                                                                                                                                                                  |                                               |
| City, State, Zip Code                                                                                                                                                                                                                        |                                                                                                                                                                                                                                  | Current Use (Prior if being demolished)<br>House                                                                                                                                                  |                                               |
| Project Manager for Monitoring Firm                                                                                                                                                                                                          |                                                                                                                                                                                                                                  | Name of Abatement Contractor (9)<br>Pernaco Inc.                                                                                                                                                  |                                               |
| Telephone No.                                                                                                                                                                                                                                |                                                                                                                                                                                                                                  | Street Address<br>PO Box 329                                                                                                                                                                      |                                               |
| Start Date (10)<br>8/31/26                                                                                                                                                                                                                   |                                                                                                                                                                                                                                  | City, State, Zip Code<br>West Berlin NJ 08091                                                                                                                                                     |                                               |
| Scheduled Completion Date (11)<br>9/4/26                                                                                                                                                                                                     |                                                                                                                                                                                                                                  | Telephone No.<br>856-753-9800                                                                                                                                                                     | License No.<br>00727                          |
| Occupancy Status During Abatement (Check Only One)                                                                                                                                                                                           |                                                                                                                                                                                                                                  | Name of OSHA Monitor<br>Same                                                                                                                                                                      |                                               |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe:                 |                                                                                                                                                                                                                                  | Street Address                                                                                                                                                                                    |                                               |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                         |                                                                                                                                                                                                                                  | City, State, Zip Code                                                                                                                                                                             |                                               |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                            |                                                                                                                                                                                                                                  | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition                                                                                                             |                                               |
| <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><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)                     |
| Exterior of House                                                                                                                                                                                                                            | Yes No N/A                                                                                                                                                                                                                       | Transite Siding                                                                                                                                                                                   | 1300 SF                                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                  |                                                                                                                                                                                                   |                                               |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                  |                                                                                                                                                                                                   |                                               |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                  |                                                                                                                                                                                                   |                                               |
| Name of Registered Waste Hauler<br>Pernaco Inc                                                                                                                                                                                               | NJDEP Waste Hauler ID No.<br>21787                                                                                                                                                                                               | Cubic Yards of Waste<br>3                                                                                                                                                                         | Name of Registered Landfill<br>Fairless Hills |
| City, State<br>Berlin NJ                                                                                                                                                                                                                     | Disposal Date<br>9/4/26                                                                                                                                                                                                          | City, State<br>Morrisville PA 19067                                                                                                                                                               |                                               |
| Completed by<br>Anthony T Perna                                                                                                                                                                                                              | Title<br>President                                                                                                                                                                                                               | Signature                                                                                                                                                                                         | Date<br>8/20/26                               |



RECEIVED

AUG 24 2026

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

|                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Date of Notification (1)<br><b>8-18-26</b>                                                                                                                                                              |  | Name of Building Owner/Operator (2)<br><b>DAVES DEMOLITION</b>                                                                                                                                                                      |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA |  | Type Notification:<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  |
| Street Address<br><b>121 TRUDY AVE</b>                                                                                                                                                                  |  | City, State, Zip Code<br><b>EGG HARBOR TWP., NJ 08234</b>                                                                                                                                                                           |  |
| Name of Contact                                                                                                                                                                                         |  | Telephone Number                                                                                                                                                                                                                    |  |

| FACILITY INFORMATION                                                                                                                                                                                                                                                                     |                                  |                                                                                                                                                                                                                            |                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>RESIDENCE</b>                                                                                                                                                                                                                 |                                  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |                                                       |
| Street Address<br><b>3700 OXFORD LN.</b>                                                                                                                                                                                                                                                 |                                  | Square Feet<br><b>1500</b>                                                                                                                                                                                                 | # of Floors<br><b>2</b>                               |
| City (5)<br><b>OCEAN CITY</b>                                                                                                                                                                                                                                                            |                                  | Bldg. Age<br><b>50+</b>                                                                                                                                                                                                    |                                                       |
| County (6)<br><b>CAPE MAY</b>                                                                                                                                                                                                                                                            | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished)<br><b>VACANT</b>                                                                                                                                                                   |                                                       |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>N/A</b>                                                                                                                                                                                                                        |                                  | ASCM No.                                                                                                                                                                                                                   | Name of Abatement Contractor (9)<br><b>KLEMCO INC</b> |
| Street Address                                                                                                                                                                                                                                                                           |                                  | Street Address<br><b>369 S. SPRUCE AVE</b>                                                                                                                                                                                 |                                                       |
| City, State, Zip Code                                                                                                                                                                                                                                                                    |                                  | City, State, Zip Code<br><b>MAPLE SHADE NJ 08052</b>                                                                                                                                                                       |                                                       |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                      |                                  | Telephone No.                                                                                                                                                                                                              | Telephone No.<br><b>856-779-0472</b>                  |
| Start Date (10)<br><b>8-29-26</b>                                                                                                                                                                                                                                                        |                                  | Scheduled Completion Date (11)<br><b>9-9-26</b>                                                                                                                                                                            | License No.<br><b>1371</b>                            |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |                                  | Name of OSHA Monitor<br><b>N/A</b>                                                                                                                                                                                         |                                                       |
| Street Address                                                                                                                                                                                                                                                                           |                                  | Street Address                                                                                                                                                                                                             |                                                       |
| City, State, Zip Code                                                                                                                                                                                                                                                                    |                                  | City, State, Zip Code                                                                                                                                                                                                      |                                                       |

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |    |          | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------|----|----------|------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|--------|-------------|-----------|
|                                                                              | Yes                                                                   | No | N/A      |                                                                                                                              |                           | Removal        | Repair | Encapsulate | Enclosure |
| <b>SIDING</b>                                                                |                                                                       |    | <b>X</b> | <b>TRANSITE</b>                                                                                                              | <b>1000 SF</b>            | <b>X</b>       |        |             |           |
|                                                                              |                                                                       |    |          |                                                                                                                              |                           |                |        |             |           |
|                                                                              |                                                                       |    |          |                                                                                                                              |                           |                |        |             |           |
|                                                                              |                                                                       |    |          |                                                                                                                              |                           |                |        |             |           |

|                                                      |  |                                           |                                  |                             |                      |
|------------------------------------------------------|--|-------------------------------------------|----------------------------------|-----------------------------|----------------------|
| Name of Registered Waste Hauler<br><b>KLEMCO INC</b> |  | NJDEP Waste Hauler ID No.<br><b>17904</b> | Cubic Yards of Waste<br><b>5</b> | Name of Registered Landfill |                      |
| City, State<br><b>MAPLE SHADE N.J 08052</b>          |  | Disposal Date                             |                                  | City, State                 |                      |
| Completed By<br><b>MICHAEL KLEMM</b>                 |  | Title<br><b>PRES.</b>                     | Signature<br><i>[Signature]</i>  |                             | Date<br><b>8-18-</b> |

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



0453 CK#6453

PAID

RECEIVED

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

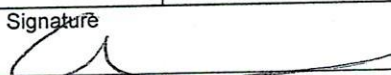
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                            |                                                                                                                              |                                               |                |        |             |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------|--------|-------------|-----------|
| Date of Notification (1)<br><u>8-18-26</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                    | Name of Building Owner/Operator (2)<br><u>SAMPLES CONSTRUCTION CO. LICENSING</u>                                                                                                                                           |                                                                                                                              |                                               |                |        |             |           |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                                                                                                                                                                                                                                | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><u>22 DARTMOUTH LN.</u>                                                                                                                                                                                  |                                                                                                                              |                                               |                |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                    | City, State, Zip Code<br><u>HAVERFORD, PA 19041-1020</u>                                                                                                                                                                   |                                                                                                                              |                                               |                |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                    | Name of Contact _____                                                                                                                                                                                                      | Telephone Number _____                                                                                                       |                                               |                |        |             |           |
| FACILITY INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                            |                                                                                                                              |                                               |                |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br><u>RESIDENCE</u>                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                    | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |                                                                                                                              |                                               |                |        |             |           |
| Street Address<br><u>9301 1ST AVE.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                    | Square Feet<br><u>1500</u>                                                                                                                                                                                                 | # of Floors<br><u>2</u>                                                                                                      |                                               |                |        |             |           |
| City (5)<br><u>STONE HARBOR</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                    | Bldg. Age<br><u>50+</u>                                                                                                                                                                                                    |                                                                                                                              |                                               |                |        |             |           |
| County (6)<br><u>CAPE MAY</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | County Code (7) (STATE USE ONLY)                                                                                                                                                                                                   | Current Use (Prior if being demolished)<br><u>VACANT</u>                                                                                                                                                                   |                                                                                                                              |                                               |                |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br><u>N/A</u>                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    | ASCM No. _____                                                                                                                                                                                                             | Name of Abatement Contractor (9)<br><u>KLEMCO INC</u>                                                                        |                                               |                |        |             |           |
| Street Address _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                    | Street Address<br><u>369 S. SPRUCE AVE</u>                                                                                                                                                                                 |                                                                                                                              |                                               |                |        |             |           |
| City, State, Zip Code _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                    | City, State, Zip Code<br><u>MAPLE SHADE NJ 08052</u>                                                                                                                                                                       |                                                                                                                              |                                               |                |        |             |           |
| Project Manager for Monitoring Firm _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                    | Telephone No.<br><u>856-779-0472</u>                                                                                                                                                                                       | License No.<br><u>1371</u>                                                                                                   |                                               |                |        |             |           |
| Start Date (10)<br><u>8-31-26</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Scheduled Completion Date (11)<br><u>9-11-26</u>                                                                                                                                                                                   | Name of OSHA Monitor<br><u>N/A</u>                                                                                                                                                                                         |                                                                                                                              |                                               |                |        |             |           |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____                                                                                                                                                                                                                   |                                                                                                                                                                                                                                    | Street Address _____                                                                                                                                                                                                       |                                                                                                                              |                                               |                |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                    | City, State, Zip Code _____                                                                                                                                                                                                |                                                                                                                              |                                               |                |        |             |           |
| Scope of Work (Check all that apply)<br><input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf<br><input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                            |                                                                                                                              |                                               |                |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED IN Facility (13)</u>                                                                                                                                                                                                                                                                                                                                                                                                                     | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>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)<br><u>2250 SF</u>   | Abatement Type |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                            |                                                                                                                              |                                               | Removal        | Repair | Encapsulate | Enclosure |
| <u>SIDING</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                    | <u>X</u>                                                                                                                                                                                                                   | <u>TRANSITE</u>                                                                                                              |                                               | <u>X</u>       |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                            |                                                                                                                              |                                               |                |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                            |                                                                                                                              |                                               |                |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                            |                                                                                                                              |                                               |                |        |             |           |
| Name of Registered Waste Hauler<br><u>KLEMCO INC</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                    | NJDEP Waste Hauler ID No.<br><u>17904</u>                                                                                                                                                                                  | Cubic Yards of Waste<br><u>5</u>                                                                                             | Name of Registered Landfill<br><u>C MCMUA</u> |                |        |             |           |
| City, State<br><u>MAPLE SHADE N.J 08052</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                    | Disposal Date _____                                                                                                                                                                                                        | City, State<br><u>WOODBINE NJ</u>                                                                                            |                                               |                |        |             |           |
| Completed By<br><u>MICHAEL KLEMM</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Title<br><u>PRES.</u>                                                                                                                                                                                                              | Signature<br><u>Michael Klemm</u>                                                                                                                                                                                          | Date<br><u>8-18-26</u>                                                                                                       |                                               |                |        |             |           |



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

RECEIVED

|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                           |                           |                                                                                                                             |                           |                |        |                 |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|--------|-----------------|-----------|
| Date of Notification (1)<br>8/20/26                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                        | Name of Building Owner/Operator (2)<br>PAID                                                                                                                                                                                                                                                                                               |                           |                                                                                                                             |                           |                |        |                 |           |
| Agencies Notified                                                                                                                                                                                                                                                                        | Type Notification                                                                                                                                                                                                                      | Street Address<br>126 E 27th Street                                                                                                                                                                                                                                                                                                       |                           |                                                                                                                             |                           |                |        |                 |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                        | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Beach Haven Gardens NJ 08008                                                                                                                                                                                                                                                                                     |                           |                                                                                                                             |                           |                |        |                 |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                        | Name of Contact _____ Telephone Number _____                                                                                                                                                                                                                                                                                              |                           |                                                                                                                             |                           |                |        |                 |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                           |                           |                                                                                                                             |                           |                |        |                 |           |
| Name of Facility Where Abatement is Taking Place (3)<br>_____                                                                                                                                                                                                                            |                                                                                                                                                                                                                                        | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                                                                                                                 |                           |                                                                                                                             |                           |                |        |                 |           |
| Street Address<br>126 E 27th Street                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                        | Square Feet<br>1000+                                                                                                                                                                                                                                                                                                                      | # of Floors<br>2          |                                                                                                                             |                           |                |        |                 |           |
| City (5)<br>Beach Haven Gardens NJ 08008                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                        | Bldg. Age<br>50+                                                                                                                                                                                                                                                                                                                          |                           |                                                                                                                             |                           |                |        |                 |           |
| County (6)<br>Ocean                                                                                                                                                                                                                                                                      | County Code (7)<br>(STATE USE ONLY) _____                                                                                                                                                                                              | Current Use (Prior if being demolished)<br>House & Garage                                                                                                                                                                                                                                                                                 |                           |                                                                                                                             |                           |                |        |                 |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A                                                                                                                                                                                                                               |                                                                                                                                                                                                                                        | Name of Abatement Contractor (9)<br>Pernaco Inc.                                                                                                                                                                                                                                                                                          |                           |                                                                                                                             |                           |                |        |                 |           |
| Street Address<br>_____                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                        | Street Address<br>PO Box 329                                                                                                                                                                                                                                                                                                              |                           |                                                                                                                             |                           |                |        |                 |           |
| City, State, Zip Code<br>_____                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                        | City, State, Zip Code<br>West Berlin NJ 08091                                                                                                                                                                                                                                                                                             |                           |                                                                                                                             |                           |                |        |                 |           |
| Project Manager for Monitoring Firm<br>_____                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                        | Telephone No.<br>856-753-9800                                                                                                                                                                                                                                                                                                             | License No.<br>00727      |                                                                                                                             |                           |                |        |                 |           |
| Start Date (10)<br>8/29/26                                                                                                                                                                                                                                                               | Scheduled Completion Date (11)<br>9/3/26                                                                                                                                                                                               | Name of OSHA Monitor<br>Same                                                                                                                                                                                                                                                                                                              |                           |                                                                                                                             |                           |                |        |                 |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |                                                                                                                                                                                                                                        | Street Address<br>_____                                                                                                                                                                                                                                                                                                                   |                           |                                                                                                                             |                           |                |        |                 |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                        | City, State, Zip Code<br>_____                                                                                                                                                                                                                                                                                                            |                           |                                                                                                                             |                           |                |        |                 |           |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                           |                           |                                                                                                                             |                           |                |        |                 |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                                        |                                                                                                                                                                                                                                        | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><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 of House & Garage                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                           | x                         | Transite Siding                                                                                                             | 3200 SF                   | x              |        |                 |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                           |                           |                                                                                                                             |                           |                |        |                 |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                           |                           |                                                                                                                             |                           |                |        |                 |           |
| Name of Registered Waste Hauler<br>Pernaco Inc                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                        | NJDEP Waste Hauler ID No.<br>21787                                                                                                                                                                                                                                                                                                        | Cubic Yards of Waste<br>2 | Name of Registered Landfill<br>Fairless Hills                                                                               |                           |                |        |                 |           |
| City, State<br>Berlin NJ                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                        | Disposal Date<br>9/3/26                                                                                                                                                                                                                                                                                                                   |                           | City, State<br>Morrisville PA 19067                                                                                         |                           |                |        |                 |           |
| Completed by<br>Anthony T Perna                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                        | Title<br>President                                                                                                                                                                                                                                                                                                                        |                           | Signature<br>                           |                           |                |        | Date<br>8/20/26 |           |