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OCT 20 2026

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 10/09/2026	Name of Building Owner/Operator (2): Newark Board of Education
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation
	Street Address: 190 Muhammad Ali Avenue
	City, State, Zip Code: Newark, NJ 07108
	Name of Contact: Benjamin Olagadeyo — Telephone Number: 973-733-7220 x 8149

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): John F. Kennedy School	Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 311 S. 10th Street	Square Feet: 100,000 — # of Floors: 4 — Bldg. Age: 100
City (5): Newark	
County (6): Essex — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): School
Name of Monitoring Firm Hired by Building Owner (8): TTI Environmental, Inc. — ASCM No.	Name of Abatement Contractor (9): Shade Environmental, LLC
Street Address: 1253 N. Church Street	Street Address: 623 Cutler Avenue
City, State, Zip Code: Moorestown, NJ 08057	City, State, Zip Code: Maple Shade, NJ 08052
Project Manager for Monitoring Firm: Jim Guilardi — Telephone No.: 856-840-8800	Telephone No.: 856-755-0099 — License No.: 00842
Start Date (10): 10/10/2026 — Scheduled Completion Date (11): 10/12/2026	Name of OSHA Monitor: EMSL Analytical, Inc.
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____	Street Address: 200 Route 130 North — City, State, Zip Code: Cinnaminson, NJ 08077

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
Room 210		X		Pipe Insulation	3 LF	X			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 1	Name of Registered Landfill: Conestoga Landfill
City, State: Freehold, NJ		Disposal Date: 10/12/2026	City, State: Morgantown, PA
Completed by: Samantha Brown	Title: Operations Manager	Signature: [signature]	Date: 10/09/2026

ASB-41 (R-06-08)

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

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

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OCT 20 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/09/2026	Name of Building Owner/Operator (2): Newark Board of Education
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation
	Street Address: 190 Muhammad Ali Avenue
	City, State, Zip Code: Newark, NJ 07108
	Name of Contact: Benjamin Olagadeyo
	Telephone Number: 973-733-7220 x 8149

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Ivy Hill Elementary School	Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 107 Ivy Street	
City (5): Newark	Square Feet: 100,000 / # of Floors: 4 / Bldg. Age: 100
County (6): Essex / County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): School
Name of Monitoring Firm Hired by Building Owner (8): TTI Environmental, Inc. / ASCM No.	Name of Abatement Contractor (9): Shade Environmental, LLC
Street Address: 1253 N. Church Street	Street Address: 623 Cutler Avenue
City, State, Zip Code: Moorestown, NJ 08057	City, State, Zip Code: Maple Shade, NJ 08052
Project Manager for Monitoring Firm: Jim Guilardi / Telephone No.: 856-840-8800	Telephone No.: 856-755-0099 / License No.: 00842
Start Date (10): 10/09/2026 / Scheduled Completion Date (11): 10/12/2026	Name of OSHA Monitor: EMSL Analytical, Inc.
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____	Street Address: 200 Route 130 North
	City, State, Zip Code: Cinnaminson, NJ 08077

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
Cafeteria		X		Pipe Insulation	8 LF	X			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 1	Name of Registered Landfill: Conestoga Landfill
City, State: Freehold, NJ		Disposal Date: 10/12/2026	City, State: Morgantown, PA
Completed by: Samantha Brown	Title: Operations Manager	Signature: Samantha	Date: 10/09/2026

ASB-41 (R-06-08)

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 10/12/2026	Name of Building Owner/Operator (2): Corning Pharmaceutical Glass, LLC
Agencies Notified: ☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 563 Crystal Avenue
	City, State, Zip Code: Vineland, NJ 08360
	Name of Contact: Jeff Kerchner — Telephone Number: 607-422-0152

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Corning Pharmaceutical Glass	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 563 Crystal Avenue	Square Feet: 17,000 — # of Floors: 2 — Bldg. Age: 70
City (5): Vineland	
County (6): Cumberland — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Industrial
Name of Monitoring Firm Hired by Building Owner (8): N/A — ASCM No.: N/A	Name of Abatement Contractor (9): Shade Environmental, LLC
Street Address: N/A	Street Address: 623 Cutler Avenue
City, State, Zip Code: N/A	City, State, Zip Code: Maple Shade, NJ 08052
Project Manager for Monitoring Firm: N/A — Telephone No.: N/A	Telephone No.: 856-755-0099 — License No.: 00842
Start Date (10): 10/26/2026 — Scheduled Completion Date (11): 11/13/2026	Name of OSHA Monitor: EMSL Analytical, Inc.
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: Non-friable, exterior removal	Street Address: 200 Route 130 North — City, State, Zip Code: Cinnaminson, NJ 08077

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
Building 33 - Exterior		X		Roofing	17,000 SF	X			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 240	Name of Registered Landfill: Cumberland County Landfill
City, State: Freehold, NJ		Disposal Date: 11/13/2026	City, State: Millville, NJ
Completed by: Christina Fay	Title: VP of Operations	Signature:	Date: 10/12/2026

ASB-41 (R-06-08)

*Courtesy Notification

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

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ASBESTOS CONTROL & LICENSING

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1): 10 / 16 / 26	Name of Building Owner/Operator (2): GOLDSTONE VENTURES19, LLC
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 264 Washington Avenue
	City, State, Zip Code: Belleville, NJ 07109
	Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): House	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 26 Winfield Avenue	
City (5): Jersey City	Square Feet: 2,000 / # of Floors: 2 / Bldg. Age: 80 + yrs.
County (6): Hudson / County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): House

Name of Monitoring Firm Hired by Building Owner (8): ABS Environmental Group / ASCM No.: N/A		Name of Abatement Contractor (9): SafeAir Solutions
Street Address: P.O. Box 483		Street Address: P.O. Box 11
City, State, Zip Code: Glenwood, NJ 07418		City, State, Zip Code: Cedar Grove, NJ 07009
Project Manager for Monitoring Firm: Scott Higgins / Telephone No.: 973-764-2276		Telephone No.: 973-868-3323 / License No.: 02115
Start Date (10): 10 / 29 / 26	Scheduled Completion Date (11): 11 / 10 / 26	Name of OSHA Monitor: Same as above
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address / City, State, Zip Code

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) 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				Pipe Insulation	120 LF	X			
Throughout 1st & 2nd Floors	☐	☐	☒	Wall/Ceiling Plaster	5,500 SF	☒	☐	☐	☐
1st Fl. Kitchen & 2nd Fl. NW Room	☐	☐	☒	Floor Tiles	180 SF	☒	☐	☐	☐
2nd Fl. Kitchen Storage & SE Rms.	☐	☐	☒	Linoleum	200 SF	☒	☐	☐	☐
Flat Overhang roof areas	☐	☐	☒	Roofing Membrane	150 SF	☒	☐	☐	☐

Name of Registered Waste Hauler: Century Waste Services	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: 40	Name of Registered Landfill: Fairless Landfill
City, State: Elizabeth, NJ		Disposal Date: Nov. 2026	City, State: Morrisville, PA

Completed By (Print or Type)	Title	Signature	Date
James E Unger	President		10-16-26

ASB-41
MAY 11

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

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OCT 21 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): **10-16-2026**	Name of Building Owner / Operator (2): **Mr. Michael Marino**
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended ☐ Emergency ☐ Cancellation
	Street Address: **2299 Brodhead Rd., Suite G**
	City, State & Zip Code: **Bethlehem, PA 18020**
	Name of Contact: **Mr. Michael Marino** — Telephone Number: **610-573-9352**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Commercial Property**	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: **1011 State Route 173**	Square Feet: **100** — # of Floors: **1** — Bldg. Age: **56**
City (5): **Bethlehem** — County (6): **Hunterdon** — County Code (7):	Current Use (Prior if being demolished): **Commercial property**
Name of Monitoring Firm Hired by Building Owner (8): — ASCM No.:	Name of Abatement Contractor (9): **Resource Management Group, LLC.**
	Street Address: **2115 Hamilton Avenue, Suite 202**
	City, State & Zip Code: **Trenton, NJ 08619**
	Telephone Number: **609-914-4279** — License Number: **01185**
Scheduled Start Date (10): **11-02-2026** — Scheduled Completion Date (11): **11-03-2026**	Name of OSHA Monitor: **J&S Environmental Laboratories, Inc.**
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed During Normal Hours — Describe: **8:30am to 4:30pm** ☐ Facility Occupied During Abatement	Street Address: **2333 Route 22 West** — City, State & Zip Code: **Union, NJ 07083**

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf ≥260 lf — ☐ Renovation ☒ Demolition — ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glove Bag Procedures ☒ Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) 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
Shed(detached) Window	☐	☐	☒	**Window Glazing**	**30SF**	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: **Resource Management Group, LLC.**	NJDEP Waste Hauler ID No.: **0035218**	Cubic Yards of Waste: **TBD**	Name of Registered Landfill: **Grows Landfill**
City, State: **Trenton, NJ 08619**		Disposal Date: **TBD**	City, State: **Morrisville, PA**
Completed By (Print or Type): **Mr. Brian Haney**	Title: **President**	Signature: *Brian Haney*	Date: **10-16-2026**

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 10/19/26		Name of Building Owner/Operator (2): Camden County Police Department	
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 800 Federal St	
		City, State, Zip Code: Camden NJ 08103	
		Name of Contact: Jim Bruno	Telephone Number: 609-820-5688

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Camden County Police Department		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 800 Federal St			
City (5): Camden NJ 08103		Square Feet: 1200+	# of Floors: 3 / Bldg. Age: 50+
County (6): Camden	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8): TTI Environmental Inc	ASCM No.	Name of Abatement Contractor (9): Pernaco Inc.	
Street Address: 1253 North Church St		Street Address: PO Box 329	
City, State, Zip Code: Moorestown NJ 08057		City, State, Zip Code: West Berlin NJ 08091	
Project Manager for Monitoring Firm: James Guilardi	Telephone No.: 609-314-1683	Telephone No.: 856-753-9800	License No.: 00727
Start Date (10): 11/2/26	Scheduled Completion Date (11): 11/13/26	Name of OSHA Monitor: Same	
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: Area Closed off		Street Address:	
		City, State, Zip Code:	

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) 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 Fl BWC/ Radio Room			x	Floor Tile & Mastic	516 SF	x			
1st Fl Training Room			x	Floor Tile & Mastic	792 SF	x			
Prisoners Sally Port			x	Floor Tile & Mastic	12 SF	x			

Name of Registered Waste Hauler: Pernaco	NJDEP Waste Hauler ID No.: 21787	Cubic Yards of Waste: 6	Name of Registered Landfill: Fairless Hills
City, State: West Berlin, NJ		Disposal Date: 11/13/26	City, State: Morrisville, PA, 19067

Completed by: Anthony T Perna	Title: President	Signature	Date: 10/19/26

ASB-41 (R-06-08)

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OCT 21 2026
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 10/19/26		Name of Building Owner/Operator (2):	
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended ☐ Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 27 N 19th Street	
		City, State, Zip Code: Surf City NJ 08008	
		Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 27 N 19th Street		Square Feet: 1200+	# of Floors: 2
City (5): Surf City NJ 08008			Bldg. Age: 50+
County (6): Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished): House	
Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): Pernaco Inc.	
Street Address:		Street Address: PO Box 329	
City, State, Zip Code:		City, State, Zip Code: West Berlin NJ 08091	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 856-753-9800	License No.: 00727
Start Date (10): 10/29/26	Scheduled Completion Date (11): 11/4/26	Name of OSHA Monitor: Same	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address:	
		City, State, Zip Code:	

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) 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
Exterior Siding			x	Exterior Siding	1200 SF	x			

Name of Registered Waste Hauler: Pernaco	NJDEP Waste Hauler ID No.: 21787	Cubic Yards of Waste: 3	Name of Registered Landfill: Fairless Hills
City, State: West Berlin, NJ		Disposal Date: 11/4/26	City, State: Morrisville, PA, 19067
Completed by: Anthony T Perna	Title: President	Signature:	Date: 10/19/26

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

ASB-41 (R-06-08)

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

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OCT 21 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/15/2026	Name of Building Owner/Operator (2): Aventine Construction, LLC
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 616 Alexander Avenue City, State, Zip Code: Maple Shade, NJ 08052 Name of Contact: Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: Route 70 & Eryestown Road			
City (5): Medford		Square Feet: 4,000	# of Floors: 2 / Bldg. Age: 75
County (6): Burlington	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Farmhouse	
Name of Monitoring Firm Hired by Building Owner (8): Finog Environmental, Inc.	ASCM No.	Name of Abatement Contractor (9): Shade Environmental, LLC	
Street Address: 617 Stokes Road, Suite 318		Street Address: 623 Cutler Avenue	
City, State, Zip Code: Medford, NJ 08055		City, State, Zip Code: Maple Shade, NJ 08052	
Project Manager for Monitoring Firm: Mark Rubnitz	Telephone No.: 609-868-1676	Telephone No.: 856-755-0099	License No.: 00842
Start Date (10): 10/28/2026	Scheduled Completion Date (11): 11/02/2026	Name of OSHA Monitor: EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: 200 Route 130 North City, State, Zip Code: Cinnaminson, NJ 08077	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
Exterior Roof		X		Shingles	3,600 SF	X			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 30	Name of Registered Landfill: Conestoga Landfill
City, State: Freehold, NJ		Disposal Date: 11/02/2026	City, State: Morgantown, PA
Completed by: Samantha Brown	Title: Operations Manager	Signature:	Date: 10/15/2026

ASB-41 (R-06-08)

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

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CONSUMER AFFAIRS-CONSUMER PROTECTION & LICENSING

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

Date of Notification (1): 10-16-26

Name of Building Owner/Operator (2): REUTER CONSTRUCTION

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

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

Street Address: 959 N. BEECHAM RD

City, State, Zip Code: WILLIAMSTOWN N.J 08094

Name of Contact: | Telephone Number:

FACILITY INFORMATION

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

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

Street Address: 501 23RD ST

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

City (5): OCEAN CITY

County (6): CAPE MAY

County Code (7) (STATE USE ONLY):

Current Use (Prior if being demolished): VACANT

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

ASCM No.:

Name of Abatement Contractor (9): KLEMCO INC

Street Address:

Street Address: 369 S SPRUCE AVE

City, State, Zip Code:

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

Project Manager for Monitoring Firm | Telephone No:

Telephone No: 856-779-0472 | License No: # 01371

Start Date (10): 10-27-26 | Scheduled Completion Date (11): 11-7-26

Name of OSHA Monitor: N/A

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

Street Address:

City, State, Zip Code:

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) 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
			X	TRANSITE	2500 SF	X			
SIDING									

Name of Registered Waste Hauler: KLEMCO INC

NJDEP Waste Hauler ID No.: 17904

Cubic Yards of Waste: 4

Disposal Date:

Name of Registered Landfill: CAPE MAY

City, State: WOODBINE NJ

City, State: MAPLE SHADE N.J

Completed By: MICHAEL KLEMCO

Title: PRES

Signature:

Date: 10-16-26

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 10-16-26

Name of Building Owner/Operator (2): ZRM BUILDERS

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

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

Street Address: 2778 DUNE DR

City, State, Zip Code: AVALON NJ 08202

Name of Contact: _____ Telephone Number: _____

FACILITY INFORMATION

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

Street Address: 29 85TH ST.

City (5): SEA ISLE CITY

County (6): CAPE MAY

County Code (7) (STATE USE ONLY): _____

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

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

Current Use (Prior if being demolished): VACANT

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

Street Address: _____

City, State, Zip Code: _____

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

Name of Abatement Contractor (9): KLEMCO INC

Street Address: 369 S. SPRUCE AVE

City, State, Zip Code: MAPLE SHADE NJ 08052

Telephone No.: 856-779-0472 License No.: 13371

Start Date (10): 10-16-26 Scheduled Completion Date (11): 11-6-26

Name of OSHA Monitor: N/A

Street Address: _____

City, State, Zip Code: _____

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

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 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) 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
SIDING			X	TRANSITE	1250 SF	X			

Name of Registered Waste Hauler: KLEMCO INC NJDEP Waste Hauler ID No.: 13904 Cubic Yards of Waste: 5 Name of Registered Landfill: CMCMUA

City, State: MAPLE SHADE N.J 08052 Disposal Date: _____ City, State: WOODBINE NJ

Completed By: MICHAEL KLEMM Title: PRES. Signature: [signature] Date: 10-16-26

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

Date of Notification (1): 10-15-26

Name of Building Owner/Operator (2): REUTER CONSTRUCTION

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

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

Street Address: 959 N. BEECHAM RD

City, State, Zip Code: WILLIAMSTOWN N.J 08094

Name of Contact: | Telephone Number:

FACILITY INFORMATION

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

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

Street Address: 4909 HAVEN AVE

City (5): OCEAN CITY | Square Feet: 1500 | # of Floors: 2 | Bldg Age: 50

County (6): CAPE MAY | County Code (7) (STATE USE ONLY): | Current Use (Prior if being demolished): VACANT

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

Name of Abatement Contractor (9): KLEMCO INC

Street Address: | Street Address: 369 S SPRUCE AVE

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

Project Manager for Monitoring Firm: | Telephone No: | Telephone No: 856-779-0472 | License No: # 01371

Start Date (10): 10-26-26 | Scheduled Completion Date (11): 11-6-26

Name of OSHA Monitor: N/A

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

Street Address:

City, State, Zip Code:

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) 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
SIDING			X	TRANSITE	2500 SF	X			

Name of Registered Waste Hauler: KLEMCO INC | NJDEP Waste Hauler ID No.: 17904 | Cubic Yards of Waste: 4 | Disposal Date: | Name of Registered Landfill: CMCMVIA | City, State: WOODBINE NJ

City, State: MAPLE SHADE N.J

Completed By: MICHAEL KLEMM | Title: PRES | Signature: | Date: 10-15-26

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 10-15-26

Name of Building Owner/Operator (2): CLARKE EDWARD DEVELOPMENT

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

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

Street Address: 111 E 9TH ST 3RD FLOOR

City, State, Zip Code: OCEAN CITY N.J 08226

Name of Contact: _____ Telephone Number: _____

FACILITY INFORMATION

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

Street Address: 242 110TH ST

City (5): STONE HARBOR

County (6): CAPE MAY

County Code (7) (STATE USE ONLY): _____

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

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

Current Use (Prior if being demolished): VACANT

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

Street Address: _____

City, State, Zip Code: _____

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

Name of Abatement Contractor (9): KLEMCO INC

Street Address: 369 S. SPRUCE AVE

City, State, Zip Code: MAPLE SHADE NJ 08052

Telephone No.: 856-779-0422 License No.: 13371

Start Date (10): 10-25-26 Scheduled Completion Date (11): 11-5-26

Name of OSHA Monitor: N/A

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

Street Address: _____

City, State, Zip Code: _____

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) 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
SIDING			X	TRANSITE	1000 SF	X			

Name of Registered Waste Hauler: KLEMCO INC NJDEP Waste Hauler ID No.: 17904 Cubic Yards of Waste: 5 Name of Registered Landfill: CMCMUA

City, State: MAPLE SHADE N.J 08052 Disposal Date: _____ City, State: WOODBINE NJ

Completed By: MICHAEL KLEMM Title: PRES. Signature: _____ Date: 10-15-26

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
08/01/2026	Frank Notaro

Agencies Notified	Type Notification	Street Address
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	2890 Woodbridge Ave

City, State, Zip Code	Name of Contact	Telephone Number
Edison, NJ 08837	Frank Notaro, Ajanta Consulting, LLC	732-321-4369

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Commercial	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 2890 Woodbridge Ave	

City (5)	Square Feet	# of Floors	Bldg. Age
Edison, NJ 08837	TBD	TBD	TBD

County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)
Middlesex	_____	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
		VEL Construction, LLC
Street Address		Street Address: 75 Voorhis Place
City, State, Zip Code		City, State, Zip Code: Ringwood NJ 07456

Project Manager for Monitoring Firm	Telephone No.	Telephone No.	License No.
		201- 466-0166	02126

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
08/10/2026	09/07/2026	

Occupancy Status During Abatement (Check Only One)	Street Address
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____	City, State, Zip Code

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) 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		carpet tile, yellow & black mastic	7,000 SF	x			
First Floor		x		carpet tile, yellow & black mastic	7,000 SF	x			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Century Waste Services	32797	30	Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 09/072026	City, State: Pen Argyl, PA

Completed by	Title	Signature	Date
Lubica Perez	Owner	Lubica Perez	08/01/2026

ASB-41 (R-06-08)

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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): 09/09/2026	Name of Building Owner/Operator (2): Frank Notaro
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA Type Notification: [ ] Initial [x] Amended Amendment # 1 [ ] Emergency (including justification) [ ] Cancellation	Street Address: 2890 Woodbridge Ave City, State, Zip Code: Edison, NJ 08837 Name of Contact: Frank Notaro, Ajanta Consulting, LLC Telephone Number: 732-321-4369

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Commercial Street Address: 2890 Woodbridge Ave	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)		
City (5): Edison, NJ 08837	Square Feet: TBD	# of Floors: TBD	Bldg. Age: TBD
County (6): Middlesex	County Code (7) *(STATE USE ONLY)*:	Current Use (Prior if being demolished)	

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

Start Date (10): 09/10/2026	Scheduled Completion Date (11): 10/15/2026	Name of OSHA Monitor

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

Street Address
City, State, Zip Code

Scope of Work (Check All That Apply)
- [ ] ≥3 sf or ≥3 lf
- [x] ≥160 sf or ≥260 lf
- [x] Renovation
- [ ] Demolition
- [x] 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) 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		carpet tile, yellow & black mastic	7,000 SF	x			
First Floor		x		carpet tile, yellow & black mastic	7,000 SF	x			
Second Floor		x		carpet tile, yellow & black mastic	7,600 SF	x			
Attic		x		pipe insulation	20 LF	x			

Name of Registered Waste Hauler: Century Waste Services	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: 30	Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 10/15/2026	City, State: Pen Argyl, PA

Completed by: Lubica Perez	Title: Owner	Signature: Lubica Perez	Date: 09/09/2026

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/16/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation
Street Address: 29 Oakley Terrace	
City, State, Zip Code: Nutley, NJ 07110	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential House	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 29 Oakley Terrace	
City (5): Nutley, NJ 07110	Square Feet: 1,483 / # of Floors: 2 / Bldg. Age: 1954
County (6): Essex / County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): VEL Construction, LLC
Street Address		Street Address: 75 Voorhis Place
City, State, Zip Code		City, State, Zip Code: Ringwood NJ 07456
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-466-0166 / License No.: 02126
Start Date (10): 10/20/2026	Scheduled Completion Date (11): 10/24/2026	Name of OSHA Monitor
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address / City, State, Zip Code

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) 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		duct insulation	5 LF	x			
Garage		x		duct insulation	3 LF	x			

Name of Registered Waste Hauler: Century Waste Services	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: 5	Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 10/24/2026	City, State: Pen Argyl, PA

Completed by: Lubica Perez	Title: Owner	Signature: Lubica Perez	Date: 10/16/2026

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 10/14/2026		Name of Building Owner/Operator (2)	
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 18 Lakeside Dr E	
		City, State, Zip Code: Belvidere, NJ 07823	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential House		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 18 Lakeside Dr E			
City (5): Belvidere, NJ 07823		Square Feet: 1,296	# of Floors: 2 / Bldg. Age: 1947
County (6): Warren	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): VEL Construction, LLC	
Street Address		Street Address: 75 Voorhis Place	
City, State, Zip Code		City, State, Zip Code: Ringwood NJ 07456	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-466-0166	License No.: 02126
Start Date (10): 10/27/2026	Scheduled Completion Date (11): 11/03/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address	
		City, State, Zip Code	

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) 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		boiler insulation	50 SF	x			

Name of Registered Waste Hauler: Century Waste Services	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: 5	Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 11/03/2026	City, State: Pen Argyl, PA

Completed by: Lubica Perez	Title: Owner	Signature: *Lubica Perez*	Date: 10/14/2026

ASB-41 (R-06-08)

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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) 10/14/2026		Name of Building Owner/Operator (2)	
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 28 Wantage Ave	
		City, State, Zip Code Branchville, NJ 07826	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 28 Wantage Ave			
City (5) Branchville, NJ 07826		Square Feet 2,100	# of Floors 2
			Bldg. Age 1902
County (6) Sussex	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC	
Street Address		Street Address 75 Voorhis Place	
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-466-0166	License No. 02126
Start Date (10) 10/28/2026	Scheduled Completion Date (11) 11/03/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address City, State, Zip Code	

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) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement		x		pipe insulation above drop ceiling	85 LF	x			

Name of Registered Waste Hauler Century Waste Services	NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill
City, State Elizabeth, NJ		Disposal Date 11/03/2026	City, State Pen Argyl, PA

Completed by Lubica Perez	Title Owner	Signature *Lubica Perez*	Date 10/14/2026

ASB-41 (R-06-08)

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

Date of Notification (1): 10/13/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 26 Tremont Terrace City, State, Zip Code: Livingston, NJ 07039 Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential House			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 26 Tremont Terrace			
City (5): Livingston, NJ 07039	Square Feet: 2,796	# of Floors: 2	Bldg. Age: 1969
County (6): Essex	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): VEL Construction, LLC	
Street Address		Street Address: 75 Voorhis Place	
City, State, Zip Code		City, State, Zip Code: Ringwood NJ 07456	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-466-0166	License No.: 02126
Start Date (10): 10/22/2026	Scheduled Completion Date (11): 10/29/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address City, State, Zip Code	

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) 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		Floor tile	482 SF	x			
Family room		x		Vinyl plank flooring	299 SF	x			
Under the stairs		x		Floor tile and vinyl plank flooring	56 SF	x			

Name of Registered Waste Hauler: Century Waste Services	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: 5	Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 10/29/2026	City, State: Pen Argyl, PA

Completed by: Lubica Perez	Title: Owner	Signature: Lubica Perez	Date: 10/13/2026

ASB-41 (R-06-08)

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

Print Form

4016

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

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OCT 21 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/13/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: 43 Alexander Ave	
City, State, Zip Code: Madison, NJ 07940	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential House			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 43 Alexander Ave			
City (5): Madison, NJ 07940	Square Feet: 1,400	# of Floors: 2	Bldg. Age: 1949
County (6): Morris	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): VEL Construction, LLC	
Street Address		Street Address: 75 Voorhis Place	
City, State, Zip Code		City, State, Zip Code: Ringwood NJ 07456	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-466-0166	License No.: 02126
Start Date (10): 10/22/2026	Scheduled Completion Date (11): 10/29/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address	
		City, State, Zip Code	

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) 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
Exterior		x		siding	1,500 SF	x			

Name of Registered Waste Hauler: Century Waste Services	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: 5	Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 10/29/2026	City, State: Pen Argyl, PA

Completed by: Lubica Perez	Title: Owner	Signature: *Lubica Perez*	Date: 10/13/2026

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3989

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

PAID Check 3989 RECEIVED OCT 21 2026 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 10/10/2026		Name of Building Owner/Operator (2)	
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 95 New St City, State, Zip Code Nutley, NJ 07110 Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 95 New St			
City (5) Nutley, NJ 07110		Square Feet 1,512	# of Floors 2	Bldg. Age 1925
County (6) Essex	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC	
Street Address		Street Address 75 Voorhis Place	
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-466-0166	License No. 02126
Start Date (10) 10/19/2026	Scheduled Completion Date (11) 10/26/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address City, State, Zip Code	

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) 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
Bedroom		x		wall	85 SF	x			
Bathroom		x		wall	50 SF	x			

Name of Registered Waste Hauler Century Waste Services	NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill
City, State Elizabeth, NJ		Disposal Date 10/26/2026	City, State Pen Argyl, PA

Completed by Lubica Perez	Title Owner	Signature *Lubica Perez*	Date 10/10/2026

ASB-41 (R-06-08)

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3928

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): 09/09/2026	Name of Building Owner/Operator (2): Frank Notaro
Agencies Notified: [x] EPA [ ] DEP [ ] DOL [ ] DOH [ ] DCA Type Notification: [ ] Initial [x] Amended Amendment # 1 [ ] Emergency (including justification) [ ] Cancellation	Street Address: 2890 Woodbridge Ave City, State, Zip Code: Edison, NJ 08837 Name of Contact: Frank Notaro, Ajanta Consulting, LLC Telephone Number: 732-321-4369

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Commercial Street Address: 2890 Woodbridge Ave	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)		
City (5): Edison, NJ 08837	Square Feet: TBD	# of Floors: TBD	Bldg. Age: TBD
County (6): Middlesex	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): VEL Construction, LLC	
Street Address		Street Address: 75 Voorhis Place	
City, State, Zip Code		City, State, Zip Code: Ringwood NJ 07456	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201- 466-0166	License No.: 02126
Start Date (10): 09/10/2026	Scheduled Completion Date (11): 10/15/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address City, State, Zip Code	

Scope of Work (Check All That Apply)

- [ ] ≥3 sf or ≥3 lf
- [x] ≥160 sf or ≥260 lf
- [x] Renovation
- [ ] Demolition
- [x] 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) 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		carpet tile, yellow & black mastic	7,000 SF	x			
First Floor		x		carpet tile, yellow & black mastic	7,000 SF	x			
Second Floor		x		carpet tile, yellow & black mastic	7,600 SF	x			
Attic		x		pipe insulation	20 LF	x			

Name of Registered Waste Hauler: Century Waste Services	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: 30	Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 10/15/2026	City, State: Pen Argyl, PA

Completed by: Lubica Perez	Title: Owner	Signature: Lubica Perez	Date: 09/09/2026

ASB-41 (R-06-08)

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OCT 23 2026

ASBESTOS CONTROL & LICENSING

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1): 10/19/2026		Name of Building Owner/Operator (2):	
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancelation	Street Address: 257 South Burnet Street, 1st Fl	
		City, State, Zip Code: East Orange, NJ 07018	
		Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & Commercial buildings, homes, etc.)	
Street Address: 257 South Burnet Street, 1st Fl			
City (5): East Orange		Square Foot: 2,500	# of Floors: 2 / Bldg. Age: 55+
County (6): Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8):	ASCM No.	Name of Abatement Contractor (9): Unicorn Contracting Corp.	
Street Address:		Street Address: 14 Willow Street	
City, State, Zip Code:		City, State, Zip Code: Bloomfield, NJ 07003	
Project Manager fo Monitoring Firm	Telephone No.	Telephone No.: 973-333-9176	License No.: 01331
Start Date (10): 10/21/2026	Scheduled Completion Date (11): 10/22/2026	Name of OSHA Monitor: Envirovision Consultants, Inc.	
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: 8am-4:30pm		Street Address: 20-21 Wagaraw Rd., Bldg. 35-E	
		City, State, Zip Code: Fair Lawn, NJ 07410	

Scope of Work (Check All That Apply)

☒ ≥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) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specity SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement boiler room		X		TSI	20 LF	X			

Name of Registered Waste Hauler: Unicorn Contracting Corp.	NJDEP Waste Hauler ID No.: 0035844	Cubic Yards of Waste: 1+	Name of Regustered Landfill: Fairless Hills Landfill
City, State: Bloomfield, New Jersey		Disposal Date: TBD	City, State: Morrisville, PA

Completed by: Blazhe Grozdanov	Title: Project Manager	Signature:	Date: 10/19/2026

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

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OCT 23 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
10/21/2026	

Agencies Notified	Type Notification	Street Address	City, State, Zip Code	Name of Contact	Telephone Number
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	829 Mt Prospect Ave	Newark NJ 07104		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Residential Home	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 829 Mt Prospect Ave	
City (5): Newark	Square Feet: # of Floors: 2 Bldg. Age: +50
County (6): Essex	County Code (7) *(STATE USE ONLY)* _____
Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
		United Demo LLC
Street Address		Street Address: 143 Acme St
City, State, Zip Code		City, State, Zip Code: Elizabeth NJ 07202
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 862-218-3930 / License No.: 02045
Start Date (10): 10/31/2026	Scheduled Completion Date (11): 11/01/2026	Name of OSHA Monitor: United Demo LLC

Occupancy Status During Abatement (Check Only One)

☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe: _____

Street Address: 143 Acme St
City, State, Zip Code: Elizabeth NJ 07202

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) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	100 LF	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
United Demo LLC	0040986	As Needed	Fairless Landfill
City, State: Elizebeth NJ		Disposal Date: TBD	City, State: Morrisville PA

Completed by	Title	Signature	Date
Jose N Rosas	Project Manager		10/21/2026

ASB-41 (R-06-08)

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

OCT 26 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/19/2026	Name of Building Owner/Operator (2): Bank of America
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☒ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 450 Route 33
	City, State, Zip Code: Mercerville, NJ 08619
	Name of Contact: Arleen O'Donnell — Telephone Number: (609) 890-3330

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Bank of America – Mercerville	Type of Facility (4): ☐ School (K-12) ☒ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 450 Route 33	
City (5): Mercerville	Square Feet: — # of Floors: — Bldg. Age: —
County (6): Mercer — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Bank

Name of Monitoring Firm Hired by Building Owner (8): TRC Engineers, Inc.	ASCM No.	Name of Abatement Contractor (9): Pure Environmental, Inc.	
Street Address: 1407 Broadway Suite 3301		Street Address: 1 12th Street	
City, State, Zip Code: New York, NY 10018		City, State, Zip Code: Brooklyn, NY 11215	
Project Manager for Monitoring Firm: Anthony Sigona — Telephone No.: 212-221-7822		Telephone No.: 212-431-2094	License No.: 02137
Start Date (10): 10/31/2026	Scheduled Completion Date (11): 11/30/2026	Name of OSHA Monitor: Douglas Lyon	
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: 14 Ashington Drive City, State, Zip Code: Ossining, NY 10562	

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) 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		Joint Compound	10 SF	X			

Name of Registered Waste Hauler: ATC	NJDEP Waste Hauler ID No.: 24310	Cubic Yards of Waste: 10 Yards	Name of Registered Landfill: Minerva Enterprises
City, State: Shirley, NY 11967		Disposal Date: 10/31/2026	City, State: Waynesburg, OH 44688

Completed by: Douglas Lyon	Title: Project Manager	Signature:	Date: 10/19/2026

ASB-41 (R-06-08)

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2276

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

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OCT 26 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10 / 20 / 26	Name of Building Owner/Operator (2): Rowan University
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 201 Mullica Hill Road
	City, State, Zip Code: Glassboro NJ. 08028
	Name of Contact: Tom Gallia — Telephone Number: 856-256-4142

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Wilson Hall - Room 107	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 201 Mullica Hill Road	
City (5): Glassboro	Square Feet: 100,000 — # of Floors: 3 — Bldg. Age: +/- 50
County (6): Gloucester — County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): Vacant

Name of Monitoring Firm Hired by Building Owner (8): Dynamic Earth LLC — ASCM No.:	Name of Abatement Contractor (9): USA Environmental Management, Inc.	
Street Address: 826 Newtown Yardley Road Suite 201	Street Address: 8436 Enterprise Avenue	
City, State, Zip Code: Newtown, PA 18940	City, State, Zip Code: Philadelphia, PA 19153	
Project Manager for Monitoring Firm: Rafael Torres — Telephone No.: 609-890-7277	Telephone No.: 215-365-5810 — License No.: 1156	
Start Date (10): 10 / 30 / 26 — Scheduled Completion Date (11): 10 / 30 / 26	Name of OSHA Monitor: USA Environmental Management, Inc	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00 AM-_____PM/3:30PM-_____AM	Street Address: 8436 Enterprise Avenue; City, State, Zip Code: Philadelphia, PA 19153	

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) 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
Room 107	☐	☐	☒	Glue Dots	30 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: USA Environmental Management, Inc. — NJDEP Waste Hauler ID No.: 32610	Cubic Yards of Waste: 01	Name of Registered Landfill: Western Berks Landfill	
City, State: Philadelphia, PA	Disposal Date: 12/31/2026	City, State: Birdsboro, PA	
Completed By (Print or Type): Tracy Smith	Title: President	Signature: For- T-Smith	Date: 10/20/26

ASB-41
MAY 11

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44708

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

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OCT 26 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
10 / 20 /2026	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	Type Notification
[ ] EPA	[X] Initial Notification
[ ] DEP	[ ] Amended Notification
[X] DOL	[ ] Cancellation
[X] DOH	[ ] On Hold
[ ] DCA	[ ] EMERGENCY NOTIFICATION

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
VERIZON	[ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] 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): US ENVIRONMENTAL — ASCM No.: 17	Name of Abatement Contractor (9): PAR ENVIRONMENTAL CORPORATION
Street Address: 344 WEST STATE STREET	Street Address: 313 SPOOK ROCK ROAD
City, State, Zip Code: TRENTON, NEW JERSEY 08618	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): 10 / 30 /26 (Month / Day / Year) — Sched. Completion Date (11): 11 / 30 /26 (Month / Day / Year)	Name of OSHA Monitor: QUALITY ENVIRONMENTAL
Occupancy Status During Abatement (Check only one) [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours - Describe: [X] 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
- [ ] Renovation
- [X] >3SF OR LF
- [ ] >160 SF OR 260 LF
- [ ] Full Containment
- [X] Mini-Enclo ,
- [ ] Glovebag Procedure
- [ ] Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12) Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
3RD FLOOR AC ROOM WALL CHASE			X	PIPE INSULATION	8 LF	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
NEWARK CARTING	913	1	GRAND CENTRAL SANITARY
City, State: NEWARK , NEW JERSEY		Disposal Date: 10/30/26-11/30/2026	City, State: PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)	Title	Signature	Date
BENJAMIN SANCHEZ	VICE PRESIDENT, OPERATIONS		10/20/26

DO CK

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

RECEIVED
OCT 26 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1)
10 / 20 /2026

Name of Building Owner/Operator (2)
SHORT HILLS ASSOCIATES, LLC

Street Address
225 W WASHINGTON STREET, 9TH FLOOR

City, State, Zip Code
INDIANAPOLIS, IN 46024

Name of Contact
NEIL BUKOURICZ

Telephone Number
317-845-6739

Agencies Notified
- [ ] EPA
- [ ] DEP
- [X] DOL
- [X] DOH
- [ ] DCA

Type Notification
- [ ] Initial Notification
- [X] Amended Notification #1
- [ ] Cancellation
- [ ] On Hold
- [ ] EMERGENCY NOTIFICATION

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
MALL AT SHORT HILLS

Type of Facility (4)
- [ ] School (K-12)
- [ ] Subchapter 8 (Other than K-12)
- [X] Other (ie. private & commcl. bldgs., homes, etc.)

Street Address
1200 MORRIS TURNPIKE SPACE D123

Square Feet	# of Floors	Bldg. Age
1,400,000	2	66

City (5)	County (6)	County Code (7) (STATE USE ONLY)
SHORT HILLS	ESSEX	

Current Use (Prior if being demolished)
COMMERCIAL

Name of Monitoring Firm Hired by Building Owner (8)
HILLMANN CONSULTING

ASCM No.
104

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
1600 Route 22 East, Suite 107

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
UNION, NJ 07083

City, State, Zip Code
SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm
BRUNO ROCHA

Telephone Number
908-688-7800

Telephone Number
845-369-7500

License Number
1101

Expected State Date (10)
10 / 12 /2026
Month Day Year

Sched. Completion Date (11)
10 / 20 /2026
Month Day Year

Name of OSHA Monitor
QUALITY ENVIRONMENTAL

Occupancy Status During Abatement (Check only one)
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe:
- [X] Other - Describe: MONDAY THRU FRIDAY 7AM-3:30 PM

Street Address
1376 ROUTE 9

City, State, Zip Code
WAPPINGER FALLS, NY 12590

Scope of Work (Check all that apply)
- [ ] Demolition
- [X] Renovation
- [ ] >3SF OR LF
- [X] >160 SF OR 260 LF

- [ ] Full Containment
- [ ] Mini-Enclo ,
- [ ] Glovebag Procedure
- [X] Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12) Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
EXT NOT ENTIRE FLR, ROOF ABOVE SPACE D123			X	REMOVAL; NON FRIABLE ROOF FLASHING	60 SF	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
NEWARK CARTING 369 RAYMOND BLVD.	913	5	GRAND CENTRAL SANITARY LANDFILL
City, State NEWARK, NEW JERSEY 07105		Disposal Date 10/11/2026-10/14/2026	City, State PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)	Title	Signature	Date
BENJAMIN SANCHEZ	VP, OPERATIONS		10-20-26

035

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

RECEIVED
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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/22/2026	Name of Building Owner/Operator (2): COS WAREHOUSE 11 LLC
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 785 RAHWAY AVE City, State, Zip Code: UNION, NJ 07083 Name of Contact: MOTTY CONSTRUCTION Telephone Number: 917-319-9565

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): WAREHOUSE			Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1140 MORRIS AVE			
City (5): UNION	Square Feet: 3000SF	# of Floors: 2	Bldg. Age: +50
County (6): UNION	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished): STORAGE

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): MALCO ENVIRONMENTAL LLC	
Street Address		Street Address: 24 LINCOLN AVE W	
City, State, Zip Code		City, State, Zip Code: CRANFORD, NJ 07016	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 7325133487	License No.: 02113
Start Date (10): 10/31/2026	Scheduled Completion Date (11): 11/02/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address City, State, Zip Code	

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[ ] ≥160 sf or ≥260 lf
[x] Renovation
[ ] Demolition
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[x] 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) 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
PIPE INSULATION		X		MAIN AREA	60LF	X			

Name of Registered Waste Hauler: CENTURY WASTE	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste	Name of Registered Landfill: United States
City, State: 623 DOWD AVE ELIZABETH, NJ 07201		Disposal Date	City, State: MORRISVILLE, PA
Completed by: JENNIFER GOMES	Title: PRESIDENT	Signature	Date: 10/22/2026

ASB-41 (R-06-08)

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

21583

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/19/2026	Name of Building Owner/Operator (2):
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Notification Type: [X] Initial [ ] Amended # ____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 53 Main St
	City, State, Zip Code: Glen Rock, NJ 07452
	Name of Contact: / Tel. Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Private House	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 53 Main St	
City (5): Glen Rock / County (6): Bergen / County Code (7) (State Use Only):	
Name of Monitoring Firm Hired by Bldg. Owner (8): n/a / ASCM No.:	Name of Contractor (9): MTM Metro Corporation
Street Address:	Street Address: 135-137 McBride Ave
City, State, Zip Code:	City State, ZipCode: Paterson, NJ 07501
Project Manager for Monitoring Firm: / Telephone Number:	Telephone Number: 973-742-5030 / License Number: 00809
Scheduled Start Date (10): 10/31/2026 / Scheduled Completion Date (11): 11/01/2026	Name of OSHA Monitor: MTM Metro Corporation
Occupancy Status During Abatement (Check only one): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [X] Other-Describe: Owner occupied single family home	Street Address: 135-137 McBride Avenue / City, State, Zip Code: Paterson, NJ 07501

Source of Work (Check all that apply)

[ ] > 3 sf or > 3 lf [X] > 160 sf or > 260 lf [ ] Renovation [X] Demolition [ ] Full Containment with Negative Pressure [X] Non-Exempted(*) & Non-Friable Procedure [ ] Mini-Enclosure [ ] Glovebag Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES	NO	N/A	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Rem.	Rep.	Encap	Enclose
Detached single car garage			X	transite siding	400 sf	X		X	

Name of Reg. Waste Hauler	NJDEP Waste Hauler ID #	Cubic Yards of Waste	Name of Reg. Landfill
MTM Metro Corporation	26552	10	Tullitown

City, State	Disp. Date	City, State
135-137 McBride Ave	11/02/2026	Tullytown, PA

Completed by (Print or Type)	Title	Signature	Date
Mike Damevski	Project manager	Mike Damevski	10/19/2026

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 10-19-26	Name of Building Owner/Operator (2):
Agencies Notified: ☐ SPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 700 HAVEN AVE
	City, State, Zip Code: OCEAN CITY N.J 08226
	Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENCE	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 2537 WEST AVE	
City (5): OCEAN CITY	Square Feet: / # of Floors: / Bldg. Age:
County (6): CAPE MAY	County Code (7) (STATE USE ONLY): / Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): KLEMCO INC.
Street Address:		Street Address: 369 S SPRUCE AVE
City, State, Zip Code:		City, State, Zip Code: MAPLE SHADE N.J 08052
Project Manager for Monitoring Firm: / Telephone No.:		Telephone No.: 856-779-0472 License No.: 01371
Start Date (10): 10-30-26	Scheduled Completion Date (11): 11-10-26	Name of OSHA Monitor: N/A

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

Street Address:
City, State, Zip Code:

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) 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
SIDING			X	TRANSITE	2000 SF	X			

Name of Registered Waste Hauler: KLEMCO INC	NJDEP Waste Hauler ID No.: 17904	Cubic Yards of Waste: 4	Name of Registered Landfill: CMCMUA
City, State: MAPLE SHADE N.J 08053		Disposal Date:	City, State: WOODBINE NJ

Completed By	Title	Signature	Date
MIKE KLEMM	PRESIDENT		10-19-26

AS8-41

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CKN 6485

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OCT 26 2026

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 10-19-26

Name of Building Owner/Operator (2): ADAMS CONTRACTING

Agencies Notified: [x] DOL [x] DOH [ ] EPA [ ] DEP [ ] DCA

Type Notification: [x] Initial [ ] Amended Amendment #____ [ ] Emergency (including justification) [ ] Cancellation

Street Address: 716 HAVEN AVE

City, State, Zip Code: OCEAN CITY N.J 08226

Name of Contact: _____ Telephone Number: _____

FACILITY INFORMATION

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

Street Address: 3024 BAY AVE

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

City (5): OCEAN CITY

Square Feet: 1000 # of Floors: 1 Bldg. Age: 50+

County (6): CAPE MAY County Code (7) (STATE USE ONLY): _____

Current Use (Prior if being demolished): VACANT

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

Name of Abatement Contractor (9): KLEMCO INC.

Street Address: _____

Street Address: 369 S. SPRUCE AVE

City, State, Zip Code: _____

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

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

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

Start Date (10): 10-29-26 Scheduled Completion Date (11): 11-9-26

Name of OSHA Monitor: N/A.

Occupancy Status During Abatement (Check only one)

[x] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[ ] Other - Describe: _____

Street Address: _____

City, State, Zip Code: _____

Scope of Work (Check all that apply)

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

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

Name of Registered Waste Hauler: KLEMCO INC. NJDEP Waste Hauler ID No.: 179014 Cubic Yards of Waste: 3 Name of Registered Landfill: C.M.C.M.U.A

City, State: MAPLE SHADE N.J Disposal Date: _____ City, State: WOODBINE

Completed By: MICHAEL KLEMM Title: SUP. Signature: _____ Date: 10-19-26

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OCT 26 2026
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 10/21/2026	Name of Building Owner/Operator (2): New Jersey Division of Property Management & Construction
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 20 West State Street, 3rd Floor
	City, State, Zip Code: Trenton, NJ 08625-0038
	Name of Contact: Georgette Bunch — Telephone Number: 609-633-2127

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Former Taxation Building	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 50 Barrack Street	
City (5): Trenton	Square Feet: 10,000 — # of Floors: 10 — Bldg. Age: 100
County (6): Mercer — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Taxation Building

Name of Monitoring Firm Hired by Building Owner (8): USA Environmental Management, Inc.	ASCM No.	Name of Abatement Contractor (9): Shade Environmental, LLC
Street Address: 344 W. State Street		Street Address: 623 Cutler Avenue
City, State, Zip Code: Trenton, NJ 08618		City, State, Zip Code: Maple Shade, NJ 08052
Project Manager for Monitoring Firm: John Duggan — Telephone No.: 609-656-8101		Telephone No.: 856-755-0099 — License No.: 00842
Start Date (10): 11/03/2026 — Scheduled Completion Date (11): 11/04/2026		Name of OSHA Monitor: EMSL Analytical, Inc.
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: Work performed on vacant areas of building		Street Address: 200 Route 130 North — City, State, Zip Code: Cinnaminson, NJ 08077

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
8th Floor Mechanical Room 008	X			Pipe/Fitting Insulation	3 LF	X			
10th Floor Kitchen 10-191		X		Floor Tile & Mastic	84 SF	X			

Name of Registered Waste Hauler: Shade Environmental	NJDEP Waste Hauler ID No.: 32426	Cubic Yards of Waste: 1	Name of Registered Landfill: Fairless Landfill
City, State: Maple Shade, NJ		Disposal Date: 11/04/2026	City, State: Morrisville, PA

Completed by: Eric Fay	Title: Head of Ops & Finance	Signature:	Date: 10/21/2026

ASB-41 (R-06-08)

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

11353

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

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OCT 26 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/23/2026		Name of Building Owner/Operator (2):	
Agencies Notified: [X] EPA [X] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 70 Manor Lane	
		City, State, Zip Code: Willingboro, NJ 08046	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 70 Manor Lane			
City (5): Willingboro		Square Feet: 1,917	# of Floors: 2 / Bldg. Age: 65
County (6): Burlilngton	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Residence	
Name of Monitoring Firm Hired by Building Owner (8): Management & Environmental Consulting Serv	ASCM No.	Name of Abatement Contractor (9): Shade Environmental, LLC	
Street Address: PO Box 341		Street Address: 623 Cutler Avenue	
City, State, Zip Code: Chesterfield, NJ 08515		City, State, Zip Code: Maple Shade, NJ 08052	
Project Manager for Monitoring Firm: Nora Pearse	Telephone No.: 609-298-4070	Telephone No.: 856-755-0099	License No.: 00842
Start Date (10): 11/11/2026	Scheduled Completion Date (11): 11/13/2026	Name of OSHA Monitor: EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check Only One): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address: 200 Route 130 North	
		City, State, Zip Code: Cinnaminson, NJ 08077	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Garage Office			X	Floor Tile	155 SF	X			
Laundry Room			X	Floor Tile	80 SF	X			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 1	Name of Registered Landfill: Conestoga Landfill
City, State: Freehold, NJ		Disposal Date: 11/13/2026	City, State: Morgantown, PA
Completed by: Eric Fay	Title: Head of Ops & Finance	Signature	Date: 10/23/2026

ASB-41 (R-06-08)

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11352

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

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OCT 26 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/23/2026		Name of Building Owner/Operator (2):	
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 58 Lincoln Avenue	
		City, State, Zip Code: Collingswood, NJ 08108	
		Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 58 Lincoln Avenue			
City (5): Collingswood		Square Feet: 1,285	# of Floors: 2 / Bldg. Age: 116
County (6): Camden	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Residence	

Name of Monitoring Firm Hired by Building Owner (8): Management & Environmental Consulting Serv	ASCM No.	Name of Abatement Contractor (9): Shade Environmental, LLC	
Street Address: PO Box 341		Street Address: 623 Cutler Avenue	
City, State, Zip Code: Chesterfield, NJ 08515		City, State, Zip Code: Maple Shade, NJ 08052	
Project Manager for Monitoring Firm: Nora Pearse	Telephone No.: 609-298-4070	Telephone No.: 856-755-0099	License No.: 00842
Start Date (10): 11/02/2026	Scheduled Completion Date (11): 11/03/2026	Name of OSHA Monitor: EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: 200 Route 130 North	
		City, State, Zip Code: Cinnaminson, NJ 08077	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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	Corrugated Heat Shield	4 SF	X			
Basement			X	Remnant Paper Duct Insulation	1 SF	X			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 1	Name of Registered Landfill: Conestoga Landfill
City, State: Freehold, NJ		Disposal Date: 11/03/2026	City, State: Morgantown, PA

Completed by: Eric Fay	Title: Head of Ops & Finance	Signature:	Date: 10/23/2026

ASB-41 (R-06-08)

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Print Form

NO CF

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

RECEIVED
OCT 21 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/16/2026	Name of Building Owner/Operator (2): Village Properties, LLC
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☒ Amended Amendment # 1 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: PO Box 545
	City, State, Zip Code: Moorestown, NJ 08057
	Name of Contact: Thomas Capone — Telephone Number: 609-304-4868

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Vacant Farmhouse	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: Medford Township Block 806, Lot 4.01 (Farmhouse)	
City (5): Medford — Square Feet: 4,000 — # of Floors: 2 — Bldg. Age: 75	
County (6): Burlington — County Code (7) *(STATE USE ONLY)*: ____	Current Use (Prior if being demolished): Farmhouse

Name of Monitoring Firm Hired by Building Owner (8): Finog Environmental, Inc.	ASCM No.	Name of Abatement Contractor (9): Shade Environmental, LLC	
Street Address: 617 Stokes Road, Suite 318		Street Address: 623 Cutler Avenue	
City, State, Zip Code: Medford, NJ 08055		City, State, Zip Code: Maple Shade, NJ 08052	
Project Manager for Monitoring Firm: Mark Rubnitz	Telephone No.: 609-868-1676	Telephone No.: 856-755-0099	License No.: 00842
Start Date (10): 10/28/2026	Scheduled Completion Date (11): 11/02/2026	Name of OSHA Monitor: EMSL Analytical, Inc.	

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

Street Address: 200 Route 130 North
City, State, Zip Code: Cinnaminson, NJ 08077

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
Exterior Roof		X		Shingles	3,600 SF	X			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 30	Name of Registered Landfill: Conestoga Landfill
City, State: Freehold, NJ		Disposal Date: 11/02/2026	City, State: Morgantown, PA

Completed by: Samantha Brown	Title: Operations Manager	Signature:	Date: 10/16/2026

ASB-41 (R-06-08)

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

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OCT 26 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/19/26	Name of Building Owner/Operator (2): NALS Homes LLC
Agencies Notified: [ ] EPA [ ] DEP [x] DOL [ ] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 200 Midland Rd
	City, State, Zip Code: Paramus NJ,
	Name of Contact:
	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): 200 Midland Rd	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 200 Midland Rd	
City (5): Paramus	Square Feet: 1,100SF; # of Floors: ; Bldg. Age:
County (6): Bergen; County Code (7) (STATE USE ONLY): _____	Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): LEM CONSTRUCTION LLC	
Street Address		Street Address: 25 W ERIE AVE	
City, State, Zip Code		City, State, Zip Code: RUTHERFORDNJ	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-500-9896	License No.: 02004
Start Date (10): 11/2/26	Scheduled Completion Date (11): 11/11/26	Name of OSHA Monitor: TBD	
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address: TBD; City, State, Zip Code: TBD	

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[ ] ≥160 sf or ≥260 lf
[ ] Renovation
[x] 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) 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
Exterior			X	Siding	1100SF	x			
(2) Bedrooms			x	VAT	325 SF	x			

Name of Registered Waste Hauler: LEM CONSTRUCTION LLC	NJDEP Waste Hauler ID No.: 02004	Cubic Yards of Waste: TBD	Name of Registered Landfill: TBD
City, State: TBD		Disposal Date: TBD	City, State: TBD

Completed by: Michael Urbizagastegui	Title: PROJECT MANAGER	Signature:	Date: 10/19/26

ASB-41 (R-06-08)

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

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OCT 26 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/21/2026	Name of Building Owner/Operator (2): Princeton University
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☒ Amended Amendment #1 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: E.A. MacMillan Building
	City, State, Zip Code: Princeton, NJ 08540
	Name of Contact: — Telephone Number: —

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential Duplex			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 165-167 Nassau Court			
City (5): Princeton	Square Feet: 2,752	# of Floors: 2	Bldg. Age: 126
County (6): Mercer	County Code (7) *(STATE USE ONLY)*:		Current Use (Prior if being demolished): Residence

Name of Monitoring Firm Hired by Building Owner (8): Pennoni Associates, Inc.	ASCM No.	Name of Abatement Contractor (9): Shade Environmental, LLC	
Street Address: 515 Grove Street, Suite 1B		Street Address: 623 Cutler Avenue	
City, State, Zip Code: Haddon Heights, NJ 08035		City, State, Zip Code: Maple Shade, NJ 08052	
Project Manager for Monitoring Firm: Richard Egner	Telephone No.: 856-656-2874	Telephone No.: 856-755-0099	License No.: 00842
Start Date (10): 10/19/2026	Scheduled Completion Date (11): 10/30/2026	Name of OSHA Monitor: EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe:		Street Address: 200 Route 130 North	
		City, State, Zip Code: Cinnaminson, NJ 08077	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
167 Nassau - Kitchen			X	Sink Undercoating	5 SF	X			
167 Nassau - Kitchen			X	Linoleum & Mastic (Friable)	160 SF	X			
167 Nassau - Bathroom			X	Linoleum & Mastic	40 SF	X			
165 Nassau - Kitchen			X	Linoleum & Mastic	165 SF	X			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 5	Name of Registered Landfill: Fairless Landfill
City, State: Freehold, NJ		Disposal Date: 10/30/2026	City, State: Morrisville, PA

Completed by: Samantha Brown	Title: Operations Manager	Signature:	Date: 10/21/2026

ASB-41 (R-06-08)

*Continued on Page 2

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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Is Location Normally Used Solely by Maintenance/Custodial			Description of Asbestos Containing Material (ACM)	Amount (Specify SF or LF)	Removal	Repair
	Yes	No	N/A				
165 Nassau - Bathroom			X	Linoleum & Mastic	50 SF	X	
165-167 Nassau - Exterior Windows			X	Exterior Window Caulk	260 SF	X	

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 10/22/2026	Name of Building Owner/Operator (2): NJDEP
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 275 FREEHOLD ENGLISHTOWN ROAD
	City, State, Zip Code: ENGLISHTOWN, NJ 07726
	Name of Contact: AL PAYNE — Telephone Number: 609-351-1991

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): COLLAPSED RESIDENCE (UNSAFE STRUCTURE)	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 170 MOUNT SALEM ROAD	
City (5): WANTAGE TOWNSHIP	Square Feet: — # of Floors: — Bldg. Age: —
County (6): SUSSEX — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Building Owner (8): USA ENVIRONMENTAL MANAGEMENT — ASCM No.:	Name of Abatement Contractor (9): TWO BROTHERS CONTRACTING, INC.	
Street Address: 344 WEST STATE STREET	Street Address: 11 VREELAND AVENUE	
City, State, Zip Code: TRENTON, NJ 08625	City, State, Zip Code: TOTOWA, NJ 07512	
Project Manager for Monitoring Firm: WILLIAM WEISGARBER — Telephone No.: 609-656-8101	Telephone No.: 973-956-8700 — License No.: 00494	
Start Date (10): 11/09/2026 — Scheduled Completion Date (11): 12/23/2026	Name of OSHA Monitor: SAME AS (9) ABOVE	
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: COLLASPED STRUCTURE	Street Address: — City, State, Zip Code: —	

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[ ] ≥160 sf or ≥260 lf
[ ] Renovation
[x] 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) 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
				DEMOLITION OF COLLASPED					
				STRUCTURE					

Name of Registered Waste Hauler: TWO BROTHERS CONTRACTING, INC.	NJDEP Waste Hauler ID No.: 18743	Cubic Yards of Waste: 100 +/-	Name of Registered Landfill: WASTE MANAGEMENT
City, State: TOTOWA, NJ 07512		Disposal Date: 12/23/2026	City, State: MORRISVILLE, PA

Completed by: ALEXANDRA LLAQUE	Title: PROJECT COORDINATOR	Signature: Alexandra Llaque	Date: 10/22/2026

ASB-41 (R-06-08)

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

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OCT 26 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/21/2026	Name of Building Owner/Operator (2):	
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☐ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 6 Todd Terrace
		City, State, Zip Code: CedarGrove, NJ 07009
		Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): 60 Woodcliff Ave		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 60 Woodcliff Ave			
City (5): Little Falls Township, NJ 07424		Square Feet:	# of Floors: / Bldg. Age:
County (6):	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished):	

Name of Monitoring Firm Hired by Building Owner (8): Geo Air Tech LLC	ASCM No.	Name of Abatement Contractor (9): SK Improvements Corp	
Street Address: 13-09 4th Street		Street Address: 50 Bloomongdale Ave	
City, State, Zip Code: Fair Lawn, NJ 07410		City, State, Zip Code: Garfield NJ 07026	
Project Manager for Monitoring Firm: geoairtech1@gmail.com	Telephone No.: (201)370-4368	Telephone No.: 973-244-2153	License No.: 02023
Start Date (10): 11/03/2026	Scheduled Completion Date (11): 11/03/2027	Name of OSHA Monitor: Empire Environmental Ltd.	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: 150 River Road Unit F-4 / City, State, Zip Code: Montville NJ 07045	

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) 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
60 Woodcliff Ave		x		Floor Tiles	140 SF	x			
		x		Siding	2000 SF	x			

Name of Registered Waste Hauler: Newark Carting. INC	NJDEP Waste Hauler ID No.: NJ-913	Cubic Yards of Waste:	Name of Registered Landfill: Grows Landfill North
City, State: Newark, NJ		Disposal Date:	City, State: Morrisville, PA

Completed by: Stepan Kryzhanovskyy	Title: President	Signature:	Date: 10/22/2026

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ASBESTOS CONTROL & LICENSING

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) 10/23/2026		Name of Building Owner/Operator (2)	
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☐ Initial ☐ Amended Amendment _____ ☒ Emergency (including justification) ☐ Cancelation	Street Address 132 Livingston Rd City, State, Zip Code Linden, NJ 07036 Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & Commercial buildings, homes, etc.)	
Street Address 132 Livingston Rd			
City (5) Linden		Square Foot 1,200	# of Floors 2	Bldg. Age 55+
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Unicorn Contracting Corp.	
Street Address		Street Address 14 Willow Street	
City, State, Zip Code		City, State, Zip Code Bloomfield, NJ 07003	
Project Manager fo Monitoring Firm	Telephone No.	Telephone No. 973-333-9176	License No. 01331
Start Date (10) 10/24/2026	Scheduled Completion Date (11) 10/26/2026	Name of OSHA Monitor Envirovision Consultants, Inc.	
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: 8am-4:30pm		Street Address 20-21 Wagaraw Rd., Bldg. 35-E City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check All That Apply)

☒ ≥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) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specity SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement		X		Thermal System Insulation	110 LF	X			

Name of Registered Waste Hauler Unicorn Contracting Corp.	NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 1+	Name of Regustered Landfill Fairless Hills Landfill
City, State Bloomfield, New Jersey		Disposal Date TBD	City, State Morrisville, PA

Completed by Blazhe Grozdanov	Title Project Manager	Signature	Date 10/23/2026

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

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OCT 27 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/15/2026	Name of Building Owner/Operator (2):
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [ ] Initial [ ] Amended Amendment #_____ [X] Emergency (including justification) [ ] Cancellation
Street Address: 14 MARTIN ROAD	
City, State, Zip Code: VERONA NJ. 07044	
Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENTIAL		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 14 MARTIN ROAD			
City (5): VERONA NEW JERSEY 07044		Square Feet: 1,152. SF.	# of Floors: 1 / Bldg. Age: 111
County (6): ESSEX	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): N/A	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): NORTH EAST ENVIRONMENTAL LLC.	
Street Address		Street Address: 52 FIELD ROAD	
City, State, Zip Code		City, State, Zip Code: CLIFTON NJ. 07013	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-776-0642	License No.: 01300
Start Date (10): 10/17/2026	Scheduled Completion Date (11): 10/17/2026	Name of OSHA Monitor: HILLMANN CONSULTING LAB SERVICES	
Occupancy Status During Abatement (Check Only One): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address: 1605 Vauxhall Rd #107	
		City, State, Zip Code: Union, NJ 07083.	

Scope of Work (Check All That Apply)

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

[X] Renovation
[ ] Demolition

[X] Full Containment with Negative Pressure
[X] Mini-Enclosure
[X] 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) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		PIPE INSULATION	83 LF.	X			

Name of Registered Waste Hauler: TRI-STATE TRANSFER	NJDEP Waste Hauler ID No.: 19954	Cubic Yards of Waste: TBD	Name of Registered Landfill: MINERVA ENTERPRISE INC.
City, State: BRONX NEW YORK		Disposal Date: TBD	City, State: WAYN ESBURG OHIO

Completed by: CARLOS ESQUIVEL	Title: MANAGER	Signature:	Date: 10/17/2026

GET /DevMgmt/ProductCreateHsDyn.xml HTTP/1.1
HOST:localhost

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