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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): 06/02/2026	Name of Building Owner/Operator (2): The Catholic Diocese of Trenton
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☒ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 701 Lawrenceville Road
	City, State, Zip Code: Trenton, NJ 08648
	Name of Contact: Brian Malloy — Telephone Number: 609-882-7900 x 147

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Notre Dame High School	Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 601 Lawrence Road	Square Feet: 48,000 — # of Floors: 2 — Bldg. Age: 70
City (5): Lawrenceville	Current Use (Prior if being demolished): School
County (6): Mercer — County Code (7) *(STATE USE ONLY)* _____	
Name of Monitoring Firm Hired by Building Owner (8): USA Environmental Management, Inc. — ASCM No.: 112	Name of Abatement Contractor (9): Shade Environmental, LLC
Street Address: 344 West 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): 06/22/2026 — Scheduled Completion Date (11): 07/10/2026	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: Subchapter 8 Occupied Procedures	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 108 (Classroom)		X		Acoustical Ceiling Plaster	816 SF	X			
Room 110 (Office)		X		Black Mastic (Under Carpet)	124 SF	X			
Room 110A (Office)		X		Acoustical Ceiling Plaster	124 SF	X			
Room 110A (Office)		X		Black Mastic (Under Carpet)	124 SF	X			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 40	Name of Registered Landfill: Fairless Landfill
City, State: Freehold, NJ		Disposal Date: 07/10/2026	City, State: Morrisville, PA

Completed by: Samantha Brown	Title: Operations Coordinator	Signature	Date: 06/02/2026

ASB-41 (R-06-08)

*Continued on Page 2

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

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				
Room 110B (Office)		X		Black Mastic (Under Carpet)	120 SF	X	
Room 111 (Library)		X		Acoustical Ceiling Plaster	3,580 SF	X	
Room 111 (Library)		X		9"x9" Floor Tile & Mastic	2,070 SF	X	
Room 111 (Library)		X		9"x9" Floor Tile & Mastic (Under Carpet)	1,510 SF	X	
Room 111A (IT)		X		Acoustical Ceiling Plaster	118 SF	X	
Room 111A (IT)		X		9"x9" Floor Tile & Mastic (Under Carpet)	118 SF	X	
Room 111A (IT)		X		Fitting Insulation	1 LF	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): 06/02/2026		Name of Building Owner/Operator (2): Cherry Hill Board of Education	
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 45 Ranoldo Terrace	
		City, State, Zip Code: Cherry Hill, NJ 08034	
		Name of Contact: Steve Nicolella	Telephone Number: 856-489-5795

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Joseph D. Sharp 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: 300 Old Orchard Road			
City (5): Cherry Hill		Square Feet: 100,000	# of Floors: 2 / Bldg. Age: 60
County (6): Camden	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): School	

Name of Monitoring Firm Hired by Building Owner (8): TTI Environmental, Inc.	ASCM No.: 003	Name of Abatement Contractor (9): Shade Environmental, LLC	
Street Address: 1253 N. Church Street		Street Address: 623 Cutler Avenue	
City, State, Zip Code: Moorestown, NJ 08057		City, State, Zip Code: Maple Shade, NJ 08052	
Project Manager for Monitoring Firm: Jim Guilardi	Telephone No.: 856-840-8800	Telephone No.: 856-755-0099	License No.: 00842
Start Date (10): 06/22/2026	Scheduled Completion Date (11): 07/24/2026	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 areas to be isolated from building occupants		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
Main Office Suite		X		9x9 Floor Tile & Associated Mastic	2,500 SF	X			
Main Office Suite		X		Glue Dots Associated with Wallboards	18 SF	X			
Offices/Bathrooms		X		Pipe Elbows (Wrap & Cut)	30 LF	X			
Main Entrance Doors (Exterior)		X		Exterior Wall/Ceiling Plaster	20 SF	X			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 40	Name of Registered Landfill: Conestoga Landfill
City, State: Freehold, NJ		Disposal Date: 07/24/2026	City, State: Morgantown, PA

Completed by: Samantha Brown	Title: Operations Coordinator	Signature:	Date: 06/02/2026

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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JUN 9 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 06/02/2026	Name of Building Owner/Operator (2): Cherry Hill Board of Education
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 45 Ranoldo Terrace
	City, State, Zip Code: Cherry Hill, NJ 08034
	Name of Contact: Steve Nicolella — Telephone Number: 856-489-5795

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Clara Barton 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: 223 Rhode Island Avenue	
City (5): Cherry Hill	Square Feet: 100,000 — # of Floors: 2 — Bldg. Age: 60
County (6): Camden — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): School

Name of Monitoring Firm Hired by Building Owner (8): TTI Environmental, Inc. — ASCM No.: 003		Name of Abatement Contractor (9): Shade Environmental, LLC
Street Address: 1253 N. Church Street		Street Address: 623 Cutler Avenue
City, State, Zip Code: Moorestown, NJ 08057		City, State, Zip Code: Maple Shade, NJ 08052
Project Manager for Monitoring Firm: Jim Guilardi — Telephone No.: 856-840-8800		Telephone No.: 856-755-0099 — License No.: 00842
Start Date (10): 06/22/2026 — Scheduled Completion Date (11): 07/24/2026		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 areas to be isolated from building occupants		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 Soffit/Overhang		X		Exterior Soffit/Skim Coat	80 SF	X			
Exterior Soffit/Overhang		X		Exterior Soffit Caulk	50 LF	X			
Exterior Door		X		Door Glazing	80 LF	X			
Offices		X		Glue Dots a/w Wallboards	18 SF	X			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 3	Name of Registered Landfill: Conestoga Landfill
City, State: Freehold, NJ		Disposal Date: 07/24/2026	City, State: Morgantown, PA

Completed by: Samantha Brown	Title: Operations Coordinator	Signature:	Date: 06/02/2026

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 Staff?			Description of Asbestos Containing Material (ACM)	Amount (Specify SF or LF)	Removal	Repair
	Yes	No	N/A				
Principal's Office/Bathroom		X		Pipe Elbows (Wrap & Cut)	12 LF	X	
Nurse's Office/Bathroom		X		Pipe Elbows (Wrap & Cut)	12 LF	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): 06/02/2026		Name of Building Owner/Operator (2): Cherry Hill Board of Education	
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 45 Ranoldo Terrace	
		City, State, Zip Code: Cherry Hill, NJ 08034	
		Name of Contact: Steve Nicolella	Telephone Number: 856-489-5795

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Kingston 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: 320 Kingston Road			
City (5): Cherry Hill		Square Feet: 100,000	# of Floors: 2 / Bldg. Age: 60
County (6): Camden	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): School	

Name of Monitoring Firm Hired by Building Owner (8): TTI Environmental, Inc.	ASCM No.: 003	Name of Abatement Contractor (9): Shade Environmental, LLC	
Street Address: 1253 N. Church Street		Street Address: 623 Cutler Avenue	
City, State, Zip Code: Moorestown, NJ 08057		City, State, Zip Code: Maple Shade, NJ 08052	
Project Manager for Monitoring Firm: Jim Guilardi	Telephone No.: 856-840-8800	Telephone No.: 856-755-0099	License No.: 00842
Start Date (10): 06/22/2026	Scheduled Completion Date (11): 07/24/2026	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 areas to be isolated from building occupants		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
Main & Nurse's Office		X		Yellow with Brown Speck Floor Tile & Associated Mastic	1,500 SF	X			
CST & Principal Offices		X		9x9 Green Floor Tile & Associated Mastic	850 SF	X			
Offices		X		Glue Dots Associated with Wallboards	9 SF	X			
Throughout		X		Pipe Elbows (Wrap & Cut)	25 LF	X			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 40	Name of Registered Landfill: Conestoga Landfill
City, State: Freehold, NJ		Disposal Date: 07/24/2026	City, State: Morgantown, PA

Completed by: Samantha Brown	Title: Operations Coordinator	Signature:	Date: 06/02/2026

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): 06/04/2026		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): Lafayette Street School		Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 205 Lafayette 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): 06/13/2026	Scheduled Completion Date (11): 06/16/2026	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 #2 Closet		X		Ceiling Plaster	6 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: 06/16/2026	City, State: Morgantown, PA

Completed by: Samantha Brown	Title: Operations Coordinator	Signature: Samantha Brown	Date: 06/04/2026

ASB-41 (R-06-08)

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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): 06/04/2026	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): South 17th Street School	Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 619 South 17th Street	Square Feet: 100,000 — # of Floors: 4 — Bldg. Age: 141
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): 06/19/2026 — Scheduled Completion Date (11): 06/23/2026	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
Dance Room		X		Pipe Insulation	8 LF	X			
Dance Room		X		Ceiling Plaster	4 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: 06/23/2026	City, State: Morgantown, PA

Completed by: Samantha Brown	Title: Operations Coordinator	Signature	Date: 06/04/2026

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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JUN 9 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 06/04/2026	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): Bard High School	Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 321 Bergen Street	
City (5): Newark	Square Feet: 100,000 — # of Floors: 4 — Bldg. Age: 141
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): 06/18/2026 — Scheduled Completion Date (11): 06/23/2026	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 Custodial Locker Room	X			Floor Tile & Mastic	300 SF	X			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 2	Name of Registered Landfill: Conestoga Landfill
City, State: Freehold, NJ		Disposal Date: 06/23/2026	City, State: Morgantown, PA

Completed by: Samantha Brown	Title: Operations Coordinator	Signature: [signature]	Date: 06/04/2026

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): 06/04/2026	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): Barringer High School	Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 90 Parker Street	
City (5): Newark	Square Feet: 80,000 — # of Floors: 3 — Bldg. Age: 141
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): 06/13/2026 — Scheduled Completion Date (11): 06/16/2026		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
Media Hallway		X		Pipe Fitting Insulation	2 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: 06/16/2026	City, State: Morgantown, PA

Completed by: Samantha Brown	Title: Operations Coordinator	Signature:	Date: 06/04/2026

ASB-41 (R-06-08)

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

2349

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

RECEIVED

JUN 15 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 06/11/2026		Name of Building Owner/Operator (2): Madison Board of Education	
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☒ DCA	Type Notification: ☒ Initial ☐ Amended ☐ Amendment #_____ ☐ Emergency (including justification) ☐ Cancelation	Street Address: 359 Woodland Road	
		City, State, Zip Code: Madison, NJ 07940	
		Name of Contact: John Eschmann	Telephone Number: 973.593.3157 x 7189

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Madison High School		Type of Facility (4): ☒ School (K-12) Sub-8 Occupied ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & Commercial buildings, homes, etc.)	
Street Address: 170 Ridgedale Avenue			
City (5): Madison, NJ 07940		Square Feet: 120,000	# of Floors: 2 — 55+
County (6): Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished): School	
Name of Monitoring Firm Hired by Building Owner (8): McCabe Environmental Services LLC	ASCM No.: 00118	Name of Abatement Contractor (9): Unicorn Contracting Corp.	
Street Address: 464 Valley Brook Avenue		Street Address: 14 Willow street	
City, State, Zip Code: Lyndhurst, NJ 08736		City, State, Zip Code: Bloomfield, NJ 07003	
Project Manager for Monitoring Firm: Jarred Panecki	Telephone No.: 732.552.9615	Telephone No.: 973-333-9176	License No.: 01331
Start Date (10): 06/22/2026	Scheduled Completion Date (11): 07/10/2026	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: 7am - 3:30pm		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
B - Hallway and Faculty Rooms		x		TSI	1400 LF	x			
		x		Drop Ceiling System	1500 SF	x			
		x		Transite Skylight Panels	400 SF	x			
C - Wing Hallway		x		TSI	1600 LF	x			

Name of Registered Waste Hauler: Unicorn Contracting Corp.	NJDEP Waste Hauler ID No.: 0035844	Cubic Yards of Waste: TBD	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: 06/11/2026

State of New Jersey
Notification of Asbestos Abatement
Continuation Sheet

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff: (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
C-Wing Hallway		x		Drop Ceiling System	2600 SF	x			
		x		Transite Skylight Panels	500 SF	x			
Book Room		x		TSI	10 LF	x			
Math Office (C-25)		x		TSI	20 LF	x			
		x		Transite Skylight Panels	70 SF	x			
D - Hallway		x		TSI	500 LF	x			
		x		Drop Ceiling System	700 SF	x			
		x		Transite Skylight Panels	130 SF	x			
D - 22 Room and Research Room		x		TSI	35 LF	x			
D - 21		x		TSI	45 LF	x			
D - 23		x		TSI	45 LF	x			

2351

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JUN 15 2026

ASBESTOS CONTROL & LICENSING

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1): 06/11/2026	Name of Building Owner/Operator (2): Madison Board of Education
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☒ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancelation
	Street Address: 359 Woodland Road
	City, State, Zip Code: Madison, NJ 07940
	Name of Contact: John Eschmann
	Telephone Number: 973.593.3157 x 7189

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Torey J Sabatini School			Type of Facility (4): ☒ School (K-12) Sub-8 Unoccupied ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & Commercial buildings, homes, etc.)
Street Address: 359 Woodland Road			
City (5): Madison, NJ 07940		Square Feet: 120,000	# of Floors: 2 — 55+
County (6): Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished): School	
Name of Monitoring Firm Hired by Building Owner (8): McCabe Environmental Services LLC	ASCM No.: 00118	Name of Abatement Contractor (9): Unicorn Contracting Corp.	
Street Address: 464 Valley Brook Avenue		Street Address: 14 Willow street	
City, State, Zip Code: Lyndhurst, NJ 08736		City, State, Zip Code: Bloomfield, NJ 07003	
Project Manager for Monitoring Firm: Jarred Panecki	Telephone No.: 732.552.9615	Telephone No.: 973-333-9176	License No.: 01331
Start Date (10): 06/22/2026	Scheduled Completion Date (11): 07/10/2026	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: 7am - 3:30pm		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
1st Fl Hallway, Stairwell by Main Entry, 2nd Fl Hallway, 2nd Fl Media Center, Rm 219		x		Textured Ceiling Plaster	8000 SF	x			
		x		Textured Ceiling Plaster Overspray	8000 SF	x			
Throughout Media Center above doors and of Media Center window system		x		Transite Panels	400 SF	x			

Name of Registered Waste Hauler: Unicorn Contracting Corp.	NJDEP Waste Hauler ID No.: 0035844	Cubic Yards of Waste: TBD	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: 06/11/2026

State of New Jersey
Notification of Asbestos Abatement
Continuation Sheet

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff: (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 220 in Media Center		x		"9"x"9" Floor Tile & associated Mastic	120 SF	x			
Above 1st Fl Hallway Solid Ceilings		x		TSI	400 SF	x			
		x				x			
		x				x			
		x				x			
		x				x			
		x				x			
		x				x			
		x				x			
		x				x			
		x				x			

Print Form

120 CK

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

RECEIVED
JUN 22 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 6/12/2026	Name of Building Owner/Operator (2): Ashland Chemical
Agencies Notified: ☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☒ Amended Amendment #1 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 1979 Atlas Street
	City, State, Zip Code: Columbus, Ohio 43228
	Name of Contact: Trey Richardson — Telephone Number: 614-981-3990

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Ashland Chemical, Building 8250	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 50 Hercules Veterans Way	
City (5): Parlin	Square Feet: 18,000 — # of Floors: 1 — Bldg. Age: 75
County (6): Middlesex — County Code (7) (STATE USE ONLY): _____	Current Use (Prior if being demolished): Manufacturing / Vacant
Name of Monitoring Firm Hired by Building Owner (8): Environmental Connection, Inc. — ASCM No.: 0030	Name of Abatement Contractor (9): Precision Environmental Company
Street Address: 120 North Warren St.	Street Address: 5500 Old Brecksville Road
City, State, Zip Code: Trenton, NJ 08608	City, State, Zip Code: Independence, Ohio, 44131
Project Manager for Monitoring Firm: Rollie Jones — Telephone No.: 609-392-4200	Telephone No.: 2166426040 — License No.: 01212
Start Date (10): 04/21/2026 — Scheduled Completion Date (11): 09/30/2026	Name of OSHA Monitor: Precision Environmental Company
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: 5500 Old Brecksville Road — City, State, Zip Code: Independence, Ohio, 44131

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
Please see attached									

Name of Registered Waste Hauler: Champion Disposal Services	NJDEP Waste Hauler ID No.: 32707	Cubic Yards of Waste: 200	Name of Registered Landfill: Waste Management Fairless Hills
City, State: Haines Port, New Jersey		Disposal Date: 7/17/26	City, State: Morrisville, PA 19067

Completed by: Tyler Jasinski	Title: EH&S Director	Signature	Date: 6/12/2026

ASB-41 (R-06-08)

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

- Building 8250

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

1 Exterior Work Area

1680

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JUN 24 2026
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 06 / 23 / 26		Name of Building Owner/Operator (2): NETFLIX STUDIOS LLC
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☒ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #1 ☐ Emergency (including justification) ☐ Cancellation	Street Address: 5808 SUNSET BLVD.
		City, State, Zip Code: LOS ANGELES, CA 90028
		Name of Contact: THOMAS MCCLINTOCK — Telephone Number: (631) 764-6622

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): VAIL HALL		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 1150 AVENUE OF MEMORIES		
City (5): EATONTOWN, NJ		Square Feet: 20,000 — # of Floors: 3 — Bldg. Age: 50+/-
County (6): MONMOUTH	County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): VACANT

Name of Monitoring Firm Hired by Building Owner (8): LANGAN ENGINEERING & ENVIRON. — ASCM No.:	Name of Abatement Contractor (9): PEPPER ENVIRONMENTAL SERVICES, INC.	
Street Address: 1 UNIVERSITY SQUARE DRIVE	Street Address: 2251 FRALEY STREET	
City, State, Zip Code: PRINCETON, NJ 08540	City, State, Zip Code: PHILADELPHIA, PA 1917	
Project Manager for Monitoring Firm: ANDREW CHUN — Telephone No.: (609) 282-8029	Telephone No.: (215) 533-5155 — License No.: 01166	
Start Date (10): 07 / 06 / 26 — Scheduled Completion Date (11): 09 / 25 / 26	Name of OSHA Monitor: LANGAN ENGINEERING & ENVIRON.	
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: 1 UNIVERSITY SQUARE DRIVE City, State, Zip Code: PRINCETON, NJ 08540	

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
	☐	☐	☐	SEE ATTACHED		☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: MAZZA RECYCLING SERVICES — NJDEP Waste Hauler ID No.:	Cubic Yards of Waste	Name of Registered Landfill: FAIRLESS HILLS	
City, State: TINTON FALLS, NJ	Disposal Date	City, State: MORRISVILLE, PA	

Completed By (Print or Type)	Title	Signature	Date
DENISE M. NIVEN	ADMIN. ASST.	Denise M. Niven	6/23/26

ASB-41
JAN 13

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

NETFLIX STUDIOS-VAIL HALL RENOVATIONS
1150 AVENUE OF MEMORIES-EATONTOWN, NJ
ACMLISTING (REVISED)

LOCATION OF ASBESTOS CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY 13	IN 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 MISCELLANCEOUS)	AMOUNT (SPECIFY SF OR LF)	ABATEMENT TYPE REMOVAL	ABATEMENT TYPE REPAIR	ABATEMENT TYPE ENCAPSULATE	ABATEMENT TYPE ENCLOSURE
BASEMENT BUILDING 1150	N/A	ONE LAYER TO MULTI-LAYERD FLOORING MATERIALS	100 SF	YES	NO	NO	NO
BASEMENT BUILDING 1150	N/A	DUCT INSULATION	320 SF	YES	NO	NO	NO
BASEMENT BUILDING 1150	N/A	METAL FIRE DOOR WITH ACM CORE INSULATION	9 UNITS	YES	NO	NO	NO
BASEMENT BUILDING 1150	N/A	FLANGE GASKET TO GENERATOR MUFFLER	9 UNITS	YES	NO	NO	NO
BASEMENT BUILDING 1150	N/A	EBONY BACKING BOARD WITH ELECTRICAL BREAKER PANELS (ASSUMED)	12 SF	YES	NO	NO	NO
BASEMENT BUILDING 1150	N/A	PIPE INSULATION (ESTIMATED TO BE EXIST CONCEALED WITHIN WALL CAVITIES) (ASSUMED)	50 LF	YES	NO	NO	NO
FIRST FLOOR-BUILDING 1150	N/A	ONE LAYER TO MULTI-LAYERD FLOORING MATERIALS	100 SF	YES	NO	NO	NO
FIRST FLOOR-BUILDING 1150	N/A	METAL FIRE DOOR WITH ACM CORE INSULATION	7 UNITS	YES	NO	NO	NO
FIRST FLOOR-BUILDING 1150	N/A	TRANSITE WALL PANEL	200 SF	YES	NO	NO	NO
FIRST FLOOR-BUILDING 1150	N/A	WALL TILE	1250 SF	YES	NO	NO	NO
FIRST FLOOR-BUILDING 1150	N/A	WALL MASTIC ON CINDERBLOCK (INTERIOR) AND ON COLUMNS BEHIND GYPSUM BOARD	5600 SF	YES	NO	NO	NO
FIRST FLOOR-BUILDING 1150	N/A	PIPE INSULATION (ESTIMATED TO BE EXIST CONCEALED WITHIN WALL CAVITIES) (ASSUMED)	50 LF	YES	NO	NO	NO
SECOND FLOOR-BUILDING 1150	N/A	ONE LAYER TO MULTI-LAYERD FLOORING MATERIALS	100 SF	YES	NO	NO	NO
SECOND FLOOR-BUILDING 1150	N/A	METAL FIRE DOOR WITH ACM CORE INSULATION	3 UNITS	YES	NO	NO	NO
SECOND FLOOR-BUILDING 1150	N/A	WALL TILE	1600 SF	YES	NO	NO	NO
SECOND FLOOR-BUILDING 1150	N/A	WALL MASTIC ON CINDERBLOCK (INTERIOR) AND ON COLUMNS BEHIND GYPSUM BOARD	3200 SF	YES	NO	NO	NO
SECOND FLOOR-BUILDING 1150	N/A	PIPE INSULATION (ESTIMATED TO BE EXIST CONCEALED WITHIN WALL CAVITIES) (ASSUMED)	50 LF	YES	NO	NO	NO
THIRD FLOOR-BUILDING 1150	N/A	ONE LAYER TO MULTI-LAYERD FLOORING MATERIALS	100 SF	YES	NO	NO	NO
THIRD FLOOR-BUILDING 1150	N/A	METAL FIRE DOOR WITH ACM CORE INSULATION	2 UNITS	YES	NO	NO	NO
THIRD FLOOR-BUILDING 1150	N/A	WALL MASTIC ON CINDERBLOCK (INTERIOR) AND ON COLUMNS BEHIND GYPSUM BOARD	1000 SF	YES	NO	NO	NO

1208

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7

CK# 1208

RECEIVED
JUN 23 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 06 / 22 / 26

Name of Building Owner / Operator (2): IMTT

Street Address: 250 EAST 22ND STREET

City, State, Zip Code: BAYONNE, NJ

Name of Contact: JOSH FOSTER

Telephone Number: 504.619.2329

Agencies Notified
- ☐ EPA
- ☐ DEP
- ☑ DOH
- ☑ DOL
- ☐

Type of Notification
- ☑ Initial
- ☐ Amended
- Amendment #__
- ☐ Emergency w/ justification
- ☐ Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): IMTT - YARD 4

Street Address: 250 EAST 22ND STREET

City (5): BAYONNE

County (6): HUDSON

County Code (7):

Type of Facility (4)
- ☐ School (K-12)
- ☐ Subchapter 8 (Other than K-12)
- ☑ Other (I.e., private & cmmercial bldgs., homes, etc.)

Square Feet: N/A

 # Of Floors: N/A

Building Age: N/A

Current Use (Prior if being demolished): FUEL STORAGE

Name of Monitoring Firm Hired by Bldg. Owner (8): AET

ASCM NO:

Street Address: 28 Pennell Road

City, State, Zip Code: Media, PA 19063

Project Mngr. For Monitoring Firm: ERIC SUTHERLAND

Telephone Number: 610-891-0114

Sheduled Start Date (10): 07 / 01 / 26

Sched. Completetion Date (11): 09 / 30 / 26

Occupancy Status During Abatement (Check Only 1)
- ☐ Facility Closed/Vacated During Entire Period of Abatement
- ☐ Abatement Performed Outside of Normal Facility Hours - Describe: _____
- ☑ Other - Describe: _ 700AM-3:30PM - MON - FRI

Name of Registered Asbestos Abatement Contractor: NORTHSTAR CONTRACTING GROUP, INC.

Street Address: 32 Williams Parkway

City, State, Zip Code: East Hanover, NJ 07936

Telephone Number: 973-884-8682

License Number: 00860

Name of OSHA Monitor: NORTHSTAR CONTRACTING GROUP, INC.

Street Address: 32 Williams Parkway

City, State, Zip Code: East Hanover, NJ 07936

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

Location of Asbestos Containing 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	ENCAPSUL	ENCLOSUR
TANK 4001	☐	☑	☐	ANTI CORROSIVE TAR	43,500	☑	☐	☐	☐
TANK 4006	☐	☑	☐	ANTI CORROSIVE TAR	43,500	☑	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: NORTHSTAR CONTRACTING GROUP, INC

NJDEP Waste Hauler ID No.: NJ 750

Cubic Yards of Waste:

Name of Registered Landfill: FAIRLESS LANDFILL

City, State: EAST HANOVER, NJ 07936

Disposal Date:

City. State: MORRISVILLE, PA

Completed by (Print or Type): STEVEN STILES

Title: Project Manager

Signature: Steven Stiles

Date: 06/22/26

ASB-41

6426 CK# 6426

PAID

RECEIVED
JUN 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): 6-20-26

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

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

Street Address: 2774 RT. 9 N.

City (5): OCEANVIEW | 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 NJ 08052

Project Manager for Monitoring Firm: | Telephone No.: | Telephone No.: 856-779-0472 | License No.: H 1371

Start Date (10): 6-30-26 | Scheduled Completion Date (11): 7-10-26 | 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: 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: 6-20-26

ASB-41

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10599

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)	Name of Building Owner/Operator (2)
6/22/26	

Agencies Notified	Type Notification	Street Address
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	25 Lake Michigan Drive
		City, State, Zip Code: Little Egg Harbor NJ 08087
		Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Bob Burgess Private Home	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 25 Lake Michigan Drive	

City (5)	Square Feet	# of Floors	Bldg. Age
Little Egg Harbor NJ 08087	1000+	1	50+

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

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
N/A		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)	Scheduled Completion Date (11)	Name of OSHA Monitor
7/1/26	7/8/26	Same

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
Exterior Siding			x	Exterior Siding	1000	x			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Pernaco Inc	21787	3	Fairless Hills
City, State: Berlin NJ		Disposal Date: 6/26/26	City, State: Morrisville PA 19067

Completed by	Title	Signature	Date
Anthony T Perna	President		6/22/26

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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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 06/23/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☒ Amended Amendment # 1 ☐ Emergency (including justification) ☐ Cancellation
Street Address: 120 Glenwood Road	
City, State, Zip Code: Haddonfield, NJ 08033	
Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Davis Residence	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 120 Glenwood Road	
City (5): Haddonfield	Square Feet: 4,040 / # of Floors: 2 / Bldg. Age: 70
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): 07/13/2026	Scheduled Completion Date (11): 07/16/2026	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
Garage			X	Pipe Insulation	3 LF	X			
Garage Attic			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: 07/16/2026	City, State: Morgantown, PA

Completed by: Shannon Thomson	Title: Operations Manager	Signature: Shannon Thomson	Date: 06/23/2026

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) 06/19/2026		Name of Building Owner/Operator (2) Manalapan-Englishtown Regional Schools	Check No. 4117
Agencies Notified ☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment #____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 54 Main Street	
		City, State, Zip Code Englishtown, NJ 07726	
		Name of Contact Veronica Wolf	Telephone Number 732-789-2500

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Lafayette Mills 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 66 Maxwell Lane				
City (5) Manalapan, NJ 07726		Square Feet 15000	# of Floors 2	Bldg. Age 50+
County (6) Monmouth	County Code (7) *(STATE USE ONLY)*	Current Use (Prior if being demolished) Elementary School		
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants, Inc.	ASCM No. 00057	Name of Abatement Contractor (9) Lilich Corporation		
Street Address P.O. Box 385		Street Address 246 Union Boulevard		
City, State, Zip Code Oceanville, New Jersey 08231		City, State, Zip Code Totowa, New Jersey 07512		
Project Manager for Monitoring Firm Domenic D'Errico	Telephone No 609-652-1833	Telephone No. 973-225-8400	License No. 01104	
Start Date (10) 06/29/2026	Scheduled Completion Date (11) 07/07/2026	Name of OSHA Monitor **LIS CONSULTING SERVICES, 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 3 B Cottage Court City, State, Zip Code Whiting, New Jersey		

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
☐ Glove Bag Procedure / *Limited Containment & Tent*
☐ 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 of LF)	Abatement: Removal	Repair	Encapsulate	Enclosure
Throughout building		X		Fittings (Wrap & Cut)	100 ea.	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 Landfill
City, State Elizabeth, New Jersey		Disposal Date July/2026	City, State Pen Argyl, PA

Completed by Adriana Olejarova	Title President	Signature	Date 06/19/2026

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

55109038574

Date of Notification (1): June 18, 2026	Name of Building Owner/Operator (2): DSM Nutritional Products, LLC
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 45 Waterview Blvd
	City, State, Zip Code: Parsippany, NJ 07054
	Name of Contact: Project Manager — Telephone Number: 973-234-7026

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): DSM	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: Mack's Island Dr	
City (5): Belvidere	Square Feet: . # of Floors: Bldg. Age:
County (6): Warren — County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished): Building
Name of Monitoring Firm Hired by Building Owner (8): Emerald Environmental Group, LLC — ASCM No.	Name of Abatement Contractor (9): The MACK Group, LLC.
Street Address: 22 Ottawa Rd N	Street Address: 1500 Kings HWY N, STE 209
City, State, Zip Code: Morganville, NJ 07751-1346	City, State, Zip Code: Cherry Hill, NJ 08034
Project Manager for Monitoring Firm: Joe Rizzo — Telephone No.: (347) 886-1319	Telephone No.: (973) 759 - 5000 — License No.: 00781
Start Date (10): 7/6/26 — Scheduled Completion Date (11): 7/6/27	Name of OSHA Monitor: The MACK Group, 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: 1500 Kings HWY N, STE 209 — City, State, Zip Code: Cherry Hill, NJ 08034

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
outside pipe rack	X			pipe debris	200 sf	X			
-"-	X			pipe insulation	4 lf		X		

Name of Registered Waste Hauler: Century Waste Services LLC	NJ DEP Waste Hauler ID No.: 4509	Cubic Yards of Waste: 2	Name of Registered Landfill: IESI Bethlehem landfill / Minerva Ent.
City, State: Elizabeth, NJ		Disposal Date: 7/6/27	City, State: Bethlehem, PA / Waynesburg, OH

Completed by: Steve King	Title: V.P.	Signature	Date: 6/18/26

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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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 6/22/26	Name of Building Owner/Operator (2): ie
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: 26 West 12th Street	
City, State, Zip Code: Barnegat Light NJ 08006	
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: 26 West 12th Street	
City (5): Barnegat Light NJ 08006	Square Feet: 1000+ / # of Floors: 1 / 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): 7/1/26 / Scheduled Completion Date (11): 7/7/26	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	1500	x			

Name of Registered Waste Hauler: Pernaco Inc	NJDEP Waste Hauler ID No.: 21787	Cubic Yards of Waste: 4	Name of Registered Landfill: Fairless Hills
City, State: Berlin NJ		Disposal Date: 6/26/26	City, State: Morrisville PA 19067

Completed by: Anthony T Perna	Title: President	Signature	Date: 6/22/26

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): 06/19/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: 120 Glenwood Road	
City, State, Zip Code: Haddonfield, NJ 08033	
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: 120 Glenwood Road	
City (5): Haddonfield	Square Feet: 4,040 / # of Floors: 2 / Bldg. Age: 70
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): 07/30/2026 / Scheduled Completion Date (11): 08/04/2026	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: _____	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
Garage			X	Pipe Insulation	3 LF	X			
Garage Attic			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: 08/04/2026	City, State: Morgantown, PA
Completed by: Samantha Brown	Title: Operations Coordinator	Signature:	Date: 06/19/2026

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)

RECEIVED JUN 22 2026 ASBESTOS CONTROL & LICENSING

Date of Notification (1): 06/16/26	Name of Building Owner/Operator (2): Springfield Public Schools
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 139 Mountain Ave.
	City, State, Zip Code: Springfield,NJ 07081
	Name of Contact: Dave Walker — Telephone Number: 973-919-4279

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Thelma Sandmeier 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: 666 South Springfield Ave.	
City (5): Springfield	Square Feet: 42,500 — # of Floors: 1 — Bldg. Age: 66 Yrs.
County (6): Union — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): School

Name of Monitoring Firm Hired by Building Owner (8): EnviroVision Consultants Inc. — ASCM No.: 00079		Name of Abatement Contractor (9): Lesco Serevices Inc.
Street Address: 20-21 Wagaraw Rd.		Street Address: 156 Maple Ave.
City, State, Zip Code: Fair Lawn, NJ 07410		City, State, Zip Code: Wallington, NJ 07057
Project Manager for Monitoring Firm: Frederick Larson — Telephone No.: 973-633-9145		Telephone No.: 862-221-9092 — License No.: 01107
Start Date (10): 06/26/26	Scheduled Completion Date (11): 06/27/26	Name of OSHA Monitor: Leslaw Nalodka
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: 156 Maple Ave. — City, State, Zip Code: Wallington, NJ 07057

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
Mechanical Room		*		elbows/fittings	25	*			
OT/PT Room	*			floor tiles/mastic	414 sf.	*			

Name of Registered Waste Hauler: Century Waste Services LLC.	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: 5 Cy.	Name of Registered Landfill: GCSL
City, State: Elizabeth, NJ		Disposal Date: 06/29/26	City, State: Pen Argyl, PA

Completed by: Leslaw Nalodka	Title: President	Signature: [signature]	Date: 06/16/26

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): 06/16/2026	Name of Building Owner/Operator (2): Deptford Township Public Schools
Agencies Notified: [X] EPA [X] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 890 Bankbridge Road, Suite 100
	City, State, Zip Code: Sewell, NJ 08080
	Name of Contact: Ed Knecht, Jr. — Telephone Number: 856-232-2700

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Lake Tract School	Type of Facility (4): [X] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 690 Iszard Road	
City (5): Deptford	Square Feet: 100,000 — # of Floors: 2 — Bldg. Age: 70
County (6): Gloucester — County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished): School
Name of Monitoring Firm Hired by Building Owner (8): Epic Environmental Services, LLC — ASCM No.	Name of Abatement Contractor (9): Shade Environmental, LLC
Street Address: 80 Fork Bridge Road	Street Address: 623 Cutler Avenue
City, State, Zip Code: Pittsgrove, NJ 08318	City, State, Zip Code: Maple Shade, NJ 08052
Project Manager for Monitoring Firm: Jim Eberts — Telephone No.: 856-205-1077	Telephone No.: 856-755-0099 — License No.: 00842
Start Date (10): 06/25/2026 — Scheduled Completion Date (11): 06/29/2026	Name of OSHA Monitor: EMSL Analytical, Inc.
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [X] 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 [ ] ≥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
Main Office		X		Transite Panel	12 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: 06/29/2026	City, State: Morgantown, PA

Completed by: Christina Fay	Title: VP of Operations	Signature: [signature]	Date: 06/16/2026

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)

RECEIVED
JUN 22 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 06/14/2026		Name of Building Owner/Operator (2): Bassett Associates
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [ ] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [x] Cancellation	Street Address: 392 Springfield Ave City, State, Zip Code: Summit, NJ 07901 Name of Contact: Beth Welsh, Bassett Associates Telephone Number: 908-277-1176

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Commercial		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 392 Springfield Ave		
City (5): Summit, NJ 07901		Square Feet: TBD; # of Floors: 2; Bldg. Age: 1958
County (6): Union	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): VEL Construction, LLC
Street Address		Street Address: 75 Voorhis Place
City, State, Zip Code		City, State, Zip Code: Ringwood NJ 07456
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-466-0166; License No.: 02126
Start Date (10): 06/15/2026	Scheduled Completion Date (11): 06/20/2026	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)

[x] ≥3 sf or ≥3 lf
[ ] ≥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 furnace room		X		pipe fittings	30	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: 06/20/2026	City, State: Pen Argyl, PA
Completed by: Lubica Perez	Title: Owner	Signature: Lubica Perez	Date: 06/14/2026

ASB-41 (R-06-08)

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

5773

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

Check 3773 RECEIVED

JUN 22 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 06/13/2026		Name of Building Owner/Operator (2)	
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 624 Rugby Rd City, State, Zip Code Phillipsburg, NJ 08865	
		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 624 Rugby Rd			
City (5) Phillipsburg, NJ 08865		Square Feet 1,784	# of Floors 1
			Bldg. Age 1970
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) 06/22/2026	Scheduled Completion Date (11) 06/29/2026	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
Please see attached									

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 06/29/2026	City, State Pen Argyl, PA

Completed by Lubica Perez	Title Owner	Signature Lubica Perez	Date 06/13/2026

ASB-41 (R-06-08)

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VEL Construction LLC

624 Rugby Road, Phillipsburg, NJ

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Is Location Normally Used Solely by Maintenance/ Custodial Staff?	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type
Kitchen	No	Floor tile & mastic	100 SF	Removal
Dining Room	No	Floor tile & mastic	126 SF	Removal
Living Room	No	Floor tile & mastic	224 SF	Removal
Hallway	No	Floor tile & mastic	42 SF	Removal
Hall Closet to Right Utility Room	No	Floor tile & mastic	6 SF	Removal
Hall Closet to Left of Bathroom	No	Floor tile & mastic	3.75 SF	Removal
Utility Room	No	Floor tile & mastic	18 SF	Removal

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

Check 3772

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JUN 22 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 06/11/2026	Name of Building Owner/Operator (2):	
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 3 North Point Rd City, State, Zip Code: Lincroft, NJ 07738 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: 3 North Point Rd			
City (5): Lincroft, NJ 07738		Square Feet: 3,062	# of Floors: 2 / Bldg. Age: 1963
County (6): Monmouth	County Code (7) (STATE USE ONLY): _____		Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): VEL Construction, LLC	
Street Address		Street Address: 75 Voorhis Place	
City, State, Zip Code		City, State, Zip Code: Ringwood NJ 07456	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-466-0166	License No.: 02126
Start Date (10): 06/20/2026	Scheduled Completion Date (11): 06/27/2026	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 & mastic	550 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: 06/27/2026	City, State: Pen Argyl, PA

Completed by: Lubica Perez	Title: Owner	Signature: Lubica Perez	Date: 06/11/2026

ASB-41 (R-06-08)

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JUN 22 2026

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 06/10/2026	Name of Building Owner/Operator (2): Phil Sabatino
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 433 Plainfield Rd
	City, State, Zip Code: Edison, NJ 08820
	Name of Contact: Phil Sabatino, Hiland Construction — Telephone Number: 908-448-1103

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Commercial - Stelton Diner	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 433 Plainfield Rd	
City (5): Edison, NJ 08820	Square Feet: TBD — # of Floors: 2 — 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): 06/23/2026	Scheduled Completion Date (11): 07/07/2026	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
- [ ] Renovation
- [x] 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
Stelton Diner		x		Floor tile	1,620 SF	x			
Boarding House Rooms 2nd Fl		x		Floor tile	1,600 SF	x			
2nd Fl - Room #4		x		ceiling and wall spackle	approx. 400 sf	x			

Name of Registered Waste Hauler: Century Waste Services	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: 20	Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 07/07/2026	City, State: Pen Argyl, PA

Completed by: Lubica Perez	Title: Owner	Signature: Lubica Perez	Date: 06/10/2026

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): 06/10/2026		Name of Building Owner/Operator (2):	
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 47 Ray St	
		City, State, Zip Code: New Brunswick, NJ 08901	
		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: 47 Ray St			
City (5): New Brunswick, NJ 08901		Square Feet: 2,144	# of Floors: 2 / Bldg. Age: 1912
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): 06/24/2026	Scheduled Completion Date (11): 07/15/2026	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
1st floor		x		ceiling plaster	650 SF	x			
1st floor		x		wall plaster	1,500 SF	x			
2nd floor		x		ceiling plaster	600 SF	x			
2nd floor		x		wall plaster	1,200 SF	x			

Name of Registered Waste Hauler: Century Waste Services	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: 20	Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 07/15/2026	City, State: Pen Argyl, PA

Completed by: Lubica Perez	Title: Owner	Signature: *Lubica Perez*	Date: 06/10/2026

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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JUN 22 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
06/11/2026	

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

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

Street Address: 65 Drakesdale Rd
City, State, Zip Code: Flanders, NJ 07836
Name of Contact:
Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential House
Street Address: 65 Drakesdale Rd
City (5): Flanders, NJ 07836
County (6): Morris
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: 2,976
# of Floors: 1
Bldg. Age: 1948
Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Building Owner (8):
ASCM No.:
Street Address:
City, State, Zip Code:
Project Manager for Monitoring Firm:
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): 06/22/2026
Scheduled Completion Date (11): 07/03/2026
Name of OSHA Monitor:
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
Please see attached									

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Century Waste Services	32797	5	Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 07/03/2026	City, State: Pen Argyl, PA

Completed by	Title	Signature	Date
Lubica Perez	Owner	Lubica Perez	06/11/2026

ASB-41 (R-06-08)

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

VEL Construction LLC

65 Drakesdale Road, Flanders, NJ

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Is Location Normally Used Solely by Maintenance/ Custodial Staff?	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type
Sitting room	No	laminate and floor tile	186 SF	Removal
Living room	No	laminate and floor tile	458 SF	Removal
Kitchen	No	laminate and floor tile	204 SF	Removal
Foyer	No	laminate and floor tile	45 SF	Removal
Coat closet	No	laminate and floor tile	8 SF	Removal
Utility room	No	laminate and floor tile	50 SF	Removal
Laundry room	No	laminate and floor tile	24 SF	Removal
Bathroom	No	laminate and floor tile	26 SF	Removal

1677

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

RECEIVED
JUN 22 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 06 / 18 / 26	Name of Building Owner/Operator (2): NETFLIX STUDIOS LLC
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☒ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 5808 SUNSET BLVD.
	City, State, Zip Code: LOS ANGELES, CA 90028
	Name of Contact: THOMAS MCCLINTOCK
	Telephone Number: (631) 764-6622

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): VAIL HALL	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 1150 AVENUE OF MEMORIES	
City (5): EATONTOWN, NJ	Square Feet: 20,000 / # of Floors: 3 / Bldg. Age: 50+/-
County (6): MONMOUTH / County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): VACANT
Name of Monitoring Firm Hired by Building Owner (8): LANGAN ENGINEERING & ENVIRON. / ASCM No.	Name of Abatement Contractor (9): PEPPER ENVIRONMENTAL SERVICES, INC.
Street Address: 1 UNIVERSITY SQUARE DRIVE	Street Address: 2251 FRALEY STREET
City, State, Zip Code: PRINCETON, NJ 08540	City, State, Zip Code: PHILADELPHIA, PA 1917
Project Manager for Monitoring Firm: ANDREW CHUN / Telephone No.: (609) 282-8029	Telephone No.: (215) 533-5155 / License No.: 01166
Start Date (10): 07 / 06 / 26 / Scheduled Completion Date (11): 09 / 25 / 26	Name of OSHA Monitor: LANGAN ENGINEERING & ENVIRON.
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: 1 UNIVERSITY SQUARE DRIVE / City, State, Zip Code: PRINCETON, NJ 08540

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
	☐	☐	☐	SEE ATTACHED		☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: MAZZA RECYCLING SERVICES / NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill: FAIRLESS HILLS	
City, State: TINTON FALLS, NJ	Disposal Date	City, State: MORRISVILLE, PA	
Completed By (Print or Type): DENISE M. NIVEN	Title: ADMIN. ASST.	Signature: Denise M. Niven	Date: 6/18/26

ASB-41
JAN 13

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

NETFLIX STUDIOS-VAIL HALL RENOVATION
1150 AVENUE OF MEMORIES-EATONTOWN, NJ
ACM LISTING

LOCATION OF ASBESTOS CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY 13	IN 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 MISCELLANCEOUS)	AMOUNT (SPECIFY SF OR LF)	ABATEMENT TYPE REMOVAL	ABATEMENT TYPE REPAIR	ABATEMENT TYPE ENCAPSULATE	ABATEMENT TYPE ENCLOSURE
BASEMENT BUILDING 1150	N/A	ONE LAYER TO MULTI-LAYERD FLOORING MATERIALS	3160 SF	YES	NO	NO	NO
BASEMENT BUILDING 1150	N/A	DUCT INSULATION	320 SF	YES	NO	NO	NO
BASEMENT BUILDING 1150	N/A	METAL FIRE DOOR WITH ACM CORE INSULATION	9 UNITS	YES	NO	NO	NO
BASEMENT BUILDING 1150	N/A	FLANGE GASKET TO GENERATOR MUFFLER	9 UNITS	YES	NO	NO	NO
BASEMENT BUILDING 1150	N/A	EBONY BACKING BOARD WITH ELECTRICAL BREAKER PANELS (ASSUMED)	12 SF	YES	NO	NO	NO
BASEMENT BUILDING 1150	N/A	PIPE INSULATION (ESTIMATED TO BE EXIST CONCEALED WITHIN WALL CAVITIES) (ASSUMED)	50 LF	YES	NO	NO	NO
FIRST FLOOR-BUILDING 1150	N/A	ONE LAYER TO MULTI-LAYERD FLOORING MATERIALS	8900 SF	YES	NO	NO	NO
FIRST FLOOR-BUILDING 1150	N/A	METAL FIRE DOOR WITH ACM CORE INSULATION	7 UNITS	YES	NO	NO	NO
FIRST FLOOR-BUILDING 1150	N/A	TRANSITE WALL PANEL	200 SF	YES	NO	NO	NO
FIRST FLOOR-BUILDING 1150	N/A	WALL TILE	1250 SF	YES	NO	NO	NO
FIRST FLOOR-BUILDING 1150	N/A	WALL MASTIC ON CINDERBLOCK (INTERIOR) AND ON COLUMNS BEHIND GYPSUM BOARD	5600 SF	YES	NO	NO	NO
FIRST FLOOR-BUILDING 1150	N/A	PIPE INSULATION (ESTIMATED TO BE EXIST CONCEALED WITHIN WALL CAVITIES) (ASSUMED)	50 LF	YES	NO	NO	NO
SECOND FLOOR-BUILDING 1150	N/A	ONE LAYER TO MULTI-LAYERD FLOORING MATERIALS	9500 SF	YES	NO	NO	NO
SECOND FLOOR-BUILDING 1150	N/A	METAL FIRE DOOR WITH ACM CORE INSULATION	3 UNITS	YES	NO	NO	NO
SECOND FLOOR-BUILDING 1150	N/A	WALL TILE	1600 SF	YES	NO	NO	NO
SECOND FLOOR-BUILDING 1150	N/A	WALL MASTIC ON CINDERBLOCK (INTERIOR) AND ON COLUMNS BEHIND GYPSUM BOARD	3200 SF	YES	NO	NO	NO
SECOND FLOOR-BUILDING 1150	N/A	PIPE INSULATION (ESTIMATED TO BE EXIST CONCEALED WITHIN WALL CAVITIES) (ASSUMED)	50 LF	YES	NO	NO	NO
THIRD FLOOR-BUILDING 1150	N/A	ONE LAYER TO MULTI-LAYERD FLOORING MATERIALS	3200 SF	YES	NO	NO	NO
THIRD FLOOR-BUILDING 1150	N/A	METAL FIRE DOOR WITH ACM CORE INSULATION	2 UNITS	YES	NO	NO	NO
THIRD FLOOR-BUILDING 1150	N/A	WALL MASTIC ON CINDERBLOCK (INTERIOR) AND ON COLUMNS BEHIND GYPSUM BOARD	1000 SF	YES	NO	NO	NO
ROOFS-BUILDING 1150	N/A	MASTIC ON CONCRETE ROOF DECK & CONTAMIATE ROOF FOAM INSULATION & ROOF FLASHING MATERIALS ON ADJACENT VERTICAL WALL PART	200 SF	YES	NO	NO	NO
ROOFS-BUILDING 1150	N/A	ROOF FLASHING/MASTIC MATERIALS, MASTIC ON PARAPET WALLS & CONTAMINATED RUBBER MEMBRANE	1300 SF	YES	NO	NO	NO
ROOFS-BUILDING 1150	N/A	ROOF FLASHING/MASTIC MATERIALS, MASTIC ON PARAPET WALLS & CONTAMINATED RUBBER MEMBRANE	1400 SF	YES	NO	NO	NO
ROOFS-BUILDING 1150	N/A	ROOF FLASHING/MASTIC MATERIALS, MASTIC ON PARAPET WALLS & CONTAMINATED RUBBER MEMBRANE	1300 SF	YES	NO	NO	NO
ROOFS-BUILDING 1150	N/A	ROOF FLASHING MATERIALS ON ADJACENT VERTICAL WALL PART	60 SF	YES	NO	NO	NO

000286

PAID

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

RECEIVED
JUN 23 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 06/17/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: 149 Brookside Ave	
City, State, Zip Code: Rivervale NJ 07675	
Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential Home	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 149 Brookside Ave	
City (5): Rivervale	Square Feet: / # 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): Lawal Environmental Services Corp	ASCM No.	Name of Abatement Contractor (9): United Demo LLC	
Street Address: 55 East Mosholu Pkway N Apt 3G		Street Address: 143 Acme St	
City, State, Zip Code: Bronx NY 10467		City, State, Zip Code: Elizabeth NJ 07202	
Project Manager for Monitoring Firm: Lawal Prince Ahmed	Telephone No.: 646-528-0913	Telephone No.: 862-218-3930	License No.: 02045
Start Date (10): 06/27/2026	Scheduled Completion Date (11): 06/29/2026	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
Laundry, Kitchen, Dining room			X	VAT and Mastic	382 SF	X			

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

Completed by: Jose N Rosas	Title: Project Manajer	Signature:	Date: 06/17/2026

ASB-41 (R-06-08)

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

000285

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

PAID

RECEIVED
JUN 23 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 06/17/2026	Name of Building Owner/Operator (2):

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

Type Notification
- [x] Initial
- [ ] Amended
  Amendment #_____
- [ ] Emergency (including justification)
- [ ] Cancellation

Street Address: 95 Booraem Ave
City, State, Zip Code: Jersey City NJ 07307
Name of Contact:
Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential Home
Street Address: 95 Booraem Ave
City (5): Jersey City
County (6): Hudson
County Code (7) *(STATE USE ONLY)* _____

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

Square Feet:
# of Floors: 2
Bldg. Age:
Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Building Owner (8):
ASCM No.:
Street Address:
City, State, Zip Code:
Project Manager for Monitoring Firm:
Telephone No.:

Name of Abatement Contractor (9): United Demo LLC
Street Address: 143 Acme St
City, State, Zip Code: Elizabeth NJ 07202
Telephone No.: 862-218-3930
License No.: 02045

Start Date (10): 06/30/2026
Scheduled Completion Date (11): 07/01/2026

Name of OSHA Monitor: United Demo LLC
Street Address: 143 Acme St
City, State, Zip Code: Elizabeth NJ 07202

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: _____

Scope of Work (Check All That Apply)
- [x] ≥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
Basement			X	Pipe Insulation	66 LF	X			

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

Completed by	Title	Signature	Date
Jose N Rosas	Project Manajer		06/17/2026

ASB-41 (R-06-08)

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

Print Form

5094

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

RECEIVED
JUN 25 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): June 19, 2026	Name of Building Owner/Operator (2): Caldwell West Caldwell Board of Education
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [x] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 104 Gray Street
	City, State, Zip Code: West Caldwell, NJ 07006
	Name of Contact: Nicholas Martin — Telephone Number: 908-241-4177

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Grover Cleveland Middle School	Type of Facility (4): [x] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 36 Academy Road	
City (5): Caldwell	Square Feet: — # of Floors: — Bldg. Age:
County (6): Essex — County Code (7) (STATE USE ONLY): _____	Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Building Owner (8): Karl Environmental Group — ASCM No.	Name of Abatement Contractor (9): Osiyo Inc	
Street Address: 20 Lauck Road	Street Address: 292 Main Street, #261	
City, State, Zip Code: Mohnton, PA 19540	City, State, Zip Code: Harleysville, PA 19438	
Project Manager for Monitoring Firm — Telephone No.: 800-527-5581	Telephone No.: 610-400-8711	License No.: 01373
Start Date (10): July 10, 2026 — Scheduled Completion Date (11): July 10, 2026	Name of OSHA Monitor: Schneider Laboratories Global Inc.	
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: Area will be vacated during entire period of abatement	Street Address: 2512 West Cary Street	
	City, State, Zip Code: Richmond, VA 23220	

Scope of Work (Check All That Apply)

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

[x] Renovation
[ ] Demolition

[ ] 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
Locker Room		X		Fitting insulation	25LF	X			

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

Completed by: Carol Bradford	Title: President	Signature: Carol Bradford	Date: June 19, 2026

ASB-41 (R-06-08)

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

Print Form

5093

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

RECEIVED
JUN 25 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): June 19, 2026	Name of Building Owner/Operator (2): Caldwell West Caldwell Board of Education
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [x] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 104 Gray Street
	City, State, Zip Code: West Caldwell, NJ 07006
	Name of Contact: Nicholas Martin — Telephone Number: 908-241-4177

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): James Caldwell High School	Type of Facility (4): [x] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 265 Westville Avenue	Square Feet: ____ # of Floors: ____ Bldg. Age: ____
City (5): West Caldwell	Current Use (Prior if being demolished): ____
County (6): Essex — County Code (7) (STATE USE ONLY): _____	

Name of Monitoring Firm Hired by Building Owner (8): Karl Environmental Group	ASCM No.:	Name of Abatement Contractor (9): Osiyo Inc	
Street Address: 20 Lauck Road		Street Address: 292 Main Street, #261	
City, State, Zip Code: Mohnton, PA 19540		City, State, Zip Code: Harleysville, PA 19438	
Project Manager for Monitoring Firm: ____	Telephone No.: 800-527-5581	Telephone No.: 610-400-8711	License No.: 01373
Start Date (10): July 06, 2026	Scheduled Completion Date (11): July 10, 2026	Name of OSHA Monitor: Schneider Laboratories Global Inc.	
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: Area will be vacated during entire period of abatement		Street Address: 2512 West Cary Street	
		City, State, Zip Code: Richmond, VA 23220	

Scope of Work (Check All That Apply)

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

[x] Renovation
[ ] Demolition

[ ] 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
Gymnasium		X		Pipe Insulation	100LF	X			

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

Completed by: Carol Bradford	Title: President	Signature: Carol Bradford	Date: June 19, 2026

ASB-41 (R-06-08)

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

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Print Form

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

RECEIVED
JUN 25 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 06/01/2026	Name of Building Owner/Operator (2): Piscataway Board of Education
Agencies Notified: [x] EPA [x] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [ ] Initial [x] Amended Amendment # 2 [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 1515 Stelton Road
	City, State, Zip Code: Piscataway, NJ 08854
	Name of Contact: Robert Uhrin — Telephone Number: (732) 572-2289 ext. 2611

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Fellowship Farms School	Type of Facility (4): [x] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1515 Stelton Road	
City (5): Piscataway	Square Feet: 42,500 — # of Floors: 1 — Bldg. Age: 1928
County (6): Middlesex — County Code (7) (STATE USE ONLY): ____	Current Use (Prior if being demolished): Educational
Name of Monitoring Firm Hired by Building Owner (8): Environmental Connection, Inc — ASCM No.: 30	Name of Abatement Contractor (9): Spes Contracting LLC
Street Address: 120 North Warren Street	Street Address: 59 Beaverbrook Rd. Ste 302 E
City, State, Zip Code: Trenton, NJ 08608	City, State, Zip Code: Lincoln Park, NJ, 07035
Project Manager for Monitoring Firm: Mike Moore — Telephone No.: (609) 392-4200	Telephone No.: (973) 807 6330 — License No.: 01383
Start Date (10): 06/15/2026 — Scheduled Completion Date (11): 07/08/2026	Name of OSHA Monitor: Spes Contracting LLC
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: Work Area Facility Non Occupied	Street Address: 59 Beaverbrook Rd. Ste 302 E — City, State, Zip Code: Lincoln Park, NJ, 07035

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[x] ≥160 sf or ≥260 lf
[x] Renovation
[ ] Demolition
[ ] Full Containment with Negative Pressure
[x] Mini-Enclosure O&M Wrap & Cut
[ ] 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
Basement Hallway across from Nurses Office		X		Pipe & Fitting Insulation	25 LF	X			
Crawlspace		X		Pipe & Fitting Insulation	200 LF	X			
Basement Hallway across from Boiler Rm.		X		Pipe & Fitting Insulation	20 LF	X			
Basement Classroom adjacent to Nurses Office		X		Pipe & Fitting Insulation	30 LF	X			

Name of Registered Waste Hauler: Spes Contracting LLC	NJDEP Waste Hauler ID No.: 0038075	Cubic Yards of Waste: 20CY	Name of Registered Landfill: Tri State Transfer & Associates
City, State: Lincoln Park, NJ		Disposal Date: TBD	City, State: Bronx, NY

Completed by: Branislav Pavlov	Title: General Manager	Signature	Date: 06/23/2026

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ASB-41 (R-06-08)

Additional Materials Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boys Locker Room		X		Pipe & Fitting Insulation	55 LF	X			
Girls Locker Room		X		Pipe & Fitting Insulation	55 LF	X			
Menzanine above Locker Rooms		X		Pipe & Fitting Insulation	76 LF	X			

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

PAID

RECEIVED
JUN 25 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 06/23/2026	Name of Building Owner/Operator (2): JFK BLVD OWNER LLC
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 261 MADISON AVE 9TH FLOOR City, State, Zip Code: NEWA YORK, NY 10016 Name of Contact: KANAIYA KANSARA Telephone Number: 2018385485

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): TREASURE HUNT	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 2859 JFK BLVD	
City (5): JERSEY CITY	Square Feet: 10000 / # of Floors: 2 / Bldg. Age: +50
County (6): HUDSON County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): COMMERCIAL PROPERTY
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.	Name of Abatement Contractor (9): MALCO ENVIRONMENTAL LLC
Street Address	Street Address: 24 LINCOLN AVE W
City, State, Zip Code	City, State, Zip Code: CRANFORD, NJ 07016
Project Manager for Monitoring Firm Telephone No.	Telephone No.: 5133487 / License No.: 02113
Start Date (10): 07/02/2026 Scheduled Completion Date (11): 07/08/2026	Name of OSHA Monitor
Occupancy Status During Abatement (Check Only One) [x] Facility Closed/Vacated During Entire Period of Abatement [x] 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
- [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
ROOF		X		FLASHING	250LF	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: 06/22/2026

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)

RECEIVED
JUN 25 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 06/23/2026	Name of Building Owner/Operator (2): JFK BLVD OWNER LLC
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment # [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 261 MADISON AVE 9TH FLOOR
	City, State, Zip Code: NEWA YORK, NY 10016
	Name of Contact: KANAIYA KANSARA — Telephone Number: 2018385485

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RAINBOW	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 2865 JFK BLVD	Square Feet: 8000 — # of Floors: 2 — Bldg. Age: +50
City (5): JERSEY CITY	
County (6): HUDSON — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): COMMERCIAL PROPERTY
Name of Monitoring Firm Hired by Building Owner (8) — ASCM No.	Name of Abatement Contractor (9): MALCO ENVIRONMENTAL LLC
Street Address	Street Address: 24 LINCOLN AVE W
City, State, Zip Code	City, State, Zip Code: CRANFORD, NJ 07016
Project Manager for Monitoring Firm — Telephone No.	Telephone No.: 5133487 — License No.: 02113
Start Date (10): 6/29/26 — Scheduled Completion Date (11): 7/03/26	Name of OSHA Monitor
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [x] 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
[x] Demolition
[x] 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
BASEMENT		X		BOILER	50SF	X			
BASEMENT		X		PIPE INSULATION	65SF	X			
MAIN FLOOR		X		FLOOR TILES	40SF	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: 06/22/2026

ASB-41 (R-06-08)

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

1007

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

PAID

RECEIVED
JUN 25 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 06/23/2026	Name of Building Owner/Operator (2): JFK BLVD OWNER LLC
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 261 MADISON AVE 9TH FLOOR
	City, State, Zip Code: NEWA YORK, NY 10016
	Name of Contact: KANAIYA KANSARA — Telephone Number: 2018385485

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RAINBOW	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 2865 JFK BLVD	
City (5): JERSEY CITY	Square Feet: 8000 — # of Floors: 2 — Bldg. Age: +50
County (6): HUDSON — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): COMMERCIAL PROPERTY
Name of Monitoring Firm Hired by Building Owner (8) — ASCM No.	Name of Abatement Contractor (9): MALCO ENVIRONMENTAL LLC
Street Address	Street Address: 24 LINCOLN AVE W
City, State, Zip Code	City, State, Zip Code: CRANFORD, NJ 07016
Project Manager for Monitoring Firm — Telephone No.	Telephone No.: 5133487 — License No.: 02113
Start Date (10): 07/02/2026 — Scheduled Completion Date (11): 07/08/2026	Name of OSHA Monitor
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [x] 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
[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
ROOF		X		FLASHING	200LF	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: 06/22/2026

ASB-41 (R-06-08)

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

1007

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

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JUN 25 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 06/23/2026	Name of Building Owner/Operator (2): JFK BLVD OWNER LLC
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 261 MADISON AVE 9TH FLOOR City, State, Zip Code: NEWA YORK, NY 10016 Name of Contact: KANAIYA KANSARA Telephone Number: 2018385485

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): LORDES	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 2869-71 JFK BLVD	
City (5): JERSEY CITY	Square Feet: # of Floors: 2 Bldg. Age: +50
County (6): HUDSON County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): COMMERCIAL PROPERTY
Name of Monitoring Firm Hired by Building Owner (8): ASCM No.:	Name of Abatement Contractor (9): MALCO ENVIRONMENTAL LLC
Street Address:	Street Address: 24 LINCOLN AVE W
City, State, Zip Code:	City, State, Zip Code: CRANFORD, NJ 07016
Project Manager for Monitoring Firm: Telephone No.:	Telephone No.: 5133487 License No.: 02113
Start Date (10): 07/04/2026 Scheduled Completion Date (11): 07/15/2026	Name of OSHA Monitor:
Occupancy Status During Abatement (Check Only One) [x] Facility Closed/Vacated During Entire Period of Abatement [x] 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
[x] 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		PIPE INSULATION	48SF	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: 06/22/2026

ASB-41 (R-06-08)

* 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 12:120)

Date of Notification (1): 06/23/2026		Name of Building Owner/Operator (2): JFK BLVD OWNER LLC	
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 261 MADISON AVE 9TH FLOOR	
		City, State, Zip Code: NEWA YORK, NY 10016	
		Name of Contact: KANAIYA KANSARA	Telephone Number: 2018385485

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): LORDES		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 2869-71 JFK BLVD			
City (5): JERSEY CITY		Square Feet: 11000	# of Floors: 2 / Bldg. Age: +50
County (6): HUDSON	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished): COMMERCIAL PROPERTY	
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): MALCO ENVIRONMENTAL LLC	
Street Address		Street Address: 24 LINCOLN AVE W	
City, State, Zip Code		City, State, Zip Code: CRANFORD, NJ 07016	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 5133487	License No.: 02113
Start Date (10): 07/05/2026	Scheduled Completion Date (11): 07/15/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [x] 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
- [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
EXTERIORN		X		FLASHING	300LF	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: 06/23/2026

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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Check # 4869
JUN 25 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 6/18/26	Name of Building Owner/Operator (2): Lupin Somerset
Agencies Notified: ☐ EPA ☐ DEP ☐ DOL ☐ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 400 Campus Drive
	City, State, Zip Code: Somerset, NJ 08873
	Name of Contact: Shivani Thakker — Telephone Number: 732-584-6778

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Lupin Somerset	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 400 Campus Drive	
City (5): Somerset	Square Feet: 200,000 — # of Floors: 2 — Bldg. Age: 75
County (6): Somerset — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Office Space
Name of Monitoring Firm Hired by Building Owner (8): Indoor Environmental Concepts, LLC — ASCM No.	Name of Abatement Contractor (9): Plymouth Environmental Co., Inc.
Street Address: 117 N. Black Horse Pike	Street Address: 923 Haws Ave.
City, State, Zip Code: Runnemede, NJ 08078	City, State, Zip Code: Norristown, PA 19401
Project Manager for Monitoring Firm: Bud Mckenna — Telephone No.: 856-463-0777	Telephone No.: 610-239-9920 — License No.: 00398
Start Date (10): 7/2/26 — Scheduled Completion Date (11): 7/10/26	Name of OSHA Monitor: Plymouth Environmental Co., 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: 923 Haws Ave. — City, State, Zip Code: Norristown, Pa 19401

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 Floor		X		VAT & mastic	1,997 SF	X			

Name of Registered Waste Hauler: Waste Management	NJDEP Waste Hauler ID No.: 17273	Cubic Yards of Waste: 10	Name of Registered Landfill: Fairless Landfill
City, State: Newton, PA		Disposal Date: TBD	City, State: MOrrisville, PA
Completed by: Matthew Kelly	Title: Project Manager	Signature: Matthew Kelly	Date: 6/18/26

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) 06/18/2026		Name of Building Owner/Operator (2)	
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 613 E. Biscayne Avenue City, State, Zip Code Galloway, NJ 08205	
		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 613 E. Biscayne Avenue			
City (5) Galloway		Square Feet 728	# of Floors 1
			Bldg. Age 80
County (6) Atlantic	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) 07/25/2026	Scheduled Completion Date (11) 07/28/2026	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	Duct Paper	20 SF	X			
Crawlspace			X	Duct Paper	20 SF	X			

Name of Registered Waste Hauler Shade Environmental, LLC	NJDEP Waste Hauler ID No. 32426	Cubic Yards of Waste 1	Name of Registered Landfill Atlantic County Landfill
City, State Maple Shade, NJ		Disposal Date 07/28/2026	City, State Egg Harbor Township, NJ

Completed by Shannon Thomson	Title Operations Manager	Signature Shannon Thomson	Date 06/18/2026

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): 06/18/2026		Name of Building Owner/Operator (2): Christ Evangelical Lutheran Church	
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 35 Jack Surrency Way	
		City, State, Zip Code: Bridgeton, NJ 08302	
		Name of Contact: Matthew McDevitt	Telephone Number: 856-366-5083

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Christ Evangelical Lutheran Church		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 35 Bank Street			
City (5): Bridgeton		Square Feet: 1,740	# of Floors: 1 / Bldg. Age: 126
County (6): Cumberland	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Church	

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): 07/13/2026	Scheduled Completion Date (11): 07/24/2026	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 Kitchen		X		Floor Tile	300 SF	X			
Cafeteria Kitchen		X		Pipe Insulation	80 LF	X			
Crawlspace		X		Pipe Insulation	130 LF	X			
Boiler Room		X		Pipe Insulation	20 LF	X			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 15	Name of Registered Landfill: Cumberland County Landfill
City, State: Freehold, NJ		Disposal Date: 07/24/2026	City, State: Millville, NJ

Completed by: Shannon Thomson	Title: Operations Manager	Signature: Shannon Thomson	Date: 06/18/2026

ASB-41 (R-06-08)

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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				
Basement		X		Floor Tile	1,500 SF	X	
Basement		X		Pipe Insulation	120 LF	X	

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JUN 22 2026

ASBESTOS CONTROL & LICENSING

STATE OF NEW JERSEY

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 AND 12:120)

Date of Notification (1): 6/16/2026	Name of Building Owner/Operator (2): Bloomfield Board of Education
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Notification Type: [X] Initial [ ] Amended # ____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 155 Broad St
	City, State, Zip Code: Bloomfield, NJ 07003
	Name of Contact: Vicky Guo; Tel. Number: 973 680-8501

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Demarest Elementary School	Type of Facility (4): [X] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 465 Broughton Ave,	
City (5): Bloomfield; County (6): Essex; County Code (7) (State Use Only):	
Name of Monitoring Firm Hired by Bldg. Owner (8): Briggs Associates; ASCM No.: 00004	Name of Contractor (9): MTM Metro Corporation
Street Address: 3 Crosswicks St	Street Address: 135-137 McBride Ave
City, State, Zip Code: Bordentown, NJ 08505	City State, ZipCode: Paterson, NJ 07501
Project Manager for Monitoring Firm: Mike Hoodak; Telephone Number: 609.298.5520	Telephone Number: 973-742-5030; License Number: 00809
Scheduled Start Date (10): 06/29/2026; Scheduled Completion Date (11): 07/10/2026	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: occupied by other trades	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 [X] Renovation [ ] Demolition [ ] Full Containment with Negative Pressure [X] Non-Exempted(*) & Non-Friable Procedure W/ WRAP-CUT METHOD [ ] 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
Basement			X	Pipe insulation	310 LF	X		X	

Name of Reg. Waste Hauler: MTM Metro Corporation	NJDEP Waste Hauler ID #: 26552	Cubic Yards of Waste: 40	Name of Reg. Landfill: Tullitown
City, State: 135-137 McBride Ave	Disp. Date: 0710/2026	City, State: Tullytown, PA	
Completed by (Print or Type): Mike Damevski	Title: Project manager	Signature: Mike Damevski	Date: 06/16/2026

ASB-41

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

RECEIVED
JUN 22 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): **06-16-2026**	Name of Building Owner / Operator (2)	
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☒ Initial ☐ Amended ☐ Emergency ☐ Cancellation	Street Address: **9 Timberline Drive** City, State & Zip Code: **Pennington, NJ 08534**	Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Residential Home**		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: **9 Timberline Drive**		Square Feet: **1,850** / # of Floors: **2** / Bldg. Age: **73**
City (5): **Pennington**	County (6): **Mercer** / County Code (7)	Current Use (Prior if being demolished): **Residential Home**
Name of Monitoring Firm Hired by Building Owner (8): **Health & Safety Services Inc.** / ASCM No.		Name of Abatement Contractor (9): **Resource Management Group, LLC.**
Street Address: **P.O. Box 365**		Street Address: **2115 Hamilton Avenue, Suite 202**
City, State & Zip Code: **Berlin, NJ 08009**		City, State & Zip Code: **Trenton, NJ 08619**
Project Manager for Monitoring Firm: **Jim Proctor** / Telephone Number: **609-839-2432**		Telephone Number: **609-914-4279** / License Number: **01185**
Scheduled Start Date (10): **06-29-2026** / Scheduled Completion Date (11): **07-10-2026**		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: **8:00am 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
Stair Landing, Hallway & Bedroom	☐	☐	☒	**Floor tile & mastic**	**770**	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

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: **06-16-2026**

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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): 03/16/2026	Name of Building Owner/Operator (2): Temple B'nai Jeshurun
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [x] DCA Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 1025 South Orange Avenue City, State, Zip Code: Short Hills, NJ 07078 Name of Contact: Tim Austin Telephone Number: 347-931-5422

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Temple B'nai Jeshurun Street Address: 1025 South Orange Avenue		Type of Facility (4): [ ] School (K-12) [x] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)	
City (5): Short Hills		Square Feet	# of Floors / Bldg. Age
County (6): Essex	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Temple	
Name of Monitoring Firm Hired by Building Owner (8): Hillmann Consulting, LLC Street Address: 1600 Route 22 East Suite #107 City, State, Zip Code: Union, NJ 07083	ASCM No.	Name of Abatement Contractor (9): Pure Environmental, Inc. Street Address: 1 12th Street City, State, Zip Code: Brooklyn, NY 11215	
Project Manager for Monitoring Firm: Michael Nehlsen	Telephone No.: 908-688-7800	Telephone No.: 212-431-2094	License No.: 02137
Start Date (10): 03/29/2026	Scheduled Completion Date (11): 06/29/2026	Name of OSHA Monitor: Douglas Lyon	
Occupancy Status During Abatement (Check Only One) [ ] Facility Closed/Vacated During Entire Period of Abatement [x] 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)

[x] ≥3 sf or ≥3 lf
[ ] ≥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
Lower Level		X		Pipe Insulation	50 LF	X			
2nd Floor		X		Plaster Ceiling	1080 SF	X			

Name of Registered Waste Hauler: ATC	NJDEP Waste Hauler ID No.: 24310	Cubic Yards of Waste: 20 Yards	Name of Registered Landfill: Minerva Enterprises
City, State: Shirley, NY 11967		Disposal Date: 03/31/2026	City, State: Waynesburg, OH 44688

Completed by	Title	Signature	Date
Douglas Lyon	Compliance Admin		03/16/2026

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)

Add Material

Date of Notification (1): 06/08/2026	Name of Building Owner/Operator (2): Temple B'nai Jeshurun
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [x] DCA	Type Notification: [x] Initial [x] Amended Amendment # 1 [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 1025 South Orange Avenue
	City, State, Zip Code: Short Hills, NJ 07078
	Name of Contact: Tim Austin — Telephone Number: 347-931-5422

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Temple B'nai Jeshurun	Type of Facility (4): [ ] School (K-12) [x] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1025 South Orange Avenue	
City (5): Short Hills	Square Feet: — # of Floors: — Bldg. Age: —
County (6): Essex — County Code (7) (STATE USE ONLY): _____	Current Use (Prior if being demolished): Temple

Name of Monitoring Firm Hired by Building Owner (8): Hillmann Consulting, LLC	ASCM No.:	Name of Abatement Contractor (9): Pure Environmental, Inc.
Street Address: 1600 Route 22 East Suite #107		Street Address: 1 12th Street
City, State, Zip Code: Union, NJ 07083		City, State, Zip Code: Brooklyn, NY 11215
Project Manager for Monitoring Firm: Michael Nehlsen — Telephone No.: 908-688-7800		Telephone No.: 212-431-2094 — License No.: 02137
Start Date (10): 03/29/2026 — Scheduled Completion Date (11): 06/29/2026		Name of OSHA Monitor: Douglas Lyon
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [x] 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)

[x] ≥3 sf or ≥3 lf
[ ] ≥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
Lower Level		X		Pipe Insulation	50 LF	X			
2nd Floor		X		Plaster Ceiling	1080 SF	X			
Lower Level Men's Room		X		Pipe Insulation	30 LF	X			

Name of Registered Waste Hauler: ATC	NJDEP Waste Hauler ID No.: 24310	Cubic Yards of Waste: 20 Yards	Name of Registered Landfill: Minerva Enterprises
City, State: Shirley, NY 11967		Disposal Date: 03/31/2026	City, State: Waynesburg, OH 44688

Completed by: Douglas Lyon	Title: Compliance Admin	Signature:	Date: 06/08/2026

ASB-41 (R-06-08)

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1113

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

CK# 1113
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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 6/18/2026	Name of Building Owner/Operator (2): GCC Newark LLC
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 3333 Michelseon Drive - Suite 1050
	City, State, Zip Code: Irvine, CA 92612
	Name of Contact: Dave Hoehmann / Telephone Number: 201-252-8600

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Commercial	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 US-1	Square Feet / # of Floors / Bldg. Age
City (5): Newark, NJ 07114	
County (6): Essex / County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished): Vacant
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): NorthEast Management LLC
Street Address	Street Address: 41 Madison Avenue
City, State, Zip Code	City, State, Zip Code: Rochelle Park, NJ 07662
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 201-577-1381 / License No.: 02008
Start Date (10): 6/29/26 / Scheduled Completion Date (11): 8/1/2026	Name of OSHA Monitor: NorthEast Management LLC
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: 41 Madison Avenue / City, State, Zip Code: Rochelle Park, NJ 07662

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
- [x] Mini-Enclosure
- [x] 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
See attached			X	See attached	see attached	X			

Name of Registered Waste Hauler: Century Waste	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste	Name of Registered Landfill: TRRF
City, State: Elizabeth, NJ		Disposal Date	City, State: Tullytown, PA

Completed by: Sonja Dimovska	Title: Owner	Signature: S Dimovska	Date: 6/18/2026

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)

JUN 22 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 06/13/2026	Name of Building Owner/Operator (2): Moonachie BOE
Agencies Notified: ☐ EPA ☐ DEP ☑ DOL ☑ DOH ☐ DCA	Type Notification: ☑ Initial ☐ Amended ☐ Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 70 W Park st
	City, State, Zip Code: Moonachie, NJ 07074
	Name of Contact: Jelena Stosic — Telephone Number: 201-488-6555

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Robert L. Craig School	Type of Facility (4): ☑ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 20 W Park St	
City (5): Moonachie, NJ 07074	Square Feet: — # of Floors: — Bldg. Age: —
County (6): Bergen County — County Code (7) (STATE USE ONLY): _____	Current Use (Prior if being demolished):
Name of Monitoring Firm Hired by Building Owner (8): Karl Environmental Group — ASCM No.:	Name of Abatement Contractor (9): Nick Restoration LLC
Street Address: 20 Luck Rd	Street Address: 72 Brookside Rd
City, State, Zip Code: Mohnton, PA 19540	City, State, Zip Code: Randolph NJ 07869
Project Manager for Monitoring Firm — Telephone No.: 800-527-5581	Telephone No.: 973-933-2550 — License No.: 01358
Start Date (10): 06/24/2026 — Scheduled Completion Date (11): 06/25/2026	Name of OSHA Monitor: Nick Restoration 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: 72 Brookside Rd — City, State, Zip Code: Randolph NJ 07869

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
Men;s Bathroom		X		Remove and pick door		X			

Name of Registered Waste Hauler: Nick Restoration LLC	NJDEP Waste Hauler ID No.: 33782	Cubic Yards of Waste: TBD	Name of Registered Landfill: G.R.O.W.S
City, State: Randolph, NJ 07869		Disposal Date: TBD	City, State: Tullytown, PA

Completed by: Nikica Mrda	Title: President	Signature: Nikica Mrda	Date: 06/13/2026

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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): 06/16/2026		Name of Building Owner/Operator (2): Belvidere School District	
Agencies Notified: ☐ EPA ☒ DEP ☐ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 809 Oxford St	
		City, State, Zip Code: Belvidere , NJ 07823	
		Name of Contact: Andrew Kennedy	Telephone Number: 908-475-6600

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Belvidere HS		Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 809 Oxford St			
City (5): Belvidere , NJ 07823		Square Feet	# of Floors / Bldg. Age
County (6): Waren	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8): Aero Environmental	ASCM No.	Name of Abatement Contractor (9): Nick Restoration LLC	
Street Address: 275 Rt 10 East		Street Address: 72 Brookside rd	
City, State, Zip Code: Succasunna		City, State, Zip Code: Randolph NJ	
Project Manager for Monitoring Firm: Michael Berta	Telephone No.: 973-920-9061	Telephone No.: 973-933-2550	License No.: 01358
Start Date (10): 06/26/2026	Scheduled Completion Date (11): 06/29/2026	Name of OSHA Monitor: Nick Restotation 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: 72 Brookside rd	
		City, State, Zip Code: Randolph, NJ	

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
Boiler Room				duct insulation	20 SF	x			

Name of Registered Waste Hauler: Century	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: tbd	Name of Registered Landfill: GROWS
City, State: Elizabeth		Disposal Date: TBD	City, State: Tullytown

Completed by: Nikica Mrda	Title: President	Signature: Nikica Mrda	Date: 0616/2026

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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): 06/19/2026	Name of Building Owner/Operator (2): Hanover Park Regional High School District
Agencies Notified: [x] EPA [x] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 75 Mount Pleasant Avenue
	City, State, Zip Code: East Hanover, NJ 07936
	Name of Contact: Aaron Pacheco — Telephone Number: 973-747-7210

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Whippany Park High School	Type of Facility (4): [x] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 165 Whippany Road	
City (5): Whippany	Square Feet: 141,416 — # of Floors: 1 — Bldg. Age: 1967
County (6): Morris — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Educational

Name of Monitoring Firm Hired by Building Owner (8): Westchester Environmental LLC	ASCM No.: 00127	Name of Abatement Contractor (9): Spes Contracting LLC	
Street Address: 1248 Wright's Lane		Street Address: 59 Beaverbrook Rd. Ste 302 E	
City, State, Zip Code: West Chester, PA 19280		City, State, Zip Code: Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm: Philiph Conteh	Telephone No.: 267-235-5204	Telephone No.: 973-807-6330	License No.: 01383
Start Date (10): 06/29/2026	Scheduled Completion Date (11): 07/10/2026	Name of OSHA Monitor: Spes Contracting LLC	
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: Portions of the school will be occupied		Street Address: 59 Beaverbrook Rd. Ste 302 E	
		City, State, Zip Code: Lincoln Park, NJ 07035	

Scope of Work (Check All That Apply)

[ ] ≥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
Lobby		x		VAT & Associated Mastic	1300 SF	x			

Name of Registered Waste Hauler: Spes Contracting LLC	NJDEP Waste Hauler ID No.: 0038075	Cubic Yards of Waste: 30	Name of Registered Landfill: Tri State Transfer & Associates
City, State: Lincoln Park, NJ		Disposal Date: TBD	City, State: Bronx, NY

Completed by: Branislav Pavlov	Title: General Manager	Signature	Date: 06/19/2026

ASB-41 (R-06-08)

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4120

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) 06/15/2026		Name of Building Owner/Operator (2) Fairfield Board of Education	Check No. 4120
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☒ DCA	Type Notification ☒ Initial ☐ Amended Amendment #__ ☐ Emergency (including justification) ☐ Cancellation	Street Address 15 Knoll Road	
		City, State, Zip Code Fairfield, New Jersey 07004	
		Name of Contact John Porcino	Telephone Number 201-303-1778

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Adlai Stevenson School		Type of Facility (4) ☐ School (K-12) ☒ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 15 Knoll Road			
City (5) Fairfield, New Jersey 07004		Square Feet 20000	# of Floors 2 / Bldg. Age 50+
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) Detail Associates, Inc	ASCM No.	Name of Abatement Contractor (9) Lilich Corporation	
Street Address 560 Sylvan Avenue Suite 3065		Street Address 246 Union Boulevard	
City, State, Zip Code Englewood Cliffs, NJ 07632		City, State, Zip Code Totowa, New Jersey 07512	
Project Manager for Monitoring Firm Stephen A. Jaraczewski	Telephone No 201-569-6078	Telephone No. 973-225-8400	License No. 01104
Start Date (10) 07/09/2026	Scheduled Completion Date (11) 07/15/2026	Name of OSHA Monitor **LIS CONSULTING SERVICES, 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 3 B Cottage Court City, State, Zip Code Whiting, New Jersey	

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
☐ Glove Bag Procedure / *Limited Containment &Tent*
☐ 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 of LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Boiler Room		X		Water Tank & Breeching	290 SF	X			
Boiler Room				Flue Pipe	8 LF				

Name of Registered Waste Hauler Century Waste Services	NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 20	Name of Registered Landfill Grand Central Landfill	
City, State Elizabeth, New Jersey		Disposal Date July/2026	City, State Pen Argyl, PA	
Completed by Adriana Olejarova	Title President	Signature		Date 06/15/2026

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 5:16)

Date of Notification (1): 06/ 12 / 2026		Name of Building Owner/Operator (2): Montclair Kimberly Academy check #4114	
Agencies Notified: ☐ EPA ☑ DOLWD ☑ DOH ☑ DCA (NJAC 5:23-8) ☒ DEP	Type Notification: ☑ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation	Street Address: 6 Lloyd Road	
		City, State, Zip Code: Montclair, New Jersey	
		Name of Contact: James Castelli	Telephone Number: 973 476 6201

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Montclair Kimberly Academy		Type of Facility (4): ☑ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 6 Lloyd Road		Square Feet: 50,000	# of Floors: 3 / Bldg. Age: 50+
City (5): Montclair, New Jersey			
County (6): Essex County	County Code (7) *(STATE USE ONLY)*	Current Use (Prior if being demolished): Education	

Name of Monitoring Firm Hired by Building Owner (8): Detail Associates, Inc	ASCM No.	Name of Abatement Contractor (9): Lilich Corporation	
Street Address: 560 Sylvan Avenue Suite 3065		Street Address: 246 Union Boulevard	
City, State, Zip Code: Englewood Cliffs, New Jersey 07632		City, State, Zip Code: Totowa, NJ 07512	
Project Manager for Monitoring Firm: Stephen A. Jaraczewski	Telephone No.: 201 207 6945	Telephone No.: 201-569-6708	License No.: 01104
Start Date (10): 06 / 22 / 26	Scheduled Completion Date (11): 06 / 27 / 26	Name of OSHA Monitor: Detail Associates 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: _____AM-_____PM/_____PM-_____AM		Street Address: 560 Sylvan Avenue Suite 3065	
		City, State, Zip Code: Englewood Cliffs, New Jersey 07632	

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
Athletic Office	☐	☒	☐	Asbestos Containing Tiles	320 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Century Waste Services	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste	Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Elizabeth New Jersey		Disposal Date: July 2026	City, State
Completed By (Print or Type): Adriana Olejarova	Title: President	Signature	Date: 06/12/26

ASB-41
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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JUN 22 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 06/17/2026	Name of Building Owner/Operator (2): North Brunswick BOE
Agencies Notified: ☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 308 Old George's Rd
	City, State, Zip Code: North Brunswick, NJ 08902
	Name of Contact: Rosa Hock — Telephone Number: 732-289-3000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): John Adams Elem. School	Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1450 Redmont Street	
City (5): North Brunswick	Square Feet: ____ # of Floors: ____ Bldg. Age: ____
County (6): Middlesex — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): School

Name of Monitoring Firm Hired by Building Owner (8): RJB Environmental, Inc. — ASCM No.: 149		Name of Abatement Contractor (9): VMC Company, Inc
Street Address: PO Box 869		Street Address: 208 Piaget Ave
City, State, Zip Code: Levittown, PA 19058		City, State, Zip Code: Clifton, NJ 07011
Project Manager for Monitoring Firm: Richard Beach — Telephone No.: 267-991-9212		Telephone No.: 973-253-8828 — License No.: 00704
Start Date (10): 06/26/2026	Scheduled Completion Date (11): 07/02/2026	Name of OSHA Monitor: VMC Company, 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: ____ 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
Boy's/Girl's Bathroom 4,2,1,1A,3A		x		Pipe & fittings "wrap & cut"	471 LF	x			
				Transite	96 SF	x			

Name of Registered Waste Hauler: Century Waste Services	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste	Name of Registered Landfill: IESI Landfill
City, State: Elizabeth, NJ		Disposal Date	City, State: Betlehem, PA

Completed by: Voytek Roszkowski	Title: President	Signature: V. Roszkowski	Date: 06/17/2026

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): 06/17/2026	Name of Building Owner/Operator (2): North Brunswick BOE
Agencies Notified: ☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 308 Old George's Rd
	City, State, Zip Code: North Brunswick, NJ 08902
	Name of Contact: Rosa Hock — Telephone Number: 732-289-3000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Livingston Park Lake Elem. School	Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1128 Livingston Ave	
City (5): North Brunswick	Square Feet: ____ # of Floors: ____ Bldg. Age: ____
County (6): Middlesex — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): School

Name of Monitoring Firm Hired by Building Owner (8): RJB Environmental, Inc. — ASCM No.: 149		Name of Abatement Contractor (9): VMC Company, Inc
Street Address: PO Box 869		Street Address: 208 Piaget Ave
City, State, Zip Code: Levittown, PA 19058		City, State, Zip Code: Clifton, NJ 07011
Project Manager for Monitoring Firm: Richard Beach — Telephone No.: 267-991-9212		Telephone No.: 973-253-8828 — License No.: 00704
Start Date (10): 06/26/2026	Scheduled Completion Date (11): 07/02/2026	Name of OSHA Monitor: VMC Company, 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: ____ 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
Boy's/Girl's Bathroom 4,2,1,081		x		Pipe fittings "wrap & cut"	177 LF	x			
				Caulk	128 LF	x			

Name of Registered Waste Hauler: Century Waste Services	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste	Name of Registered Landfill: IESI Landfill
City, State: Elizabeth, NJ		Disposal Date	City, State: Betlehem, PA

Completed by: Voytek Roszkowski	Title: President	Signature: V. Roszkowski	Date: 06/17/2026

ASB-41 (R-06-08)

* 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 12:120)

Date of Notification (1): 06/18/2026		Name of Building Owner/Operator (2): Ridgewood Public Schools	
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☒ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 49 Cottage Pl.	
		City, State, Zip Code: Ridgewood, NJ 07450	
		Name of Contact: Daimian Smith	Telephone Number: 201-670-2700

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Ridge Elem. School		Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 325 West Ridgewood Ave			
City (5): Ridgewood		Square Feet	# of Floors / Bldg. Age
County (6): Bergen	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): School	
Name of Monitoring Firm Hired by Building Owner (8): Envirovision Consultants	ASCM No.: 0079	Name of Abatement Contractor (9): VMC Company, Inc	
Street Address: 20-21 Wagraw Rd.		Street Address: 208 Piaget Ave	
City, State, Zip Code: Fair Lawn, NJ 07410		City, State, Zip Code: Clifton, NJ 07011	
Project Manager for Monitoring Firm: Fredric Larson	Telephone No.: 973-636-9145	Telephone No.: 973-253-8828	License No.: 00704
Start Date (10): 07/06/2026	Scheduled Completion Date (11): 07/15/2026	Name of OSHA Monitor: VMC Company, 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:	
		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
Furnace Room		x		Duct insulation	195SF	x			
				Pipe insulation	132 LF	x			
				Vibration cloth	6 SF	x			

Name of Registered Waste Hauler: Century Waste Services	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste	Name of Registered Landfill: IESI Landfill
City, State: Elizabeth, NJ		Disposal Date	City, State: Betlehem, PA
Completed by: Voytek Roszkowski	Title: President	Signature: [signature]	Date: 06/18/2026

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): 06/18/2026	Name of Building Owner/Operator (2): Ridgewood Public Schools
Agencies Notified: [X] EPA [X] DEP [X] DOL [X] DOH [X] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 49 Cottage Pl.
	City, State, Zip Code: Ridgewood, NJ 07450
	Name of Contact: Daimian Smith — Telephone Number: 201-670-2700

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Glenn School	Type of Facility (4): [X] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 865 East Glenn Ave	
City (5): Ridgewood	Square Feet: ____ # of Floors: ____ Bldg. Age: ____
County (6): Bergen — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): School

Name of Monitoring Firm Hired by Building Owner (8): Envirovision Consultants — ASCM No.: 0079		Name of Abatement Contractor (9): VMC Company, Inc
Street Address: 20-21 Wagraw Rd.		Street Address: 208 Piaget Ave
City, State, Zip Code: Fair Lawn, NJ 07410		City, State, Zip Code: Clifton, NJ 07011
Project Manager for Monitoring Firm: Fredric Larson — Telephone No.: 973-636-9145		Telephone No.: 973-253-8828 — License No.: 00704
Start Date (10): 07/13/2026	Scheduled Completion Date (11): 07/24/2026	Name of OSHA Monitor: VMC Company, 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: ____ 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
Furnace Room		x		Duct insulation	216 SF	x			
				Pipe insulation	26 LF	x			
				Vibration cloth	6 SF	x			

Name of Registered Waste Hauler: Century Waste Services	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste	Name of Registered Landfill: IESI Landfill
City, State: Elizabeth, NJ		Disposal Date	City, State: Betlehem, PA
Completed by: Voytek Roszkowski	Title: President	Signature: V. Roszkowski	Date: 06/18/2026

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): 06/17/2026	Name of Building Owner/Operator (2): West Milford Twsp School District	
Agencies Notified: [ ] EPA [x] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 46 Highlander Drive City, State, Zip Code: West Milford, NJ 07480 Name of Contact: Telephone Number: 973-697-1700

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Upper Greenwood Lake Elem. School		Type of Facility (4): [x] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 41 Henry Rd.		
City (5): Hewitt	Square Feet:	# of Floors: Bldg. Age:
County (6): Passaic	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): School

Name of Monitoring Firm Hired by Building Owner (8): PARTNER ENGINEERING	ASCM No.	Name of Abatement Contractor (9): VMC Company, Inc
Street Address: 611 INDUSTRIAL WAY WEST		Street Address: 208 Piaget Ave
City, State, Zip Code: EATONTOWN, NJ 07724		City, State, Zip Code: Clifton, NJ 07011
Project Manager for Monitoring Firm:	Telephone No.: 732-380-1100	Telephone No.: 973-253-8828 License No.: 00704
Start Date (10): 07/01/2026	Scheduled Completion Date (11): 07/02/2026	Name of OSHA Monitor: VMC Company, 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: 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

[ ] 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
Main Office		X		VAT/Mastic	580 SF	x			

Name of Registered Waste Hauler: Century Waste Services	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste:	Name of Registered Landfill: IESI Landfill
City, State: Elizabeth, NJ		Disposal Date:	City, State: Betlehem, PA
Completed by: Voytek Roszkowski	Title: President	Signature: V Roszkowski	Date: 06/17/2026

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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): 06/11/2026	Name of Building Owner/Operator (2): Bridgewater-Raritan Regional School District
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 836 Newmans Lane
	City, State, Zip Code: Bridgewater, NJ 08807
	Name of Contact: Stephen Santurro — Telephone Number: 908-722-1822

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Eisenhower Intermediate School	Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 791 Eisenhower Avenue	
City (5): Bridgewater	Square Feet: 100,000 — # of Floors: 2 — Bldg. Age: 80+
County (6): Somerset — County Code (7) (STATE USE ONLY): _____	Current Use (Prior if being demolished): School

Name of Monitoring Firm Hired by Building Owner (8): Briggs Associates	ASCM No.	Name of Abatement Contractor (9): Shade Environmental, LLC	
Street Address: 3 Crosswicks Street		Street Address: 623 Cutler Avenue	
City, State, Zip Code: Bordentown, NJ 08505		City, State, Zip Code: Maple Shade, NJ 08052	
Project Manager for Monitoring Firm: Michael Hoodak	Telephone No.: 609-298-5520	Telephone No.: 856-755-0099	License No.: 00842
Start Date (10): 07/06/2026	Scheduled Completion Date (11): 07/17/2026	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 areas to be isolated from occupied areas		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 308		X		Chalkboard Mastic	32 SF	X			
Room 309		X		Chalkboard Mastic	32 SF	X			
Room 401		X		Chalkboard Mastic	32 SF	X			
Room 402		X		Chalkboard Mastic	32 SF	X			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 3	Name of Registered Landfill: Conestoga Landfill
City, State: Freehold, NJ		Disposal Date: 07/17/2026	City, State: Morgantown, PA

Completed by: Christina Fay	Title: VP of Operations	Signature: Christina Fay	Date: 06/11/2026

*Continued on Page 2

ASB-41 (R-06-08)

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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				
Room 401 Storage		X		Floor Tile & Mastic	224 SF	X	
Room 402 Storage		X		Floor Tile & Mastic	224 SF	X	

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

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JUN 15 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 06 / 11 / 26	Name of Building Owner/Operator (2): VIRTUA HEALTH
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☒ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 20 WEST STOW ROAD-STE. 3
	City, State, Zip Code: MARLTON, NJ 08053
	Name of Contact: PATRICIA DUFRENE
	Telephone Number: (609) 267-0700

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): VIRTUA MOUNT HOLLY HOSPITAL			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 175 MADISON AVENUE			
City (5): MOUNT HOLLY, NJ		Square Feet: 650,000	# of Floors: 7 / Bldg. Age: 50+/-
County (6): BURLINGTON	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): HOSPITAL	
Name of Monitoring Firm Hired by Building Owner (8): VERTEX COMPANIES	ASCM No.	Name of Abatement Contractor (9): PEPPER ENVIRONMENTAL SERVICES, INC.	
Street Address: 2501 SEAPORT DRIVE-SUITE BH 110		Street Address: 2251 FRALEY STREET	
City, State, Zip Code: CHESTER, PA 19013		City, State, Zip Code: PHILADELPHIA, PA 1917	
Project Manager for Monitoring Firm: DON HEIM	Telephone No.: (610)787-0402	Telephone No.: (215) 533-5155	License No.: 01166
Start Date (10): 06 / 22 / 26	Scheduled Completion Date (11): 07 / 31 / 26	Name of OSHA Monitor: VERTEX COMPANIES	
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: 2501 SEAPORT DRIVE-SUITE BH 110	
		City, State, Zip Code: CHESTER, PA 19013	

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
4TH FLOOR CHEMISTRY LAB	☐	☐	☒	VAT/MASTIC	4500 SF	☒	☐	☐	☐
LAB 'T'4094	☐	☐	☒	ACPI	2 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: HORIZON DISPOSAL SERVICES	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill: WASTE MANAGEMENT
City, State: TRENTON, NJ		Disposal Date	City, State: MORRISVILLE, PA

Completed By (Print or Type): DENISE M. NIVEN	Title: ADMIN. ASST.	Signature: Denise M. Niven	Date: 6/11/26

ASB-41
JAN 13

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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): 06 / 10 / 26	Name of Building Owner/Operator (2): Lakeland Bus Lines — Check #4112
Agencies Notified: ☐ EPA ☑ DOLWD ☑ DOH ☐ DCA (NJAC 5:23-8) ☒ DEP	Type Notification: ☑ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
Street Address: 425 East Blackwell Street	
City, State, Zip Code: Dover, New Jersey	
Name of Contact: Tom Taylor	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Lakeland Bus Lines	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☑ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 425 East Blackwell Street	
City (5): Dover, New Jersey	Square Feet: 20,000 / # of Floors: 1 / Bldg. Age: 50+
County (6): Morris County	County Code (7) *(STATE USE ONLY)*: / Current Use (Prior if being demolished): Bus Station

Name of Monitoring Firm Hired by Building Owner (8): LIS CONSULTING SERVICES, LLC	ASCM No.	Name of Abatement Contractor (9): Lilich Corporation
Street Address: 3 B Cottage Court		Street Address: 246 Union Boulevard
City, State, Zip Code: Whiting, New Jersey 08759		City, State, Zip Code: Totowa NJ 07512
Project Manager for Monitoring Firm: Barbara Lis / Telephone No.		Telephone No.: 973-225-8400 / License No.: 1104
Start Date (10): 06 / 20 / 2026 — Scheduled Completion Date (11): 06 / 22 / 2026		Name of OSHA Monitor: LIS CONSULTING SERVICES, LLC
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: 3 B Cottage Court / City, State, Zip Code: Whiting, New Jersey 08759

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
Attic	☒	☐	☐	Pipe insulation	9 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Century Waste Services	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: 1	Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Elizabeth New Jersey		Disposal Date: June 2026	City, State: 1963 Pen Argyl Rd, Pen Argyl, PA 18027

Completed By (Print or Type): Adriana Olejarova	Title: President	Signature:	Date: 06/10/26

ASB-41
JAN 13

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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): 06/07/2026	Name of Building Owner/Operator (2): RTH Building Company
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 75 Midland Ave
	City, State, Zip Code: Montclair, NJ 07042
	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: 88 S Mountain Ave	
City (5): Montclair, NJ, 07042	Square Feet:	# of Floors:	Bldg. Age:
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): M&N Restoration LLC
Street Address:		Street Address: 34 William Pl
City, State, Zip Code:		City, State, Zip Code: Totowa, NJ 07512
Project Manager for Monitoring Firm:	Telephone No.:	Telephone No.: (973) 883-5645 License No.: 02046
Start Date (10): 06/17/2026	Scheduled Completion Date (11): 06/28/2026	Name of OSHA Monitor: M&N Restoration 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: 34 William Pl City, State, Zip Code: Totowa, NJ 07512

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, 2nd floor and attic		+		Plaster walls and ceiling	1300 SF	+			

Name of Registered Waste Hauler: Century	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: TBD	Name of Registered Landfill: G.R.O.W.S
City, State: Elizabeth, NJ		Disposal Date: TBD	City, State: Tullyton, PA

Completed by: Nevena Olcan	Title: Managing member	Signature: [signature]	Date: 06/07/2026

ASB-41 (R-06-08)

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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): 06/12/2026	Name of Building Owner/Operator (2): USDOE Princeton Plasma Physics Laboratory
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☐ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 100 Stellerator Road
	City, State, Zip Code: Princeton, NJ 08540
	Name of Contact: Todd Sandt — Telephone Number: 561-779-0007

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): USDOE Princeton Plasma Physics Laboratory	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 100 Stellerator Road	
City (5): Princeton	Square Feet: 21,747 — # of Floors: 1 — Bldg. Age: 70
County (6): Middlesex — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8): Briggs Associates — ASCM No.: 00004		Name of Abatement Contractor (9): Plymouth Environmental Inc.
Street Address: 3 Crosswicks Street		Street Address: 923 Haws Ave
City, State, Zip Code: Bordentown, NJ 08505		City, State, Zip Code: Norristown, PA 19401
Project Manager for Monitoring Firm: Doug Ferry — Telephone No.: 609-847-2957		Telephone No.: 610-239-9920 — License No.: 00398
Start Date (10): 06/27/2026	Scheduled Completion Date (11): 06/27/2026	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
Lab Wing Hallway		X		VAT / Mastic	512 SF	X			

Name of Registered Waste Hauler: Freehold Cartage, Inc.	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 40	Name of Registered Landfill: GROWS North Landfill
City, State: Freehold, NJ		Disposal Date: TBD	City, State: Morrisville, PA

Completed by: Todd Sandt	Title: Head, ESD	Signature: Todd Sandt	Date: 06/12/2026

ASB-41 (R-06-08)

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

Print Form

NJ CK

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

RECEIVED
JUN 18 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 6/12/2026	Name of Building Owner/Operator (2): Ashland Chemical
Agencies Notified: ☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☒ Amended Amendment #1 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 1979 Atlas Street
	City, State, Zip Code: Columbus, Ohio 43228
	Name of Contact: Trey Richardson — Telephone Number: 614-981-3990

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Ashland Chemical, Building 8107	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 50 Hercules Veterans Way	
City (5): Parlin	Square Feet: 6,000 — # of Floors: 1 — Bldg. Age: 75
County (6): Middlesex — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Manufacturing / Vacant

Name of Monitoring Firm Hired by Building Owner (8): Environmental Connection, Inc.	ASCM No.: 0030	Name of Abatement Contractor (9): Precision Environmental Company	
Street Address: 120 North Warren St.		Street Address: 5500 Old Brecksville Road	
City, State, Zip Code: Trenton, NJ 08608		City, State, Zip Code: Independence, Ohio, 44131	
Project Manager for Monitoring Firm: Rollie Jones	Telephone No.: 609-392-4200	Telephone No.: 2166426040	License No.: 01212
Start Date (10): 04/21/2026	Scheduled Completion Date (11): 09/30/2026	Name of OSHA Monitor: Precision Environmental Company	
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: 5500 Old Brecksville Road City, State, Zip Code: Independence, Ohio, 44131	

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
Please see attached									

Name of Registered Waste Hauler: Champion Disposal Services	NJDEP Waste Hauler ID No.: 32707	Cubic Yards of Waste: 65	Name of Registered Landfill: Waste Management Fairless Hills
City, State: Haines Port, New Jersey		Disposal Date: 7/17/26	City, State: Morrisville, PA 19067

Completed by: Tyler Jasinski	Title: EH&S Director	Signature	Date: 6/12/2026

ASB-41 (R-06-08)

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

- Building 8107

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

1 Exterior Work Area

Print Form

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

RECEIVED
JUN 18 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 6/12/2026		Name of Building Owner/Operator (2): Ashland Chemical	
Agencies Notified: [x] EPA [x] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [ ] Initial [x] Amended Amendment #1 [ ] Emergency (including justification) [ ] Cancellation	Street Address: 1979 Atlas Street	
		City, State, Zip Code: Columbus, Ohio 43228	
		Name of Contact: Trey Richardson	Telephone Number: 614-981-3990

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Ashland Chemical, Building 2599		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 50 Hercules Veterans Way			
City (5): Parlin		Square Feet: 55,000	# of Floors: 6 / Bldg. Age: 75
County (6): Middlesex	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Manufacturing / Vacant	
Name of Monitoring Firm Hired by Building Owner (8): Environmental Connection, Inc.	ASCM No.: 0030	Name of Abatement Contractor (9): Precision Environmental Company	
Street Address: 120 North Warren St.		Street Address: 5500 Old Brecksville Road	
City, State, Zip Code: Trenton, NJ 08608		City, State, Zip Code: Independence, Ohio, 44131	
Project Manager for Monitoring Firm: Rollie Jones	Telephone No.: 609-392-4200	Telephone No.: 2166426040	License No.: 01212
Start Date (10): 04/21/2026	Scheduled Completion Date (11): 09/30/2026	Name of OSHA Monitor: Precision Environmental Company	
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: 5500 Old Brecksville Road	
		City, State, Zip Code: Independence, Ohio, 44131	

Scope of Work (Check All That Apply)

- [ ] ≥3 sf or ≥3 lf
- [x] ≥160 sf or ≥260 lf
- [ ] Renovation
- [x] Demolition
- [x] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [x] 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
Please see attached									

Name of Registered Waste Hauler: Champion Disposal Services	NJDEP Waste Hauler ID No.: 32707	Cubic Yards of Waste: 220	Name of Registered Landfill: Waste Management Fairless Hills
City, State: Haines Port, New Jersey		Disposal Date: 7/17/26	City, State: Morrisville, PA 19067

Completed by: Tyler Jasinski	Title: EH&S Director	Signature	Date: 6/12/2026

ASB-41 (R-06-08)

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

- Building 2599

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

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

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JUN 18 2026
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 6/12/2026		Name of Building Owner/Operator (2): Ashland Chemical	
Agencies Notified: ☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☒ Amended Amendment #1 ☐ Emergency (including justification) ☐ Cancellation	Street Address: 1979 Atlas Street	
		City, State, Zip Code: Columbus, Ohio 43228	
		Name of Contact: Trey Richardson	Telephone Number: 614-981-3990

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Ashland Chemical, Building 9318		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 50 Hercules Veterans Way			
City (5): Parlin		Square Feet: 9,000	# of Floors: 1 / Bldg. Age: 75
County (6): Middlesex	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Manufacturing / Vacant	
Name of Monitoring Firm Hired by Building Owner (8): Environmental Connection, Inc.	ASCM No.: 0030	Name of Abatement Contractor (9): Precision Environmental Company	
Street Address: 120 North Warren St.		Street Address: 5500 Old Brecksville Road	
City, State, Zip Code: Trenton, NJ 08608		City, State, Zip Code: Independence, Ohio, 44131	
Project Manager for Monitoring Firm: Rollie Jones	Telephone No.: 609-392-4200	Telephone No.: 2166426040	License No.: 01212
Start Date (10): 04/21/2026	Scheduled Completion Date (11): 09/30/2026	Name of OSHA Monitor: Precision Environmental Company	
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: 5500 Old Brecksville Road / City, State, Zip Code: Independence, Ohio, 44131	

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
Please see attached									

Name of Registered Waste Hauler: Champion Disposal Services	NJDEP Waste Hauler ID No.: 32707	Cubic Yards of Waste: 100	Name of Registered Landfill: Waste Management Fairless Hills
City, State: Haines Port, New Jersey		Disposal Date: 7/17/26	City, State: Morrisville, PA 19067

Completed by: Tyler Jasinski	Title: EH&S Director	Signature	Date: 6/12/2026

ASB-41 (R-06-08)

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

- Building 9318

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

1 Exterior Work Area

NO CL

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

RECEIVED
JUL - 6 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 6 / 24 / 26		Name of Building Owner/Operator (2): PSE&G / Job #2605-6577 Check #	
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #6 ☐ Emergency (including justification) ☐ Cancellation	Street Address: 4000 Hadley Road	
		City, State, Zip Code: South Plainfield, NJ	
		Name of Contact: Kelsey DuBois	Telephone Number: 908-328-4248

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): PSEG Irvington HQ		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 934 Clinton Ave.		Square Feet	# of Floors / Bldg. Age
City (5): Irvington			
County (6): Essex	County Code (7) *(STATE USE ONLY)*	Current Use (Prior if being demolished): Headquarters	
Name of Monitoring Firm Hired by Building Owner (8): Matrix New World	ASCM No.: 00121	Name of Abatement Contractor (9): AbateTech, Inc.	
Street Address: 26 Columbia Turnpike		Street Address: 30 Maple Ave. PO Box 25	
City, State, Zip Code: Florham Park, NJ 07932		City, State, Zip Code: Lumberton, NJ 08048	
Project Manager for Monitoring Firm: Matt Sheldon	Telephone No.: 973-240-1800	Telephone No.: 609-265-2107	License No.: 00529
Start Date (10): 5 / 26 / 26	Scheduled Completion Date (11): 7 / 17 / 26	Name of OSHA Monitor: IATL	
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-12PM/10PM-1AM		Street Address: 9000 Commerce Pkwy. Suite B	
		City, State, Zip Code: Mount Laurel, NJ 08054	

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
SEE ATTACHED	☐	☐	☒	SEE ATTACHED	SEE ATTACHED	☒	☐	☐	☐
4th Floor	☐	☐	☒	Duct work glue dots	600 SF	☒	☐	☐	☐
3rd Floor	☐	☐	☒	Duct work glue dots	100 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Veolia ES	NJDEP Waste Hauler ID No.: 000151	Cubic Yards of Waste: 40	Name of Registered Landfill: Fairless Landfill
City, State: Flanders, NJ		Disposal Date: 7/17/26	City, State: Morrisville, PA

Completed By (Print or Type): Gwendolyn Trumbetti	Title: Operations Coordinator	Signature: Gwen	Date: 6-24-26

ASB-41
MAY 11

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

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

RECEIVED
JUL - 6 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 6 / 24 / 26	Name of Building Owner/Operator (2): PSEG / Job #2502-6397 Check #
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #4 ON HOLD ☐ Emergency (including justification)
	Street Address: 4000 Hadley Road
	City, State, Zip Code: South Plainfield, NJ
	Name of Contact: Scott Penn — Telephone Number: 201-638-1684

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): PSEG Central Avenue Subsation	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 157 S 14th Street	
City (5): Newark — Square Feet: — # of Floors: — Bldg. Age:	
County (6): Essex — County Code (7)(STATE USE ONLY): —	Current Use (Prior if being demolished): Substation

Name of Monitoring Firm Hired by Building Owner (8): Matrix New World	ASCM No.: 00121	Name of Abatement Contractor (9): AbateTech, Inc.	
Street Address: 26 Columbia Turnpike		Street Address: 30 Maple Ave. PO Box 25	
City, State, Zip Code: Florham Park, NJ 07932		City, State, Zip Code: Lumberton, NJ 08048	
Project Manager for Monitoring Firm: Matt Sheldon	Telephone No.: 973-240-1800	Telephone No.: 609-265-2107	License No.: 00529
Start Date (10): 5 / 27 / 26	Scheduled Completion Date (11): 6 / 30 / 26	Name of OSHA Monitor: IATL	
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: 7AM-9PM/_____PM-_____AM		Street Address: 9000 Commerce Pkwy. Suite B	
		City, State, Zip Code: Mount Laurel, NJ 08054	

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
Vault Circuit 4020- CET 4016	☐	☒	☐	Cable Sock Insulation	2,500 LF	☒	☐	☐	☐
1st Floor	☐	☒	☐	Green Wall Paint	105 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Veolia ES	NJDEP Waste Hauler ID No.: 000151	Cubic Yards of Waste: 40	Name of Registered Landfill: Fairless Landfill
City, State: Flanders, NJ		Disposal Date: 6/30/26	City, State: Morrisville, PA

Completed By (Print or Type): Gwendolyn Trumbetti	Title: Operations Coordinator	Signature: [signature]	Date: 6-24-26

ASB-41
MAY 11

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

No cc

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

RECEIVED
JUL - 6 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 6 / 24 / 26		Name of Building Owner/Operator (2): PSE&G Lawrenceville HQ / Job #2509-6487 Check #18011	
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #15 ON HOLD ☐ Emergency (including justification)	Street Address: 4140 Quakerbridge Rd.	
		City, State, Zip Code: Lawrence Township, NJ 08648	
		Name of Contact: Scott Mayes	Telephone Number: 609-923-2075

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): PSEG Lawrenceville HQ ROC Project		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 4140 Quakerbridge Rd.			
City (5): Lawrenceville		Square Feet	# of Floors / Bldg. Age
County (6): Mercer	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Facility Headquarters	
Name of Monitoring Firm Hired by Building Owner (8): Matrix New World	ASCM No.: 00121	Name of Abatement Contractor (9): AbateTech, Inc.	
Street Address: 26 Columbia Turnpike		Street Address: 30 Maple Ave. PO Box 25	
City, State, Zip Code: Florham Park, NJ 07932		City, State, Zip Code: Lumberton, NJ 08048	
Project Manager for Monitoring Firm: Matt Sheldon	Telephone No.: 973-240-1800	Telephone No.: 609-265-2107	License No.: 00529
Start Date (10): 6 / 16 / 25	Scheduled Completion Date (11): 6 / 23 / 26	Name of OSHA Monitor: IATL	
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: 7AM-3:30PM/4PM-12AM		Street Address: 9000 Commerce Pkwy. Suite B	
		City, State, Zip Code: Mount Laurel, NJ 08054	

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
SEE ATTACHED	☐	☐	☒	SEE ATTACHED	SEE ATTACHED	☒	☐	☐	☐
2nd Fl. Over head locker room	☐	☐	☒	Fittings	52	☒	☐	☐	☐
2nd Fl. Under ground locker room	☐	☐	☒	Fittings	28	☒	☐	☐	☐
2nd Fl. Ladies locker room	☐	☐	☒	Fitting	23	☒	☐	☐	☐

Name of Registered Waste Hauler: Veolia ES	NJDEP Waste Hauler ID No.: 000151	Cubic Yards of Waste: 40	Name of Registered Landfill: Fairless Landfill
City, State: Flanders, NJ		Disposal Date: 6/23/26	City, State: Morrisville, PA

Completed By (Print or Type): Gwendolyn Trumbetti	Title: Operations Coordinator	Signature: [signature]	Date: 6-24-26

ASB-41
MAY 11

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

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

REV #3 - dated 6/30/26
Rev #1 dated 2/202/6
Rev #2 dated 4/28/26

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

RECEIVED
JUL - 7 2026
ASBESTOS LICENSING

Date of Notification (1) Rev #3: 6 / 30 / 2026	Name of Building Owner/Operator (2): Hakim International Trading and Larketing, Inc. and Hakim Enterprises, LLC
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #3 6/30/26 ☐ Emergency (including ☐ justification) Cancellation
	Street Address: 37 Hunting Dr
	City, State, Zip Code: Dumont, NJ 07628
	Name of Contact: Joseph Hakim — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Block 1573 Lot 1.02 -- Site of Former Warehouse	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 533 Whitehead Rd	Square Feet: / # of Floors: / Bldg. Age: 50+
City (5): Hamilton, NJ 08619	
County (6): Mercer — County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished):
Name of Monitoring Firm Hired by Building Owner (8): Health & Safety Services — ASCM No.:	Name of Abatement Contractor (9): **Controlled Environmental Systems**
Street Address: PO Box 365	Street Address: **1121 N. Bethlehem Pike - Suite 60**
City, State, Zip Code: Berlin, NJ 08009	City, State, Zip Code: **Spring House, PA 19477**
Project Manager for Monitoring Firm: James Proctor — Telephone No.: 856-452-1311	Telephone No.: **215 542 7000** — License No.: **00847**
Start Date (10): 12 / 19 / 2025 — Scheduled Completion Date (11): 9 / 30 / 2026	Name of OSHA Monitor: **CES**
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- 3:30 PM/_____PM-_____AM	Street Address: **1121 N. Bethlehem Pike - Suite 60** / City, State, Zip Code: **Spring House, PA 19477**

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

Rev 3 on 6/20/26 change completion date to 9/30/26

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
Site of Former Warehouse	☐	☐	☒	ACM Building Debris	800 Tons	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: **Horizon Disposal Services**	NJDEP Waste Hauler ID No.: **10416**	Cubic Yards of Waste:	Name of Registered Landfill: **Fairless Landfill**
City, State: **Spring House, PA 19477**		Disposal Date:	City, State: **Morrisville, PA 19067**
Completed By (Print or Type): **Patricia Visco**	Title: **Office Manager**	Signature:	Date: 6/30/26

ASB-41
JAN 13

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NO CK

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 06 / 10 / 26	Name of Building Owner/Operator (2): Complex 70 Associates LLC Job #2605-3546 check#N/A	
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 250 Century Parkway St 375
		City, State, Zip Code: Mount Laurel NJ 08054
		Name of Contact: Kelly Hubbs / Telephone Number: 856-482-5971

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Complex 70			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 1940 Rt 70			
City (5): Cherry Hill		Square Feet: 25,000 / # of Floors: 3 / Bldg. Age: 1998	
County (6): Camden	County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished): Office

Name of Monitoring Firm Hired by Building Owner (8): Hillmann Consulting LLC	ASCM No.	Name of Abatement Contractor (9): Asbestos and Mold Services, Corp.	
Street Address: 304 Harper Drive Suite 207		Street Address: 70 Stacy Haines Road Suite 4	
City, State, Zip Code: Moorestown NJ 08057		City, State, Zip Code: Lumberton NJ 08048	
Project Manager for Monitoring Firm: Rafael Torres / Telephone No.: 856-581-9055		Telephone No.: 609-702-0400	License No.: 00862
Start Date (10): 06 / 22 / 26	Scheduled Completion Date (11): 06 / 25 / 26	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 - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address: 200 U.S. Route 130 North	
		City, State, Zip Code: Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

☒ ≥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
Boiler Room	☐	☐	☒	Rope	30 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Asbestos and Mold Services Corp	NJDEP Waste Hauler ID No.: 0035680	Cubic Yards of Waste: 80	Name of Registered Landfill: Fairless Hills
City, State: Lumberton, NJ		Disposal Date: 06/25/2026	City, State: Morrisville, PA

Completed By (Print or Type): Kaysi Gruner	Title: Admin	Signature:	Date: 6/22/26

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MAY 11

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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): 6/26/26	Name of Building Owner/Operator (2):
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation
Street Address: 466 Kinderkamack Rd.	
City, State, Zip Code: Oradell, NJ 07649	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential Home		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 466 Kinderkamack Rd.			
City (5): Oradell		Square Feet: 3000	# of Floors: 2 / Bldg. Age: 60 +/-
County (6): Bergen	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Residential Home	
Name of Monitoring Firm Hired by Building Owner (8): Project Manager	ASCM No.	Name of Abatement Contractor (9): All Stages Abatement	
Street Address		Street Address: 55 Cannonball Rd.	
City, State, Zip Code		City, State, Zip Code: Pompton Lakes, NJ 07442	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-600-3184	License No.: 01305
Start Date (10): 6/27/26	Scheduled Completion Date (11): 6/30/26	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 ☒ Other – Describe: 8 A.M to 4 P.M		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
Gym		x		VAT	301 SF	x			

Name of Registered Waste Hauler: All Stages Abatement	NJDEP Waste Hauler ID No.: 0036592	Cubic Yards of Waste: 4 YD	Name of Registered Landfill: Chrin Brothers Sanitary Landfill
City, State: Pompton Lakes, NJ		Disposal Date: TBD	City, State: Easton, PA
Completed by: Richard Cristofol	Title: President	Signature	Date: 6/26/26

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

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LICENSING

Date of Notification (1): 6/26/26	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: 35 Myrtle Ave.
	City, State, Zip Code: Butler, NJ 07405
	Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential Home			Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 35 Myrtle Ave.			
City (5): Butler	Square Feet: 1900	# of Floors: 2	Bldg. Age: 60 +/-
County (6): Morris	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished): Residential Home

Name of Monitoring Firm Hired by Building Owner (8): Project Manager	ASCM No.	Name of Abatement Contractor (9): All Stages Abatement	
Street Address		Street Address: 55 Cannonball Rd.	
City, State, Zip Code		City, State, Zip Code: Pompton Lakes, NJ 07442	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-600-3184	License No.: 01305
Start Date (10): 6/29/26	Scheduled Completion Date (11): 7/1/26	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 [x] Other – Describe: 8 A.M to 4 P.M		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
- [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 Closet		x		VAT	18 SF	x			

Name of Registered Waste Hauler: All Stages Abatement	NJDEP Waste Hauler ID No.: 0036592	Cubic Yards of Waste: 2 YD	Name of Registered Landfill: Chrin Brothers Sanitary Landfill
City, State: Pompton Lakes, NJ		Disposal Date: TBD	City, State: Easton, PA

Completed by: Richard Cristofol	Title: President	Signature:	Date: 6/26/26

ASB-41 (R-06-08)

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

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Date of Notification (1): 06 / 28 / 26		Name of Building Owner/Operator (2): Deerpath Custom Builders
Agencies Notified: ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment # ☒ Emergency (including justification) ☐ Cancellation	Street Address: 16 Mt. Bethel Road Suite 256
		City, State, Zip Code: Warren, NJ 07059
		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 and commercial buildings, homes, etc.)
Street Address: 140 Hun Road		
City (5): Princeton, NJ 08540		Square Feet: 5000 / # of Floors: 2 / Bldg. Age: 50+
County (6): Mercer	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): A. Mac Contracting Inc.	
Street Address		Street Address: 176 Saddle River Avenue	
City, State, Zip Code		City, State, Zip Code: South Hackensack, NJ 07606	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-262-5841	License No.: 00156
Start Date (10): 06 / 29 / 26	Scheduled Completion Date (11): 06 / 30 / 26	Name of OSHA Monitor: Asbestos Analytical Labs	
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: 8:00 AM- PM/4:30 PM-____AM		Street Address: 51 Gage Road	
		City, State, Zip Code: East Brunswick, NJ 08816	

Scope of Work (Check all that apply)

☐ ≥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 Floor	☐	☒	☐	Pipe Insulation	100 LF	☒	☐	☐	☐
Basement	☐	☒	☐	Ceiling Tiles	150 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Century Waste Services, LLC	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: 2 Yards	Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 06-30-2026	City, State: Pen Argyl, PA 08072

Completed By (Print or Type): Ralph Barnhardt	Title: Sr. Project Manager	Signature:	Date: 06-23-2026

ASB-11
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1): 7/1/26	Name of Building Owner/Operator (2): ASBESTO
Agencies Notified: [x] EPA [x] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
Street Address: 1122 Hillside Ave	
City, State, Zip Code: Plainfield, NJ 07060	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1122 Hillside Ave	Square Feet / # of Floors / Bldg. Age
City (5): Plainfield,NJ 07060	Current Use (Prior if being demolished)
County (6): Union County	County Code (7) *(STATE USE ONLY)* _____
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): AAA Asbestos
Street Address	Street Address: 2208B Hamilton Blvd
City, State, Zip Code	City, State, Zip Code: South Plainfield, NJ 07080
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 732-289-7360 / License No.: 02010
Start Date (10): 7/2/26 / Scheduled Completion Date (11): 7/8/26	Name of OSHA Monitor: Chris Weber
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: 2208B Hamilton Blvd / City, State, Zip Code: South Plainfield, NJ 07080

Scope of Work (Check All That Apply)

- [ ] ≥3 sf or ≥3 lf
- [x] ≥160 sf or ≥260 lf
- [ ] 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		VAT	500SF	x			
		x							
		x							
		x							

Name of Registered Waste Hauler: AAA Asbestos	NJDEP Waste Hauler ID No.: 113709	Cubic Yards of Waste: TBD	Name of Registered Landfill: Grand Central Landfill
City, State: Newark, NJ		Disposal Date: TBD	City, State: Pen Argyl, PA
Completed by: Frank Formisano	Title: Owner	Signature	Date: 7/1/26

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ASB-41 (R-06-08)

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): 5-28-26	Name of Building Owner/Operator (2): 80-BOYD REALTY LLC	
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☒ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 69-LAIDLAW AVE.
		City, State, Zip Code: JERSEY CITY
		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: 69-LAIDLAW AVE.		
City (5): JERSEYCITY	Square Feet: 1500 / # of Floors: 1 / Bldg. Age: +50	
County (6): HUDSON	County Code (7) (STATE USE ONLY): _____	Current Use (Prior if being demolished): RESIDENTIAL
Name of Monitoring Firm Hired by Building Owner (8):	ASCM No:	Name of Abatement Contractor (9): DINAGO ENTERPRISES, LLC.
Street Address:		Street Address: 203-RYAN ST.
City, State, Zip Code:		City, State, Zip Code: HILLSIDE, NJ 07205
Project Manager for Monitoring Firm:	Telephone No.:	Telephone No: 201-341-0776 / License No: 01240
Start Date (10): 6-6-26	Scheduled Completion Date (11): 6-8-26	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
SIDING		X		TRANSITE	569SF	X			

Name of Registered Waste Hauler: Century Waste Services	NJDEP Waste Hauler ID No.: 04516	Cubic Yards of Waste:	Name of Registered Landfill: Fairless Landfill/ Grand Central Landfill
City, State: 623-Dowd Ave. Elizabeth, NJ 07201		Disposal Date:	City, State: Morrisville, PA.
Completed by: CARLOS GOMES	Title: PRESIDENT	Signature:	Date: 5-28-26

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ASB-41 (R-06-08)

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): **6/19/26**	Name of Building Owner / Operator (2): **Pitman School District**
Agencies Notified: ☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☒ Amended #1 ☒ Emergency ☐ Cancellation
	Street Address: **320 Grant Ave**
	City, State & Zip Code: **Pitman, NJ 08071**
	Name of Contact: **Christopher DeStratis** — Telephone Number: **856-589-2145**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Pitman ES**	Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: **138 E Holly Ave**	Square Feet: **250,000** — # of Floors: **3** — Bldg. Age: **100+**
City (5): **Pitman** — County (6): **Gloucester** — County Code (7):	Current Use (Prior if being demolished): **School**
Name of Monitoring Firm Hired by Building Owner (8): **Epic Environmental Services, LLC** — ASCM No.	Name of Abatement Contractor (9): **Bristol Environmental, LLC.**
Street Address: **80 Fork Bridge Road**	Street Address: **1123 Beaver Street**
City, State & Zip Code: **Pittsgrove, NJ 08318**	City, State & Zip Code: **Bristol, PA 19007**
Project Manager for Monitoring Firm: **Jim Eberts** — Telephone Number: **856-889-1736**	Telephone Number: **(215)788-6040** — License Number: **02121**
Scheduled Start Date (10): **6/17/26** — Scheduled Completion Date (11): **6/22/26**	Name of OSHA Monitor: **Bristol Environmental LLC**
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: **7:00 AM to 4:00 PM** ☐ Facility Occupied During Abatement	Street Address: **1123 Beaver Street** — City, State & Zip Code: **Bristol, PA 19007**

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
Attic	☒	☐	☐	**Wrap & Cut - Pipe Insulation**	**240 LF**	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: **Freehold Cartage**	NJDEP Waste Hauler ID No.: **15939**	Cubic Yards of Waste: **5 Cu Yd**	Name of Registered Landfill: **Conestoga Landfill**
City, State: **Freehold, NJ**		Disposal Date: **6/22/26**	City, State: **Morgantown, PA**
Completed By (Print or Type): **Gino Pizzigoni**	Title: **Project Manager**	Signature: Gino Pizzigoni	Date: **6/19/26**

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

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JUL – 7 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1) **6/26/2026**		Name of Building Owner/Operator Jamesburg Public School
Agencies Notified ☒ EPA ☐ DCA ☒ DOL ☐ DEP ☒DOH	**Notification Type** ☐ **Initial Notification** ☐ **Amended #1** ☒ **Emergency notification (including justification)** ☐ **Cancelled**	**Street Address** **13 Augusta Street** **City, State, Zip Code** **Jamesburg NJ 08831**
		Name of Contact **Scott Danberry** Telephone Number 732-637-2745

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) **GBM Middle School**			Type of Facility (4)x ☐ School (K-12) Subchapter 8 ☒ **Subchapter 8 (other than K-12)** ☐ Other (i.e. private & commercial buildings., homes, etc.) Sq. Feet: Approximately 29,000 # of Floors: 1 Bldg. Age: 56 Current Use (prior if being demolished):
Street Address **13 Augusta Street**			
City (5) **Jamesburg NJ**	**County (6)** **Middlesex**	**County Code (7) (State Use Only)**	
Name of Monitoring Firm Hired by Bldg. Owner **Ramm Environmental**		ASCM No.	Name of Contractor (9) **BL Contracting Inc.**
77 Nottingham Road			Street Address **5 Marguerite Lane**
Fairlawn NJ 07410			City State, Zip Code **Towaco NJ 07082**
Project Manager for Monitoring Firm **Rodger**	**201-475-9880**		Telephone Number **973-901-0153** License Number **01265**
Scheduled Start Date (10) **6/29/2026**	Scheduled Completion Date **7/02/2026**		Name of OSHA Monitoring **BL Contracting Inc**
Occupancy Status During Abatement (Check only one) ☒Facility Closed/Vacated During Entire Period of Abatement ☐Abatement Performed Outside of Normal Facility Hours - Describe **o Facility occupied During Abatement** ☒Other – Describe: **Monday- Saturday 7 am- 4pm**			Street Address **5 Marguerite Lane** City, State, Zip Code **Towaco NJ 07082**

Source of Work (Check all that apply)

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

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Main/Custodial Staff (12) YES	NO	NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)	Abatement Type Remove	Repair	Encap	Enclos
First Floor Rooms 7-8	☒			**Asbestos Floor Tiles**	**1,600 SF**	☒			

Name of Reg. Waste Hauler	NJDEP Waste Hauler ID #	Cubic Yards of Waste	Name of Registered Landfill	Disposal Date	City, State
BL Contracting Inc	**0036784**	**6**	T.R.R..F	**6/30/2026**	Tully town, PA

Completed by (Print or Type)	Title	Signature	Date
Nedo Vasilic	**Project Manager**	Nedo Vasilic	**6/24/2026**

1469 Approved by James Harris 6/19/26

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

PAID

Check #41469

JUL - 7 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1): **6/19/26**	Name of Building Owner / Operator (2): **Palmyra School District**
Agencies Notified: ☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☒ Initial ☐ Amended ☒ Emergency ☐ Cancellation	Street Address: **311 West 5th Street** City, State & Zip Code: **Palmyra, NJ 08065** Name of Contact: **Mr. Jared Toscano** — Telephone Number: **856-786-9300**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Palmyra High/Middle School** Street Address: **311 W 5th Street** City (5): **Palmyra** — County (6): **Burlington** — County Code (7):	Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.) Square Feet: **110,000** — # of Floors: **2** — Bldg. Age: **60+** Current Use (Prior if being demolished): **School**
Name of Monitoring Firm Hired by Building Owner (8): **TTI Environmental Inc** — ASCM No. Street Address: **1253 N Church Street** City, State & Zip Code: **Moorestown, NJ 08057** Project Manager for Monitoring Firm: **Brian Clark** — Telephone Number: **856-840-8800**	Name of Abatement Contractor (9): **Bristol Environmental, LLC** Street Address: **1123 Beaver Street** City, State & Zip Code: **Bristol, PA 19007** Telephone Number: **(215)788-6040** — License Number: **02121**
Scheduled Start Date (10): **6/20/26** — Scheduled Completion Date (11): **6/22/26**	Name of OSHA Monitor: **Bristol Environmental LLC**
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: **7:00 AM to 4:00 PM** ☐ Facility Occupied During Abatement	Street Address: **1123 Beaver Street** City, State & Zip Code: **Bristol, PA 19007**

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
1st Floor Bathroom	☒	☐	☐	Joint Compound Assoc/ W Sheetrock	20 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: **Freehold Cartage**	NJDEP Waste Hauler ID No.: **15939**	Cubic Yards of Waste: **1/2 cu yd**	Name of Registered Landfill: **Fairless Landfill**
City, State: **Bristol, PA**		Disposal Date: **7/3/25**	City, State: **Morrisville, PA**
Completed By (Print or Type): **Gino Pizzigoni**	Title: **Project Manager**	Signature: Gino Pizzigoni	Date: **6/19/26**

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10007

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

PAID

CK 10006

RECEIVED JUN 22 2026 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 6/16/26 Type Notification	Name of Building Owner / Operator (2) **Main St LLC**
Agencies Notified EPA DEP X DOL X DOH DCA Emergency Notification X Initial Notification Amended Notification Cancellation	Street Address **16 Mt. Bethel Rd** City, State & Zip Code **Warren, NJ 07059** 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) X Other (i.e., private & commercial buildings, homes, etc.)
Street Address **226 Main Ave**			Square Feet: **2800** / # of Floors: **2** / Bldg. Age: **60**
City (5) **Stirling**	County (6) **Morris**	County Code (7)	Current Use (Prior if being demolished) **Residential**
Name of Monitoring Firm Hired by Building Owner (8) **Jonathan Gilbert**		ASCM No.	Name of Abatement Contractor (9) **Global Abatement Services, LLC**
Street Address **37 Sunset Drive**			Street Address **P.O. Box 7620**
City, State & Zip Code **Voorhees, NJ 08043**			City, State & Zip Code **Monroe Township, NJ 08831**
Project Manager for Monitoring Firm **Jonathan Gilbert**	Telephone Number **856-625-2045**		Telephone Number: **732-605-9062** / License Number: **00714**
Scheduled Start Date (10) **6/27/26**	Scheduled Completion Date (11) **6/30/26**		Name of OSHA Monitor **Global Abatement Services, LLC**
Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: **Area Isolated During Abatement** Other - Describe:			Street Address **P.O. Box 7620** City, State & Zip Code **Monroe Township, NJ 08831**

Scope of Work (Check all that apply)

X Demolition — Renovation
Large Project
X Quantity is ≥ 3 SF or ≥ 3 LF ACM
Quantity is ≥ 160 SF or ≥ 260 LF ACM

Full Containment with Negative Pressure
Mini-Enclosure
X Glovebag Procedure
X Other: **Non-friable**

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
First floor	**N/A**	**Stucco on soffit**	**12SF**	**Removal**

Name of Registered Waste Hauler **Freehold Carting**	NJDEP Waste Hauler ID # **18693**	Cu. Yds. of Waste **2**	Name of Registered Landfill **Conestoga**
City, State **Freehold, NJ**		Disposal Date **6/30/26**	City, State **Morgantown, PA**

Completed By (Print or Type) **Dominick Tringali**	Title **Pres.**	Signature *Dominick Tringali*	Date **6/16/26**

ASB-41 JUN 95 G4667

100006

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

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100007

JUN 22 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 6/16/26 Type Notification	Name of Building Owner / Operator (2) **Main St LLC**
Agencies Notified EPA DEP X DOL X DOH DCA X Emergency Notification X Initial Notification Amended Notification Cancellation	Street Address **16 Mt. Bethel Rd** City, State & Zip Code **Warren, NJ 07059** 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) X Other (i.e., private & commercial buildings, homes, etc.
Street Address **224 Main Ave**			Square Feet: **2800** / # of Floors: **2** / Bldg. Age: **60**
City (5) **Stirling**	County (6) **Morris**	County Code (7)	Current Use (Prior if being demolished) **Residential**
Name of Monitoring Firm Hired by Building Owner (8) **Jonathan Gilbert**		ASCM No.	Name of Abatement Contractor (9) **Global Abatement Services, LLC**
Street Address **37 Sunset Drive**			Street Address **P.O. Box 7620**
City, State & Zip Code **Voorhees, NJ 08043**			City, State & Zip Code **Monroe Township, NJ 08831**
Project Manager for Monitoring Firm **Jonathan Gilbert**	Telephone Number **856-625-2045**		Telephone Number: **732-605-9062** / License Number: **00714**
Scheduled Start Date (10) **6/27/26**	Scheduled Completion Date (11) **6/30/26**		Name of OSHA Monitor **Global Abatement Services, LLC**
Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: **Area Isolated During Abatement** Other - Describe:			Street Address **P.O. Box 7620** City, State & Zip Code **Monroe Township, NJ 08831**

Scope of Work (Check all that apply)

X Demolition
Renovation
Large Project
X Quantity is ≥ 3 SF or ≥ 3 LF ACM
Quantity is ≥ 160 SF or ≥ 260 LF ACM
Full Containment with Negative Pressure
Mini-Enclosure
X Glovebag Procedure
X Other: **Non-friable**

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
First floor	**N/A**	**Sheet flooring**	**40SF**	**Removal**
First floor	**N/A**	**VAT**	**40SF**	**Removal**

Name of Registered Waste Hauler **Freehold Carting**	NJDEP Waste Hauler ID # **18693**	Cu. Yds. of Waste **2**	Name of Registered Landfill **Conestoga**
City, State **Freehold, NJ**		Disposal Date **6/30/26**	City, State **Morgantown, PA**

Completed By (Print or Type) **Dominick Tringali**	Title **Pres.**	Signature *Dominick Tringali*	Date **6/16/26**

ASB-41 JUN 95 G4667

4814

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

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Date of Notification (1): 06 / 12 / 26	Name of Building Owner/Operator (2): NAJJAR DEVELOPMENT LLC Ch# 4874
Agencies Notified: ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 302 Newark Avenue
	City, State, Zip Code: Jersey City, NJ 07302
	Name of Contact / Telephone Number

ASBESTOS CONTROL & LICENSING

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 and commercial buildings, homes, etc.)
Street Address: 722 Garfield Avenue	
City (5): Jersey City	Square Feet: 2,000 / # of Floors: 2 / Bldg. Age: 50+
County (6): HUDSON / County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Residence
Name of Monitoring Firm Hired by Building Owner (8): N/A / ASCM No.	Name of Abatement Contractor (9): EA Services Corporation
Street Address	Street Address: 530 Church Street- Suite 6
City, State, Zip Code	City, State, Zip Code: Ridgefield, NJ 07657
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 201-295-1700 / License No.: 01074
Start Date (10): 06 / 25 / 26 / Scheduled Completion Date (11): 06 / 29 / 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: 8:00AM-_____PM/_____PM-_____AM	Street Address / City, State, Zip Code

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 if ☐ ≥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
Second Floor-Living Area-	☐	☒	☐	Window Sill Insulation	12 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: EA Services Corporation	NJDEP Waste Hauler ID No.: 107086	Cubic Yards of Waste: tbd	Name of Registered Landfill: Minerva Enterprises
City, State: Ridgefield, NJ		Disposal Date: tbd	City, State: Waynesburg, OH

Completed By (Print or Type): Marisabel Toribio	Title: Clerical	Signature: Marisabel Toribio	Date: 6/12/26

ASB-41
JAN 13

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

4875

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

RECEIVED CH # 4875

JUN 18 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 06 / 12 / 26	Name of Building Owner/Operator (2): BTS INVESTMENT GROUP, LLC
Agencies Notified: ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 373 4th Street
	City, State, Zip Code: Jersey City, NJ 07302
	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 and commercial buildings, homes, etc.)
Street Address: 718 Garfield Avenue	
City (5): Jersey City	Square Feet: 2,000 / # of Floors: 2 / Bldg. Age: 50+
County (6): HUDSON / County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): RESIDENCE

Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): EA Services Corporation
Street Address		Street Address: 530 Church Street- Suite 6
City, State, Zip Code		City, State, Zip Code: Ridgefield, NJ 07657
Project Manager for Monitoring Firm / Telephone No.		Telephone No.: 201-295-1700 / License No.: 01074
Start Date (10): 06 / 25 / 26	Scheduled Completion Date (11): 06 / 29 / 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: 8:00AM-_____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
First Floor -Living Space-	☐	☒	☐	Radiator Panel	8 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: EA Services Corporation	NJDEP Waste Hauler ID No.: 107086	Cubic Yards of Waste: tbd	Name of Registered Landfill: Minerva Enterprises
City, State: Ridgefield, NJ		Disposal Date: tbd	City, State: Waynesburg, OH

Completed By (Print or Type)	Title	Signature	Date
Marisabel Toribio	Clerical	Marisabel Toribio	6/12/26

ASB-41
JAN 13

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Check #11983

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JUN 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): JUNE 24, 20276	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☒ Initial ☐ Amended ☐ Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 427 HARRISON AVENUE City, State, Zip Code: HIGHLAND PARK, NJ 08904 Name of Contact / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): SINGLE FAMILY DWELLING			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 427 HARRISON AVENUE			
City (5): HIGHLAND PARK, NJ 08904		Square Feet:	# of Floors: 2 / Bldg. Age: 90+-
County (6): MIDDLESEX	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8): EPC TECHNOLOGIES, INC	ASCM No.: N/A	Name of Abatement Contractor (9): EPC TECHNOLOGIES, INC	
Street Address: P.O. BOX 337		Street Address: P.O. BOX 337	
City, State, Zip Code: NEW EGYPY, NJ 08533		City, State, Zip Code: NEW EGYPT, NJ 08533	
Project Manager for Monitoring Firm: STEVE SCHENKER	Telephone No.: 609-744-6384	Telephone No.: 609-744-6384	License No.: 00394
Start Date (10): JULY 10, 2026	Scheduled Completion Date (11): JULY 15, 2026	Name of OSHA Monitor: EPC TECHNOLOGIES, 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: P.. BOX 337, City, State, Zip Code: NEW EGYPT, NJ 08533	

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	XXX			PIPE INSULATION	100 LF	XXX			

Name of Registered Waste Hauler: EPC TECHNOLOGIES, INC	NJDEP Waste Hauler ID No.: 17000	Cubic Yards of Waste: 2	Name of Registered Landfill: FAIRLESS LANDFILL
City, State: NEW EGYPT, NJ 08533		Disposal Date: JULY 15, 2026	City, State: MORRISVILLE, PA
Completed by: STEVE SCHENKER	Title: PRESIDENT	Signature: Steve Schenker	Date: JUNE 24, 2026

ASB-41 (R-06-08)

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JUN 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): 06-22-26	Name of Building Owner/Operator (2): TTL Services LLC
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 52 Garfield Ave.
	City, State, Zip Code: Paterson, NJ 07522
	Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Private Home	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 16 Hanover Rd.	
City (5): East Hanover	Square Feet:	# of Floors: 2	Bldg. Age:
County (6): Morris	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Private Home
Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.:	Name of Abatement Contractor (9): Delfa Contracting LLC.
Street Address:		Street Address: 1119 East Grand St.
City, State, Zip Code:		City, State, Zip Code: Elizabeth, NJ 07201
Project Manager for Monitoring Firm:	Telephone No.:	Telephone No.: 908 576-7646	License No.: 01206
Start Date (10): 07-01-26	Scheduled Completion Date (11): 08-05-26	Name of OSHA Monitor: Delfa Contracting 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: 1119 East Grand St.
		City, State, Zip Code: Elizabeth, NJ 07201

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 Floor		X		Linoleum	250 SF	X			
Exterior		X		Window Glazing	12 LF	X			

Name of Registered Waste Hauler: Delfa Contracting LLC	NJDEP Waste Hauler ID No.: 35240	Cubic Yards of Waste: 10	Name of Registered Landfill: Tullytown Resource Recovery Facility
City, State: Elizabeth, NJ		Disposal Date: 07-15-26	City, State: Tullytown, PA
Completed by: Jaime Delgado	Title: Proj. Manager.	Signature:	Date: 06-22-26

ASB-41 (R-06-08)

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003807

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

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CK # 003807
JUN 26 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 06/24/26	Name of Building Owner/Operator (2):
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
Street Address: 200 17th Avenue	
City, State, Zip Code: Paterson, NJ 07504	
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: 200 17th Avenue			
City (5): Paterson		Square Feet: 2,500 +	# of Floors: 2 / Bldg. Age: 50 +
County (6): Passaic	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished): Residence
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): J.R. Contracting & Environmental Consulting, Inc.	
Street Address		Street Address: 1141 Route 23	
City, State, Zip Code		City, State, Zip Code: Wayne, NJ 07470	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: (973) 628-9500	License No.: 00408
Start Date (10): 07/07/26	Scheduled Completion Date (11): 07/21/26	Name of OSHA Monitor: J.R. Contracting & Environmental Consulting, Inc.	
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address: 1141 Route 23 / City, State, Zip Code: Wayne, NJ 07470	

Scope of Work (Check All That Apply)

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

[x] 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
Basement			X	Pipe Insulation	250 LF	X			

Name of Registered Waste Hauler: J.R. Contracting & Environmental Consul., Inc	NJDEP Waste Hauler ID No.: 17819	Cubic Yards of Waste: 40	Name of Registered Landfill: Grand Central Landfill
City, State: Wayne, New Jersey		Disposal Date	City, State: Pen Argyl, Pennsylvania
Completed by: Jerry Bijelonic	Title: Project Manager	Signature	Date: 06/24/26

ASB-41 (R-06-08)

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

Print Form

1916

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

RECEIVED
JUN 24 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 06/22/2026		Name of Building Owner/Operator (2)	
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 69 Sussex Road	
		City, State, Zip Code Tenafly NJ 07670	
		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 69 Sussex road			
City (5) Tenafly		Square Feet	# 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) E & V Services LLC	
Street Address		Street Address 711 Sip Street	
City, State, Zip Code		City, State, Zip Code Union City NJ 07087	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-875-7290	License No. 02053
Start Date (10) 07/04/2026	Scheduled Completion Date (11) 07/20/2026	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
INTERIOR		x		FLOOR TILE	675 SF	x			

Name of Registered Waste Hauler TRISTATE TRANFER INC	NJDEP Waste Hauler ID No. 24-1129	Cubic Yards of Waste 2	Name of Registered Landfill MINERVA ENTERPRISES LLC
City, State BRONX NY 10474		Disposal Date	City, State WAYNESBURG OH 44688

Completed by Angel Penaherrera	Title Owner	Signature	Date 06/22/2026

ASB-41 (R-06-08)

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

915

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

RECEIVED
JUN 24 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 06/22/2026		Name of Building Owner/Operator (2):
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 100 Dekalb Ave
		City, State, Zip Code: Jersey City NJ 07306
		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: 100 Dekalb Ave		
City (5): Jersey City		Square Feet / # of Floors / Bldg. Age
County (6): Hudson	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): E & V Services LLC	
Street Address		Street Address: 711 Sip Street	
City, State, Zip Code		City, State, Zip Code: Union City NJ 07087	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-875-7290	License No.: 02053
Start Date (10): 07/03/2026	Scheduled Completion Date (11): 07/15/2026	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 [X] 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
EXTERIOR		x		FLASHING	60 SF	X			

Name of Registered Waste Hauler: TRISTATE TRANFER INC	NJDEP Waste Hauler ID No.: 24-1129	Cubic Yards of Waste: 2	Name of Registered Landfill: MINERVA ENTERPRISES LLC
City, State: BRONX NY 10474		Disposal Date	City, State: WAYNESBURG OH 44688

Completed by: Angel Penaherrera	Title: Owner	Signature	Date: 06/22/2026

ASB-41 (R-06-08)

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

30409

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

RECEIVED
SP409
JUN 25 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 06 / 22 / 26		Name of Building Owner/Operator (2)
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 3062 Wilbur Avenue City, State, Zip Code: Manchester, NJ 08759 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 and commercial buildings, homes, etc.)
Street Address: 1236 Benedict Street		Square Feet: 1500 / # of Floors: 1 / Bldg. Age: 50
City (5): Point Pleasant Beach		
County (6): Ocean	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Residence
Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): Guardian Contracting, Inc.
Street Address		Street Address: 1889 Route 9, Unit 61
City, State, Zip Code		City, State, Zip Code: Toms River, New Jersey 08755
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 732-349-9932 / License No.: 00624
Start Date (10): 07 / 08 / 26	Scheduled Completion Date (11): 07 / 10 / 26	Name of OSHA Monitor: E.M.S.L. Analytical
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: 1056 Stelton City, State, Zip Code: Piscataway, New Jersey 08854

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-house & garage	☐	☒	☐	asbestos siding	1780 sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Guardian Contracting, Inc.	NJDEP Waste Hauler ID No.: 20223	Cubic Yards of Waste: 3	Name of Registered Landfill: Fairless Landfill
City, State: Toms River, New Jersey		Disposal Date: 07/10/26	City, State: Morrisville, Pennsylvania
Completed By (Print or Type): Nicholas Fernicola	Title: Project Manager	Signature	Date: 6/22/26

ASB-41
JAN 13

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

Print Form

1787

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

PAID

RECEIVED
JUN 25 2026
ASBESTOS

Date of Notification (1): 6-22-26	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☑ DOL ☐ DOH ☐ DCA	Type Notification: ☑ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 181 TUCKERTON RD.
	City, State, Zip Code: MEDFORD LAKES NJ 08055
	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) ☑ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 181 TUCKERTON RD	Square Feet: 1800 # of Floors: 2 Bldg. Age: NA
City (5): MEDFORD LAKES	Current Use (Prior if being demolished): RESIDENTIAL
County (6): BURLINGTON County Code (7) (STATE USE ONLY): _____	
Name of Monitoring Firm Hired by Building Owner (8): ATLAS ENV. INSPECTIONS ASCM No.:	Name of Abatement Contractor (9): FRYMAR CONSTRUCTION
Street Address: PO BOX 11645	Street Address: 103 PRESERVE LN.
City, State, Zip Code: PHILA PA 19116	City, State, Zip Code: N. WALES PA 19454
Project Manager for Monitoring Firm: JASON DUA Telephone No.: 267-784-4693	Telephone No.: 267-784-4694 License No.: 01276
Start Date (10): 7-15-26 Scheduled Completion Date (11): 7-16-26	Name of OSHA Monitor: JASON DUA
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: PO BOX 11645 City, State, Zip Code: PHILA PA 19116

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
L.R. D.R.			✓	FLOOR TILE	700 SF	✓			

Name of Registered Waste Hauler: FRYMAR CONSTRUCTION	NJDEP Waste Hauler ID No.: 0003759	Cubic Yards of Waste: NA	Name of Registered Landfill: WESTERN BERKS CL.
City, State: N. WALES PA		Disposal Date: NA	City, State: BIRDSBORO PA
Completed by: EFRAIM DUA	Title: VP	Signature:	Date: 6-22-26

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

ASB-41 (R-06-08)

2104

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

v# 2104

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JUN 24 2026

ASBESTOS CONTROL & LICENSING

PAID

Date of Notification (1): 06 / 22 / 26		Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation	Street Address: 21 Applegate Road
		City, State, Zip Code: Freehold, NJ 07728
		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 and commercial buildings, homes, etc.)
Street Address: 21 Applegate Road		
City (5): Freehold, NJ 07728		Square Feet: 5000 / # of Floors: 2 / Bldg. Age: 50+
County (6): Monmouth	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.		Name of Abatement Contractor (9): A. Mac Contracting Inc.
Street Address		Street Address: 176 Saddle River Avenue
City, State, Zip Code		City, State, Zip Code: South Hackensack, NJ 07606
Project Manager for Monitoring Firm / Telephone No.		Telephone No.: 201-262-5841 / License No.: 00156
Start Date (10): 07 / 06 / 26	Scheduled Completion Date (11): 07 / 11 / 26	Name of OSHA Monitor: Asbestos Analytical Labs
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: 8:00 AM-_PM/4:30 PM-_____AM		Street Address: 51 Gage Road / City, State, Zip Code: East Brunswick, NJ 08816

Scope of Work (Check all that apply)

☐ ≥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 Floor	☐	☒	☐	Floor Tile	350 SF	☒	☐	☐	☐
2nd Floor	☐	☒	☐	Floor Tile	670 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Century Waste Services, LLC	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: 5 Yards	Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 07-15-2026	City, State: Pen Argyl PA 08072

Completed By (Print or Type)	Title	Signature	Date
Ralph Barnhardt	Sr. Project Manager		06-22-2026

ABB-41
JAN 13

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241

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

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RECEIVED
JUN 16 2026
LICENSING

Date of Notification (1): 6/11/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 150 Oakland Ave Maplewood, NJ 07040 City, State, Zip Code: Name of Contact: Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Single Family	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 150 Oakland Ave	Square Feet: unknown; # of Floors: 2; Bldg. Age: unknown
City (5): Maplewood	
County (6): Essex; County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8): TBD; ASCM No.	Name of Abatement Contractor (9): Gold Coast Management LLC
Street Address	Street Address: 30 Sherman Ave
City, State, Zip Code	City, State, Zip Code: Jersey City, NJ 07307
Project Manager for Monitoring Firm: TBD; Telephone No.	Telephone No.: 908-270-8556; License No.: 02109
Start Date (10): 6/23/2026; Scheduled Completion Date (11): 6/24/2026	Name of OSHA Monitor: John Kim
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: Basement	Street Address: 254 Ridgewood Ave City, State, Zip Code: Glen Ridge NJ 07028

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
Living Room			X	Plaster Ceiling	200 SF	X			

Name of Registered Waste Hauler: Century Waste	NJDEP Waste Hauler ID No.: NJ860	Cubic Yards of Waste: 5	Name of Registered Landfill: Conestoga Landfill
City, State: Elizabeth, NJ		Disposal Date	City, State: Morgantown PA

Completed by: John Kim	Title: President	Signature:	Date: 6/11/2025

ASB-41 (R-06-08)

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4693

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JUN 16 2026

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 06/10/2026	Name of Building Owner/Operator (2): National Flood & Fire Network of NJ
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [✓] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 23 Malcom Street
	City, State, Zip Code: Morristown, NJ, 07960
	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) [✓] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 50 N 9th Street	
City (5): Kenilworth	Square Feet:	# of Floors:	Bldg. Age:
County (6): Union	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished):
Name of Monitoring Firm Hired by Building Owner (8):	ASCM No.:	Name of Abatement Contractor (9): AAA Lead Professionals
Street Address:	Street Address: 6 White Dove Court
City, State, Zip Code:	City, State, Zip Code: Lakewood, NJ, 08701
Project Manager for Monitoring Firm:	Telephone No.:	Telephone No.: 732-719-5649	License No.: 1200
Start Date (10): 06/22/2026	Scheduled Completion Date (11): 06/22/2026	Name of OSHA Monitor: AAA Lead Professionals
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: _____	Street Address: 6 White Dove Court
	City, State, Zip Code: Lakewood, NJ, 08701

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
Interior				Floor Tile	350 SF	✓			

Name of Registered Waste Hauler: Lead Professionals Inc	NJDEP Waste Hauler ID No: 35103	Cubic Yards of Waste: 1	Name of Registered Landfill: IESI
City, State: Lakewood, NJ		Disposal Date: 06/22/2026	City, State: BETHLEHEM, PA

Completed by: JOSEPH PERLSTEIN	Title: OWNER	Signature	Date: 06/10/2026

ASB-41 (R-06-08)

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Print Form

6710

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

RECEIVED
JUN 16 2026
BUREAU OF CONTROL & LICENSING

Date of Notification (1): 06/10/2026	Name of Building Owner/Operator (2):
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [✓] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
Street Address: 57 Bradhurst	
City, State, Zip Code: Lakewood	
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: 27 Drexel Dr	
City (5): Jackson	Square Feet: / # of Floors: / Bldg. Age:
County (6): Ocean	County Code (7) (STATE USE ONLY): _____ / Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): AAA Lead Professionals
Street Address	Street Address: 6 White Dove Court
City, State, Zip Code	City, State, Zip Code: Lakewood, NJ, 08701
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 732-719-5649 / License No.: 1200
Start Date (10): 06/19/2026 / Scheduled Completion Date (11): 6/22/2026	Name of OSHA Monitor: AAA Lead Professionals
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: _____	Street Address: 6 White Dove Court / City, State, Zip Code: Lakewood, NJ, 08701

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	1500SF	✓			

Name of Registered Waste Hauler: Lead Professionals Inc	NJDEP Waste Hauler ID No: 35103	Cubic Yards of Waste: 5	Name of Registered Landfill: IESI
City, State: Lakewood, NJ		Disposal Date: 6/22/2026	City, State: BETHLEHEM, PA
Completed by: JOSEPH PERLSTEIN	Title: OWNER	Signature:	Date: 06/10/2026

ASB-41 (R-06-08)

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

1023

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

PAID

RECEIVED CK 1023

JUN 15 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 6/10/26 Type Notification	Name of Building Owner / Operator (2)
Agencies Notified EPA DEP X DOL X DOH DCA Emergency Notification X Initial Notification Amended Notification Cancellation	Street Address **7 Johnson Place** City, State & Zip Code **South River, NJ 08882** 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) X Other (i.e., private & commercial buildings, homes, etc.)
Street Address **7 Johnson Place**	Square Feet: **2200** / # of Floors: **2** / Bldg. Age: **60**
City (5): **South River** / County (6): **Middlesex** / County Code (7)	Current Use (Prior if being demolished) **Residential**
Name of Monitoring Firm Hired by Building Owner (8) **Environmental Tactics, Inc** / ASCM No.	Name of Abatement Contractor (9) **Global Abatement Services, LLC**
Street Address **64 Broad Street**	Street Address **P.O. Box 7620**
City, State & Zip Code **Matawan, NJ 07747**	City, State & Zip Code **Monroe Township, NJ 08831**
Project Manager for Monitoring Firm **Tom Geiger** / Telephone Number **732-290-2217**	Telephone Number **732-605-9062** / License Number **00714**
Scheduled Start Date (10) **6/20/26** / Scheduled Completion Date (11) **6/21/26**	Name of OSHA Monitor **Global Abatement Services, LLC**
Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: **Area Isolated During Abatement** Other - Describe:	Street Address **P.O. Box 7620** City, State & Zip Code **Monroe Township, NJ 08831**

Scope of Work (Check all that apply)

- Demolition
- X Renovation
- Large Project
- X Quantity is ≥ 3 SF or ≥ 3 LF ACM
- Quantity is ≥ 160 SF or ≥ 260 LF ACM
- Full Containment with Negative Pressure
- Mini-Enclosure
- X Glovebag Procedure
- Other:

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Basement	**N/A**	**Pipe Insulation**	**65LF**	**Removal**

Name of Registered Waste Hauler **Freehold Carting**	NJDEP Waste Hauler ID # **18693**	Cu. Yds. of Waste **5**	Name of Registered Landfill **Conestoga**
City, State **Freehold, NJ**		Disposal Date **6/22/26**	City, State **Morgantown, PA**

Completed By (Print or Type) **Dominick Tringali**	Title **Pres.**	Signature *Dominick Tringali*	Date **6/10/26**

ASB-41 JUN 95 G4667

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

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Date of Notification (1)	Name of Building Owner/Operator (2)
06/10/2026	P.A.C.O WEATHERIZTION ASSISTACE

Agencies Notified	Type Notification	Street Address
[X] EPA [X] DEP [X] DOL [X] DOH [ ] DCA	[X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	346 CENTRAL AVENUE
		City, State, Zip Code JERSEY CITY,NJ.07307
		Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
PRIVATE HOUSE	[ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address 468 HIGHLAND AVE	
City (5) KEARNY	Square Feet: N/A; # of Floors: N/A; Bldg. Age: N/A
County (6) HUDSON	County Code (7) *(STATE USE ONLY)* _____
	Current Use (Prior if being demolished) PRIVATE HOUSE

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
N/A		EHW ABATEMENT LLC
Street Address		Street Address 89 FRANKLIN STREET
City, State, Zip Code		City, State, Zip Code PATERSON,NJ.07524
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 973-333-5144; License No.: 01274

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
06/20/2026	06/21/2026	EHW ABATEMENT LLC

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: OCCUPIED

Street Address
89 FRANKLIN STREET

City, State, Zip Code
PATERSON,NJ.07524

Scope of Work (Check All That Apply)

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

[X] Renovation
[ ] Demolition

[ ] 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	96	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
EHW ABATEMENT LLC	0037095	N/A	TRI STATE TRANSFER
City, State PATERSON,NJ		Disposal Date TBD	City, State BRONX,NY

Completed by	Title	Signature	Date
VICTOR ESPIRITU	PROJECT MANAGER		06/20/2026

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

Date of Notification (1): 06/10/2026	Name of Building Owner/Operator (2): EMES CONTRACTING
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [✓] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 22 WILLIAMS ST
	City, State, Zip Code: LAKEWOOD NJ 08701
	Name of Contact / Telephone Number

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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: 149 Jenna Ct	Square Feet / # of Floors / Bldg. Age
City (5): Lakewood	
County (6): Ocean / County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): AAA Lead Professionals
Street Address	Street Address: 6 White Dove Court
City, State, Zip Code	City, State, Zip Code: Lakewood, NJ, 08701
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 732-719-5649 / License No.: 1200
Start Date (10): 06/19/2026 / Scheduled Completion Date (11): 06/22/2026	Name of OSHA Monitor: AAA Lead Professionals
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: _____	Street Address: 6 White Dove Court / City, State, Zip Code: Lakewood, NJ, 08701

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	1500SF	✓			

Name of Registered Waste Hauler: Lead Professionals Inc	NJDEP Waste Hauler ID No: 35103	Cubic Yards of Waste: 5	Name of Registered Landfill: IESI
City, State: Lakewood, NJ		Disposal Date: 06/22/2026	City, State: BETHLEHEM, PA
Completed by: JOSEPH PERLSTEIN	Title: OWNER	Signature	Date: 06/10/2026

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): 06/10/2026	Name of Building Owner/Operator (2):
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [✓] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
Street Address: 120 Ardmaer Dr	
City, State, Zip Code: Bridgewater NJ 08807	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [✓] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 120 Ardmaer Dr	Square Feet / # of Floors / Bldg. Age
City (5): Bridgewater	
County (6): Somerset	County Code (7) (STATE USE ONLY) _____ / Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): AAA Lead Professionals
Street Address	Street Address: 6 White Dove Court
City, State, Zip Code	City, State, Zip Code: Lakewood, NJ, 08701
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 732-719-5649 / License No.: 1200
Start Date (10): 06/19/2026 / Scheduled Completion Date (11): 6/22/2026	Name of OSHA Monitor: AAA Lead Professionals
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: _____	Street Address: 6 White Dove Court / City, State, Zip Code: Lakewood, NJ, 08701

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
Interior				Floor Tile	350SF	✓			

Name of Registered Waste Hauler: Lead Professionals Inc	NJDEP Waste Hauler ID No.: 35103	Cubic Yards of Waste: 3	Name of Registered Landfill: IESI
City, State: Lakewood, NJ		Disposal Date: 6/22/2026	City, State: BETHLEHEM, PA
Completed by: JOSEPH PERLSTEIN	Title: OWNER	Signature	Date: 06/10/2026

ASB-41 (R-06-08)

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 6/11/26 Type Notification	Name of Building Owner / Operator (2)
Agencies Notified EPA DEP X DOL X DOH DCA Emergency Notification X Initial Notification Amended Notification Cancellation	Street Address **428 Washington Street** City, State & Zip Code **Bound Brook, NJ 08805** 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) X Other (i.e., private & commercial buildings, homes, etc.
Street Address **428 Washington Street**	Square Feet: **2200** / # of Floors: **2** / Bldg. Age: **60**
City (5): **Bound Brook** / County (6): **Middlesex** / County Code (7)	Current Use (Prior if being demolished) **Residential**
Name of Monitoring Firm Hired by Building Owner (8) **Environmental Tactics, Inc** / ASCM No.	Name of Abatement Contractor (9) **Global Abatement Services, LLC**
Street Address **64 Broad Street**	Street Address **P.O. Box 7620**
City, State & Zip Code **Matawan, NJ 07747**	City, State & Zip Code **Monroe Township, NJ 08831**
Project Manager for Monitoring Firm **Tom Geiger** / Telephone Number **732-290-2217**	Telephone Number **732-605-9062** / License Number **00714**
Scheduled Start Date (10) **6/22/26** / Scheduled Completion Date (11) **6/25/26**	Name of OSHA Monitor **Global Abatement Services, LLC**
Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: **Area Isolated During Abatement** Other - Describe:	Street Address **P.O. Box 7620** City, State & Zip Code **Monroe Township, NJ 08831**

Scope of Work (Check all that apply)

- Demolition
- X Renovation
- Large Project
- X Quantity is ≥ 3 SF or ≥ 3 LF ACM
- Quantity is ≥ 160 SF or ≥ 260 LF ACM
- Full Containment with Negative Pressure
- Mini-Enclosure
- X Glovebag Procedure
- X Other: **Non-friable**

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Basement	**N/A**	**Pipe Insulation**	**65LF**	**Removal**
Basement	**N/A**	**Transite Board**	**35SF**	**Removal**

Name of Registered Waste Hauler **Freehold Carting**	NJDEP Waste Hauler ID # **18693**	Cu. Yds. of Waste **5**	Name of Registered Landfill **Conestoga**
City, State **Freehold, NJ**		Disposal Date **6/25/26**	City, State **Morgantown, PA**

Completed By (Print or Type) **Dominick Tringali**	Title **Pres.**	Signature *Dominick Tringali*	Date **6/11/26**

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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): 06/11/2026	Name of Building Owner/Operator (2):
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [✓] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
Street Address: 56 Herzog Pl	
City, State, Zip Code: Englewood NJ 07631	
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: 56 Herzog Pl	Square Feet / # of Floors / Bldg. Age
City (5): Englewood	
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): AAA Lead Professionals
Street Address	Street Address: 6 White Dove Court
City, State, Zip Code	City, State, Zip Code: Lakewood, NJ, 08701
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 732-719-5649 / License No.: 1200
Start Date (10): 06/23/2026 / Scheduled Completion Date (11): 6/23/2026	Name of OSHA Monitor: AAA Lead Professionals
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: _____	Street Address: 6 White Dove Court / City, State, Zip Code: Lakewood, NJ, 08701

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
Interior				Pipe Insulation	60LF	✓			

Name of Registered Waste Hauler: Lead Professionals Inc	NJDEP Waste Hauler ID No.: 35103	Cubic Yards of Waste: 2	Name of Registered Landfill: IESI
City, State: Lakewood, NJ		Disposal Date: 6/23/2026	City, State: BETHLEHEM, PA

Completed by: JOSEPH PERLSTEIN	Title: OWNER	Signature	Date: 06/11/2026

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) 06/15/2026		Name of Building Owner/Operator (2) TTL SERVICES LLC	
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	Street Address 733 9th st City, State, Zip Code Carlstadt NJ 07072 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 733 9th st			
City (5) Carlstadt NJ 07072		Square Feet	# 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) E & V Services LLC	
Street Address		Street Address 711 Sip Street	
City, State, Zip Code		City, State, Zip Code Union City NJ 07087	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-875-7290	License No. 02053
Start Date (10) 06/26/2026	Scheduled Completion Date (11) 07/15/2026	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		TRANSITE	820 SF	X			

Name of Registered Waste Hauler TRISTATE TRANFER INC	NJDEP Waste Hauler ID No. 24-1129	Cubic Yards of Waste 2	Name of Registered Landfill MINERVA ENTERPRISES LLC
City, State BRONX NY 10474		Disposal Date	City, State WAYNESBURG OH 44688

Completed by Angel Penaherrera	Title Owner	Signature	Date 06/15/2026

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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LICENSING

Date of Notification (1): 6-10-26	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☐ DOL ☐ DOH ☐ DCA	Type Notification: ☑ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 738 BUNKER HILL AVE
	City, State, Zip Code: LAWRENCE TOWNSHIP NJ 08648
	Name of Contact: ASB 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) ☑ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 738 BUNKER HILL AVE	Square Feet: 1800 # of Floors: 2 Bldg. Age: NA
City (5): LAWRENCE TOWNSHIP	
County (6): MERCER	County Code (7) *(STATE USE ONLY)*: ____ Current Use (Prior if being demolished): RESIDENTIAL
Name of Monitoring Firm Hired by Building Owner (8): ATLAS ENV INSPECT ASCM No.:	Name of Abatement Contractor (9): FRYMAR CONSTRUCTION
Street Address: PO BOX 11645	Street Address: PO BOX 21
City, State, Zip Code: PHILA PA 19116	City, State, Zip Code: MONTGOMERYVILLE PA 18936
Project Manager for Monitoring Firm: JASON DUA Telephone No.: 267-784-4693	Telephone No.: 267-784-4694 License No.: 01276
Start Date (10): 6-26-26 Scheduled Completion Date (11): 6-26-26	Name of OSHA Monitor: JASON DUA
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: PO BOX 11645 City, State, Zip Code: PHILA PA 19116

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 WRAP	120 LF	✓			

Name of Registered Waste Hauler: FRYMAR CONSTRUCTION	NJDEP Waste Hauler ID No.: 003675	Cubic Yards of Waste: NA	Name of Registered Landfill: WESTERN BERKS CL.
City, State: MONTGOMERYVILLE PA		Disposal Date: NA	City, State: BIRDSBORO PA
Completed by: EFRAIM DUA	Title: VP	Signature:	Date: 6-10-26

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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JUN 15 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 06/11/2026	Name of Building Owner/Operator (2):
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
Street Address: 2711 Johnson Street	
City, State, Zip Code: Wall, NJ 07719	
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: 2711 Johnson Street		Square Feet	# of Floors / Bldg. Age
City (5): Wall Township			
County (6): Monmouth	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8): A. Seine Lighthouse Solutions	ASCM No.	Name of Abatement Contractor (9): All Pro Management, LLC	
Street Address: PO Box 354		Street Address: 27 Outwater Lane	
City, State, Zip Code: South Orange, NJ 07079		City, State, Zip Code: Garfield, NJ 07026	
Project Manager for Monitoring Firm: Sarah Calandra	Telephone No.: 201-394-2666	Telephone No.: 973-928-4888	License No.: 1188
Start Date (10): 06/20/2026	Scheduled Completion Date (11): 07/17/2026	Name of OSHA Monitor: A. Seine Lighthouse Solutions	
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: PO Box 354 / City, State, Zip Code: South Orange, NJ 07079	

Scope of Work (Check All That Apply)

- [ ] ≥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
Interior			X	VAT/Mastic	300 SF	X			

Name of Registered Waste Hauler: Century Waste LLC	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste	Name of Registered Landfill: Fairless Landfill
City, State: Elizabeth, NJ		Disposal Date	City, State: Morrisville, PA
Completed by: Jacqueline Anello	Title: Office Administrator	Signature: Jacqueline Anello	Date: 06/11/2026

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

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JUN 15 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
06/12/2026	

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

Type Notification
- [x] Initial
- [ ] Amended
- [ ] Amendment #_____
- [ ] Emergency (including justification)
- [ ] Cancellation

Street Address: 16 Howard Street,
City, State, Zip Code: Verona, NJ 07044
Name of Contact:
Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): residential
Street Address: 16 Howard Street,
City (5): Verona

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

Square Feet	# of Floors	Bldg. Age
1,500	3	84

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.:
Street Address:
City, State, Zip Code:
Project Manager for Monitoring Firm:
Telephone No.:

Name of Abatement Contractor (9): Acme Professional Services Corp
Street Address: 170 Kinnelon Rd, Suite 32
City, State, Zip Code: Kinnelon, NJ 07405
Telephone No.: 973-938-5266
License No.: 02003

Start Date (10): 06/25/2026
Scheduled Completion Date (11): 06/26/2026
Name of OSHA Monitor: Arsenije Adamov
Street Address: 170 Kinnelon Rd, Suite 32
City, State, Zip Code: Kinnelon, NJ 07405

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: _____

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		✓		Linoleum and Mastic	350 SF	✓			
Basement		✓		Air Duct Cloth Wrapping	20 SF	✓			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Acme Professional Services Corp	0038176	2	Fairless Landfill
City, State: Kinnelon, NJ		Disposal Date: 06/26/2026	City, State: Morrisville, PA

Completed by	Title	Signature	Date
Samantha Zamora	Project Coordinator	Samantha Zamora	06/12/2026

ASB-41 (R-06-08)

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

50398

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

PAID

RECEIVED
50398
JUN 15 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 06 / 12 / 26		Name of Building Owner/Operator (2):	
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 17 S. Long Beach Blvd.	
		City, State, Zip Code: Surf City, NJ 08008	
		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 and commercial buildings, homes, etc.)	
Street Address: 1058B Long Beach Blvd.			
City (5): Long Beach Twp.		Square Feet: 2000	# of Floors: 2 / Bldg. Age: 80
County (6): Ocean	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Residence	

Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): Guardian Contracting, Inc.	
Street Address		Street Address: 1889 Route 9, Unit 61	
City, State, Zip Code		City, State, Zip Code: Toms River, New Jersey 08755	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 732-349-9932	License No.: 00624
Start Date (10): 06 / 23 / 26	Scheduled Completion Date (11): 06 / 26 / 26	Name of OSHA Monitor: E.M.S.L. Analytical	
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: 1056 Stelton	
		City, State, Zip Code: Piscataway, New Jersey 08854	

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	☐	☒	☐	asbestos siding	2000 sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Guardian Contracting, Inc.	NJDEP Waste Hauler ID No.: 20223	Cubic Yards of Waste: 3	Name of Registered Landfill: Fairless Landfill
City, State: Toms River, New Jersey		Disposal Date: 06/26/26	City, State: Morrisville, Pennsylvania

Completed By (Print or Type): Nicholas Fernicola	Title: Project Manager	Signature	Date: 6/12/26

ASB-41
JAN 13

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

Print Form

8209

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

RECEIVED
JUN 16 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 06/09/2026	Name of Building Owner/Operator (2):
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [✓] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
Street Address: 48 May St	
City, State, Zip Code: New Brunswick NJ 08901	
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: 48 May St			
City (5): New Brunswick		Square Feet	# of Floors / Bldg. Age
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): AAA Lead Professionals	
Street Address		Street Address: 6 White Dove Court	
City, State, Zip Code		City, State, Zip Code: Lakewood, NJ, 08701	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 732-719-5649	License No.: 1200
Start Date (10): 06/18/2026	Scheduled Completion Date (11): 06/18/2026	Name of OSHA Monitor: AAA Lead Professionals	
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: _____		Street Address: 6 White Dove Court / City, State, Zip Code: Lakewood, NJ, 08701	

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	1000SF	✓			

Name of Registered Waste Hauler: Lead Professionals Inc	NJDEP Waste Hauler ID No.: 35103	Cubic Yards of Waste: 3	Name of Registered Landfill: IESI
City, State: Lakewood, NJ		Disposal Date: 06/18/2026	City, State: BETHLEHEM, PA
Completed by: JOSEPH PERLSTEIN	Title: OWNER	Signature	Date: 06/09/2026

ASB-41 (R-06-08)

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

1306

Check# 1306

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

RECEIVED
JUN 17 2026
& LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
06/08/2026	

Agencies Notified	Type Notification	Street Address
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	27 Hillside Terrace
		City, State, Zip Code: New Providence, NJ 07901
		Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Private house	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 27 Hillside Terrace	
City (5): New Providence, NJ 07901	Square Feet / # of Floors / Bldg. Age
County (6): Union	County Code (7) *(STATE USE ONLY)* _____ / Current Use (Prior if being demolished)

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

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
06/17/2026	06/18/2026	Envirovision Consultants, Inc

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: _____	20-21 Wagaraw Road, 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 (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Garage			x	Duct insulation	40 SF	x			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Gr Tech LLC	0033785	TBD	T.R.R.F. Inc
City, State: Wayne, NJ 07470		Disposal Date: TBD	City, State: Tullytown, PA

Completed by	Title	Signature	Date
G.Ristanovic	Owner	*Gradimir Ristanovic*	06/08/2026

ASB-41 (R-06-08)

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CK# 6099

6099

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JUN 18 2026

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1)	Name of Building Owner/Operator (2)
6/16/26	

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

Type Notification
- [x] Initial
- [ ] Amended
  Amendment #_____
- [ ] Emergency (including justification)
- [ ] Cancellation

Street Address: 62 Woodland Ave

City, State, Zip Code: Fanwood, New Jersey

Name of Contact | Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address: 62 Woodland Ave

City (5): Fanwood

County (6): Union

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

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

Square Feet	# of Floors	Bldg. Age
1500	1.5	65+

Current Use (Prior if being demolished): residence

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

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm | Telephone No.

Name of Abatement Contractor (9): Ace Insulation Co., Inc

Street Address: 95 Montrose Road

City, State, Zip Code: Colts Neck, New Jersey 07722

Telephone No.: 7322941757 | License No.: 00029

Start Date (10): 6/25/26

Scheduled Completion Date (11): 6/29/26

Name of OSHA Monitor

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
- [x] Other – Describe: 7am-7pm

Scope of Work (Check All That Apply)
- [ ] ≥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
basement			x	floor tile	500 sf	x			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Ace Insulation Co., Inc	12086	2	Chrins
City, State: Colts Neck, New Jersey		Disposal Date: 6/29/26	City, State: Easton, PA

Completed by	Title	Signature	Date
Bree McGuire	Secretary Treasurer		6/16/26

ASB-41 (R-06-08)

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

4876

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

PAID

Date of Notification (1): 06 / 15 / 26	Name of Building Owner/Operator (2): CHECK#4876 RECEIVED
Agencies Notified: ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8) Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 279 Farrant Terrace City, State, Zip Code: Teaneck, NJ 07666 JUN 18 2026 Name of Contact: ASI LICENSING 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 and commercial buildings, homes, etc.)	
Street Address: 279 Farrant Terrace			
City (5): Teaneck		Square Feet: 2,000	# of Floors: 2 / Bldg. Age: 50+
County (6): BERGEN	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Residence	

Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): EA Services Corporation	
Street Address		Street Address: 530 Church Street- Suite 6	
City, State, Zip Code		City, State, Zip Code: Ridgefield, NJ 07657	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-295-1700	License No.: 01074
Start Date (10): 06 / 29 / 26	Scheduled Completion Date (11): 06 / 30 / 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: 8:00AM-_____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 Area	☐	☒	☐	Insulation Fittings Debris	45 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: EA Services Corporation	NJDEP Waste Hauler ID No.: 107086	Cubic Yards of Waste: tbd	Name of Registered Landfill: Minerva Enterprises
City, State: Ridgefield, NJ		Disposal Date: tbd	City, State: Waynesburg, OH

Completed By (Print or Type): Marisabel Toribio	Title: Clerical	Signature: Marisabel Toribio	Date: 6.15.26

ASB-41
JAN 13

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

8730

Print Form

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

PAID ☑ -

RECEIVED
JUN 22 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
06/16/2026	

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	Street Address: 14 Southview Dr City, State, Zip Code: Berkeley Heights, NJ 07922 Name of Contact: Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Residence	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☑ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 14 Southview Dr	
City (5): Berkeley Heights	Square Feet: / # of Floors: / Bldg. Age:
County (6): Union	County Code (7) *(STATE USE ONLY)* _____ / Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
		AAA Lead Professionals
Street Address		Street Address: 6 White Dove Court
City, State, Zip Code		City, State, Zip Code: Lakewood, NJ, 08701
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 732-719-5649 / License No.: 1200

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
07/01/2026	07/01/2026	AAA Lead Professionals

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: 6 White Dove Court
City, State, Zip Code: Lakewood, NJ, 08701

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
Interior				Floor Tile and Mastic	300SF	✓			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No	Cubic Yards of Waste	Name of Registered Landfill
Lead Professionals Inc	35103	3	IESI
City, State: Lakewood, NJ		Disposal Date: 07/01/2026	City, State: BETHLEHEM, PA

Completed by	Title	Signature	Date
JOSEPH PERLSTEIN	OWNER		06/16/2026

ASB-41 (R-06-08)

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3847

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JUN 22 2026

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 06/14/2026	Name of Building Owner/Operator (2):

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

Type Notification
- [x] Initial
- [ ] Amended
- [ ] Amendment #_____
- [ ] Emergency (including justification)
- [ ] Cancellation

Street Address: 66 Gray Rock Road

City, State, Zip Code: Clinton NJ 08809

Name of Contact: | Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): 66 Gray Rock Road

Street Address: 66 Gray Rock Road

City (5): Clinton NJ 08809

County (6): Hunterdon county

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

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

Square Feet: 2000 | # of Floors: 3 floors | Bldg. Age: 50

Current Use (Prior if being demolished): residential house

Name of Monitoring Firm Hired by Building Owner (8): Divine Environmental Inc

ASCM No.: 02052

Street Address: 55 Berkeley Ter.

City, State, Zip Code: Irvington NJ 07111.

Project Manager for Monitoring Firm: Ijeoma Aghaji

Telephone No.: 9738191125

Name of Abatement Contractor (9): CPC Environmental Services Corp

Street Address: 142 North 13th Street

City, State, Zip Code: Newark NJ 07107

Telephone No.: 9733902416 | License No.: 01335

Start Date (10): 06/29/2026

Scheduled Completion Date (11): 06/30/2026

Name of OSHA Monitor: CPC Environmental Services Corp.

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

Street Address: 142 N 13th Street

City, State, Zip Code: Newark NJ 07107

Scope of Work (Check All That Apply)
- [ ] ≥3 sf or ≥3 lf
- [x] ≥160 sf or ≥260 lf
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [x] 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	20LF	x			

Name of Registered Waste Hauler: CPC Envirnmental Services Corp.

NJDEP Waste Hauler ID No.: NJ727

Cubic Yards of Waste: 1

Name of Registered Landfill: Community Refuse service/cumberland

City, State: Newark New Jersey

Disposal Date:

City, State: Newburgh PA

Completed by: Chika Onwukaife

Title: Project Manager

Signature:

Date: 06/14/2026

ASB-41 (R-06-08)

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

50405

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

PAID

RECEIVED
50405
JUN 24 2025
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
06 / 18 / 26	AWT Environmental Services, Inc.

Agencies Notified	Type Notification	Street Address	
☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	32 Birch Street	
		City, State, Zip Code	
		Old Bridge, NJ 08857	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)		
Residence	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)		
Street Address: 411 Fairfield Road			
City (5): Howell	Square Feet: 1450	# of Floors: 2	Bldg. Age: 120
County (6): Monmouth	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Residence	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
Guardian Contracting, Inc.		Guardian Contracting, Inc.
Street Address: 1889 Route 9, Unit 61		Street Address: 1889 Route 9, Unit 61
City, State, Zip Code: Toms River, New Jersey 08755		City, State, Zip Code: Toms River, New Jersey 08755

Project Manager for Monitoring Firm	Telephone No.	Telephone No.	License No.
Nicholas Fernicola	732-349-9932	732-349-9932	00624

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
06 / 30 / 26	07 / 02 / 26	E.M.S.L. Analytical

Occupancy Status During Abatement (Check only one)	Street Address
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	1056 Stelton City, State, Zip Code: Piscataway, New Jersey 08854

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 & 2nd floor ceilings	☐	☒	☐	asbestos containing mastic-	200 sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Guardian Contracting, Inc.	20223	2	Fairless Landfill
City, State: Toms River, New Jersey		Disposal Date: 07/02/26	City, State: Morrisville, Pennsylvania

Completed By (Print or Type)	Title	Signature	Date
Nicholas Fernicola	Project Manager		6/18/26

ASB-41
JAN 13

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

30407

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

PAID

Date of Notification (1): 06 / 19 / 26		Name of Building Owner/Operator (2): Lynx Waste & Recycling, Inc. RECEIVED 30407 JUN 24 2026 LICENSING
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: P O Box 188
		City, State, Zip Code: Spring Lake, NJ 07762
		Name of Contact: ASBES...	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 and commercial buildings, homes, etc.)
Street Address: 905 Wall Road		Square Feet: 1800 / # of Floors: 1 / Bldg. Age: 80
City (5): Spring Lake		
County (6): Monmouth	County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): Residence

Name of Monitoring Firm Hired by Building Owner (8): Guardian Contracting, Inc.	ASCM No.	Name of Abatement Contractor (9): Guardian Contracting, Inc.	
Street Address: 1889 Route 9, Unit 61		Street Address: 1889 Route 9, Unit 61	
City, State, Zip Code: Toms River, New Jersey 08755		City, State, Zip Code: Toms River, New Jersey 08755	
Project Manager for Monitoring Firm: Nicholas Fernicola	Telephone No.: 732-349-9932	Telephone No.: 732-349-9932	License No.: 00624
Start Date (10): 07 / 02 / 26	Scheduled Completion Date (11): 07 / 07 / 26	Name of OSHA Monitor: E.M.S.L. Analytical	
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: 1056 Stelton	
		City, State, Zip Code: Piscataway, New Jersey 08854	

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	☐	☒	☐	asbestos siding	1800 sf	☒	☐	☐	☐
hallway & bathroom	☐	☒	☐	asbestos floor tile	75 sf	☒	☐	☐	☐
living room	☐	☒	☐	textured paint	50 sf	☒	☐	☐	☐
exterior	☐	☒	☐	asbestos roofing	336 sf	☒	☐	☐	☐

Name of Registered Waste Hauler: Guardian Contracting, Inc.	NJDEP Waste Hauler ID No.: 20223	Cubic Yards of Waste: 5	Name of Registered Landfill: Fairless Landfill
City, State: Toms River, New Jersey		Disposal Date: 07/07/26	City, State: Morrisville, Pennsylvania

Completed By (Print or Type): Nicholas Fernicola	Title: Project Manager	Signature	Date: 6/19/26

ASB-41
JAN 13

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

1314

Check# 1314

PAID

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JUN 24 2026

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1)	Name of Building Owner/Operator (2)
06/22/2026	

Agencies Notified	Type Notification	Street Address	
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	1 Slope Drive	
		City, State, Zip Code	
		Short Hills, NJ 07078	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)		
Private house	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)		
Street Address			
1 Slope Drive			
City (5)	Square Feet	# of Floors	Bldg. Age
Short Hills, NJ 07078			
County (6)	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)	
Essex			

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

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor	
07/08/2026	07/09/2026	Envirovision Consultants, Inc	
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: _____		20-21 Wagaraw Road, 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)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Garage			x	Duct insulation	15 LF	x			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Gr Tech LLC	0033785	TBD	T.R.R.F. Inc
City, State		Disposal Date	City, State
Wayne, NJ 07470		TBD	Tullytown, PA

Completed by	Title	Signature	Date
G.Ristanovic	Owner	*Gradimir Ristanovic*	06/22/2026

ASB-41 (R-06-08)

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

1315

Check#1315

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

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JUN 24 2026
OL & LICENSING

Date of Notification (1): 06/22/2026	Name of Building Owner/Operator (2): Grand Home Investments LLC
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 10 Plainfield Ave#1 Suite 103
	City, State, Zip Code: Piscataway, NJ 08854
	Name of Contact / Telephone 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) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 30 Bennington Place	Square Feet / # of Floors / Bldg. Age
City (5): Edison, NJ 08820	
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): Gr Tech LLC	
Street Address		Street Address: 576 Valley Road#283	
City, State, Zip Code		City, State, Zip Code: Wayne, NJ 07470	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 973-356-3511	License No.: 01127
Start Date (10): 07/02/2026	Scheduled Completion Date (11): 07/05/2026	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: _____		Street Address: 20-21 Wagaraw Road, 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 (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Laundry closet-1st floor			x	Linoleum	20 SF	x			
Exterior- transite siding			x	Transite siding	1200 SF	x			

Name of Registered Waste Hauler: Gr Tech LLC	NJDEP Waste Hauler ID No.: 0033785	Cubic Yards of Waste: TBD	Name of Registered Landfill: T.R.R.F. Inc
City, State: Wayne, NJ 07470		Disposal Date: TBD	City, State: Tullytown, PA

Completed by: G.Ristanovic	Title: Owner	Signature: *Gradimir Ristanovic*	Date: 06/22/2026

ASB-41 (R-06-08)

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

4364642

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

Date of Notification (1): 06/16/26

Name of Building Owner (2):

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

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

Street Address: 239 Button Wood Drive

City, State, Zip Code: Paramus NJ 07652

Name of Contact:

Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): 239 Button Wood Drive

Street Address: Paramus NJ 07652

City (5): Bergen

County (6):

County Code (7) (STATE USE ONLY):

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

Square Feet:

# of Floors:

Bldg. Age:

Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Building Owner (8): Tri's Environmental LLC

ASCM No.:

Street Address: 2333 Rt 22 West

City, State, Zip Code: Union NJ 07083

Project Manager for Monitoring Firm:

Telephone No.:

Name of Abatement Contractor (9): DJ Environmental LLC

Street Address: 338 MacArthur Ave

City, State, Zip Code: Garfield NJ 07026

Telephone No.: 201-312-0677

License No.: 02092

Start Date (10): 06/17/26

Scheduled Completion Date (11): 07/17/26

Name of OSHA Monitor: Samir

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

[ ] 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 Debris				1,500 SF		X			

Name of Registered Waste Hauler: Rovic Transport

NJDEP Waste Hauler ID No.: 20785

Cubic Yards of Waste: 100

Name of Registered Landfill: 1061 Philadelphia PA

City, State: 60 Riverdale Rd Riverdale NJ 07457

Disposal Date:

City, State: New Philadelphia PA

Completed by: David Palomeque

Title: Supervisor

Signature: David Palomeque

Date: 06/16/26

ASB-41 (R-06-08)

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

100005

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

PAID

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CK 100005

RECEIVED
JUN 22 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 6/15/26 Type Notification	Name of Building Owner / Operator (2)
Agencies Notified X EPA DEP X DOL X DOH DCA Emergency Notification X Initial Notification Amended Notification Cancellation	Street Address **61 Wescott Drive** City, State & Zip Code **Princeton, NJ 08540** 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) X Other (i.e., private & commercial buildings, homes, etc.)
Street Address **61 Wescott Drive**			Square Feet: **3,000** / # of Floors: **2** / Bldg. Age: **60**
City (5) **Princeton**	County (6) **Mercer**	County Code (7)	Current Use (Prior if being demolished) **Residential**
Name of Monitoring Firm Hired by Building Owner (8) **Environmental Tactics, Inc**		ASCM No.	Name of Abatement Contractor (9) **Global Abatement Services, LLC**
Street Address **64 Broad Street**			Street Address **P.O. Box 7620**
City, State & Zip Code **Matawan, NJ 07747**			City, State & Zip Code **Monroe Township, NJ 08831**
Project Manager for Monitoring Firm **Tom Geiger**	Telephone Number **732-290-2217**		Telephone Number: **732-605-9062** / License Number: **00714**
Scheduled Start Date (10) **6/29/26**	Scheduled Completion Date (11) **6/30/26**		Name of OSHA Monitor **Global Abatement Services, LLC**
Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: **Area Isolated During Abatement** Other - Describe:			Street Address **P.O. Box 7620** City, State & Zip Code **Monroe Township, NJ 08831**

Scope of Work (Check all that apply)

Demolition
X Renovation
Large Project
X Quantity is ≥ 3 SF or ≥ 3 LF ACM
Quantity is ≥ 160 SF or ≥ 260 LF ACM
Full Containment with Negative Pressure
Mini-Enclosure
X Glovebag Procedure
Other:

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Basement	**N/A**	**Pipe Insulation**	**145LF**	**Removal**

Name of Registered Waste Hauler **Freehold Carting**	NJDEP Waste Hauler ID # **18693**	Cu. Yds. of Waste **5**	Name of Registered Landfill **Conestoga**
City, State **Freehold, NJ**		Disposal Date **6/30/26**	City, State **Morgantown, PA**

Completed By (Print or Type) **Dominick Tringali**	Title **Pres.**	Signature *Dominick Tringali*	Date **6/15/26**

ASB-41 JUN 95 G4667

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Print Form

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

RECEIVED
JUN 24 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 06/18/2026	Name of Building Owner/Operator (2):
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [✓] Initial [ ] Amended Amendment #____ [ ] Emergency (including justification) [ ] Cancellation
Street Address: 12 Dyatte Place	
City, State, Zip Code: Hackensack, NJ, 07601	
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) [✓] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 143 Mt Herman Way	
City (5): Ocean Grove	Square Feet: / # of Floors: / Bldg. Age:
County (6): Monmouth	County Code (7) *(STATE USE ONLY)*: / Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): AAA Lead Professionals
Street Address		Street Address: 6 White Dove Court
City, State, Zip Code		City, State, Zip Code: Lakewood, NJ, 08701
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 732-719-5649 / License No.: 1200
Start Date (10): 06/30/2026	Scheduled Completion Date (11): 06/30/2026	Name of OSHA Monitor: AAA Lead Professionals
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: _____		Street Address: 6 White Dove Court / City, State, Zip Code: Lakewood, NJ, 08701

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
Interior				Pipe Insulation	80 LF	✓			

Name of Registered Waste Hauler: Lead Professionals Inc	NJDEP Waste Hauler ID No: 35103	Cubic Yards of Waste: 2	Name of Registered Landfill: IESI
City, State: Lakewood, NJ		Disposal Date: 06/30/2026	City, State: BETHLEHEM, PA

Completed by: JOSEPH PERLSTEIN	Title: OWNER	Signature	Date: 06/18/2026

ASB-41 (R-06-08)

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

43666546

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

Date of Notification (1): 06/16/26	Name of Building Owner/Operator (2): YNJ REALTY INC
Agencies Notified: ☐ EPA ☒ DEP ☒ DOL ☐ DOH ☐ DCA Type Notification: ☒ Initial ☐ Amended ☐ Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 8 ROBERTS COURT City, State, Zip Code: ROSELAND NJ 07068 Name of Contact: _____ Telephone Number: _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): 51 SOUTH ORANGE AVE, Street Address: SOUTH ORANGE, NJ 07079 City (5): ESSEX COUNTY County (6): _____ County Code (7) *(STATE USE ONLY)* _____	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.) Square Feet: _____ # of Floors: _____ Bldg. Age: _____ Current Use (Prior if being demolished): _____

Name of Monitoring Firm Hired by Building Owner (8): IRS ENVIRONMENTAL LLC Street Address: 2333 US-22 WEST City, State, Zip Code: UNION NJ 07083	ASCM No.	Name of Abatement Contractor (9): D&J ENVIRONMENTAL LLC Street Address: 338 MACARTHUR AVE City, State, Zip Code: GARFIELD NJ 07026
Project Manager for Monitoring Firm: _____ Telephone No. _____		Telephone No.: 201-312-0677 License No.: 02 092
Start Date (10): 07/01/26	Scheduled Completion Date (11): 08/01/26	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
DEMOLITION DEBRIS				3,000 SF		X			

Name of Registered Waste Hauler: ROVIC TRANSPORT	NJDEP Waste Hauler ID No.: 20785	Cubic Yards of Waste: 100	Name of Registered Landfill: 1061 PHILADELPHIA PA
City, State: 60 RIVER DALE RD, RIVER DALE NJ 07457		Disposal Date	City, State: NEW PHILADELPHIA, PA

Completed by	Title	Signature	Date
DAVID PALOMEQUE	SUPERVISOR	DAVID PALOMEQUE	06/16/26

ASB-41 (R-06-08)

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

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1): 05 / 12 / 26	Name of Building Owner/Operator (2): RP 201 Laurel Property Owner LLC
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #1 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 435 Devon Park Drive - Suite 500
	City, State, Zip Code: Wayne, PA 19087
	Name of Contact: Tony Bates / Telephone Number: tony@batesmill.co

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Office Building	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 Laurel Rd	
City (5): Voorhees	Square Feet: 198,000 / # of Floors: 9 / Bldg. Age: 60
County (6): Camden / County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Vacnet
Name of Monitoring Firm Hired by Building Owner (8): Hillmann Development Advisors, LLC / ASCM No.	Name of Abatement Contractor (9): Global Contracting
Street Address: 1600 US-22	Street Address: 375 N. Main St
City, State, Zip Code: Union, NJ 07083	City, State, Zip Code: Williiamstown NJ 08094
Project Manager for Monitoring Firm: Jack F. Carney / Telephone No.: 609-381-4022	Telephone No.: 609-547-5198 / License No.: 02142-02
Start Date (10): 03 / 28 / 26 / Scheduled Completion Date (11): 06 / 15 / 26	Name of OSHA Monitor: Global Contracting
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: 375 N. Main St / City, State, Zip Code: Williiamstown NJ 08094

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	☐	☐	☒	Mastic	22,000Sqft	☒	☐	☐	☐
6th floor	☐	☐	☒	Mastic	22,000SqFt	☒	☐	☐	☐
5th Floor	☐	☐	☒	Mastic	22,000Sqft	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: American Disposal	NJDEP Waste Hauler ID No.	Cubic Yards of Waste: 30 Yard	Name of Registered Landfill: Fairless landfill
City, State: 4575 Torresdale Ave Phila PA 19124		Disposal Date	City, State: Morrisville, PA 19067

Completed By (Print or Type)	Title	Signature	Date
Vernice Graham	Spouse	[signature]	5-12-26

ASB-41
MAY 11

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

Print Form

1328

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4364914

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

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JUN - 3 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): May 21, 2026	Name of Building Owner/Operator (2): Ted Kantor, Patriots Way Urban Renewal, LLC
Agencies Notified: [x] EPA [x] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [ ] Initial [x] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 40 Church Mall
	City, State, Zip Code: Springfield, NJ 0708
	Name of Contact: Ted Kantor — Telephone Number: (732) 239-7647

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Nursery green 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: 2100 Lamberts Mill Road,			
City (5): Scotch Plains NJ, 07076		Square Feet: N/A	# of Floors: N/A — Bldg. Age: N/A
County (6): Burlington	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): D&S Abatement Company LLC	
Street Address		Street Address: 329 Parish Dr	
City, State, Zip Code		City, State, Zip Code: Wayne, NJ 07470	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 973-345-8685	License No.: 02097
Start Date (10): 06/01/2026	Scheduled Completion Date (11): 06/14/2026	Name of OSHA Monitor: D&S Abatement Company LLC	
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: non-occupied		Street Address: 329 Parish Dr — City, State, Zip Code: Wayne, NJ 07470	

Scope of Work (Check All That Apply)

- [ ] ≥3 sf or ≥3 lf
- [x] ≥160 sf or ≥260 lf
- [x] Renovation
- [ ] Demolition
- [x] 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
Please see attached		x				X			

Name of Registered Waste Hauler: D&S Abatement Company LLC	NJDEP Waste Hauler ID No.: 0036309	Cubic Yards of Waste: TBD	Name of Registered Landfill: TRRF
City, State: Wayne NJ		Disposal Date: TBD	City, State: Tullytown, PA

Completed by	Title	Signature	Date
Dejan Antic Dopsaj	President		05/21/2026

ASB-41 (R-06-08)

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

1804

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

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JUN 18 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 6 / 15 / 26	Name of Building Owner/Operator (2): PSE&G Lawrenceville HQ / Job #2509-6487 Check #18011
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #14 off hold ☐ Emergency (including justification)
	Street Address: 4140 Quakerbridge Rd.
	City, State, Zip Code: Lawrence Township, NJ 08648
	Name of Contact: Scott Mayes — Telephone Number: 609-923-2075

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): PSEG Lawrenceville HQ ROC Project	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 4140 Quakerbridge Rd.	
City (5): Lawrenceville	Square Feet: — # of Floors: — Bldg. Age: —
County (6): Mercer — County Code (7)(STATE USE ONLY): —	Current Use (Prior if being demolished): Facility Headquarters

Name of Monitoring Firm Hired by Building Owner (8): Matrix New World — ASCM No.: 00121		Name of Abatement Contractor (9): AbateTech, Inc.
Street Address: 26 Columbia Turnpike		Street Address: 30 Maple Ave. PO Box 25
City, State, Zip Code: Florham Park, NJ 07932		City, State, Zip Code: Lumberton, NJ 08048
Project Manager for Monitoring Firm: Matt Sheldon — Telephone No.: 973-240-1800		Telephone No.: 609-265-2107 — License No.: 00529
Start Date (10): 6 / 16 / 25 — Scheduled Completion Date (11): 6 / 23 / 26		Name of OSHA Monitor: IATL
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: 7AM-3:30PM/4PM-12AM		Street Address: 9000 Commerce Pkwy. Suite B; City, State, Zip Code: Mount Laurel, NJ 08054

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
SEE ATTACHED	☐	☐	☒	SEE ATTACHED	SEE ATTACHED	☒	☐	☐	☐
2nd Fl. Over head locker room	☐	☐	☒	Fittings	52	☒	☐	☐	☐
2nd Fl. Under ground locker room	☐	☐	☒	Fittings	28	☒	☐	☐	☐
2nd Fl. Ladies locker room	☐	☐	☒	Fitting	23	☒	☐	☐	☐

Name of Registered Waste Hauler: Veolia ES	NJDEP Waste Hauler ID No.: 000151	Cubic Yards of Waste: 40	Name of Registered Landfill: Fairless Landfill
City, State: Flanders, NJ		Disposal Date: 6/23/26	City, State: Morrisville, PA

Completed By (Print or Type): Gwendolyn Trumbetti	Title: Operations Coordinator	Signature: GMT	Date: 6/15/24

ASB-41
MAY 11

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Scope of Work Cont.

Location of ACM	Used for Maint.	Description of ACM	Amount	Abatement Type
14 Areas 2nd Floor	NA	Fittings	47 total	Removal (GB)
Throughout	NA	Floor tile & Mastic	20,000 SF	Removal (NF)

18004

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

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RECEIVED JUN 17 2026 ASBESTOS CONTROL & LICENSING

Date of Notification (1): 6 / 5 / 26		Name of Building Owner/Operator (2): East Windsor Regional School District Job #2512-6521 Check #18006	
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 25 A Leshin Lane	
		City, State, Zip Code: Hightstown, NJ 08520	
		Name of Contact: Business Administration	Telephone Number: 609-443-7717

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Walter Black ES		Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 371 Stockton Street			
City (5): Hightstown		Square Feet	# of Floors / Bldg. Age
County (6): Mercer	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8): Horizon Environmental Group	ASCM No.	Name of Abatement Contractor (9): AbateTech, Inc.	
Street Address: PO Box 316		Street Address: 30 Maple Ave. PO Box 25	
City, State, Zip Code: Thorofare, NJ 08086		City, State, Zip Code: Lumberton, NJ 08048	
Project Manager for Monitoring Firm: Steve Flanigan	Telephone No.: 856-848-0800	Telephone No.: 609-265-2107	License No.: 00529
Start Date (10): 6 / 29 / 26	Scheduled Completion Date (11): 7 / 17 / 26	Name of OSHA Monitor: IATL	
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: 9000 Commerce Parkway	
		City, State, Zip Code: Mount Laurel, NJ 08054	

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~~ wrap + cut
☒ 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 207, 209-213	☐	☒	☐	Floor tile & Mastic	4,500 SF	☒	☐	☐	☐
Hallway	☐	☒	☐	Pipe Insulation	250 LF	☒	☐	☐	☐
Throughout	☐	☒	☐	Ceiling/Door transite panels	625 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: AbateTech, Inc.	NJDEP Waste Hauler ID No.: 18750	Cubic Yards of Waste: 40	Name of Registered Landfill: Fairless Landfill
City, State: Lumberton, NJ		Disposal Date: 7/17/26	City, State: Morrisville, PA

Completed By (Print or Type)	Title	Signature	Date
Gwen Trumbetti	Operations Coord.	Gwt	6-5-26

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MAY 11

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JUN 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): 06-22-26	Name of Building Owner/Operator (2): TTL Services LLC
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 52 Garfield Ave.
	City, State, Zip Code: Paterson, NJ 07522
	Name of Contact: Taylor Dominguez — Telephone Number: (201) 846-5852

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): First Presbyterian Church	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 Hanover Rd.	Square Feet: — # of Floors: 2 — Bldg. Age: —
City (5): East Hanover	Current Use (Prior if being demolished): Church
County (6): Morris — County Code (7) (STATE USE ONLY): _____	
Name of Monitoring Firm Hired by Building Owner (8): N/A — ASCM No.: —	Name of Abatement Contractor (9): Delfa Contracting LLC.
Street Address: —	Street Address: 1119 East Grand St.
City, State, Zip Code: —	City, State, Zip Code: Elizabeth, NJ 07201
Project Manager for Monitoring Firm: — Telephone No.: —	Telephone No.: 908 576-7646 — License No.: 01206
Start Date (10): 07-01-26 — Scheduled Completion Date (11): 08-05-26	Name of OSHA Monitor: Delfa Contracting LLC
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: 1119 East Grand St. — City, State, Zip Code: Elizabeth, NJ 07201

Scope of Work (Check All That Apply)

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

[ ] Renovation
[x] Demolition

[x] 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
1st Floor & Basement		X		VAT	3,900 SF	X			
1st Floor / Kitchen		X		Glue Dots	30 SF	X			
Throughout Building		X		Joint Compound	26,400 SF	X			
2nd Floor		X		Panels Adhesive	900 SF	X			

Name of Registered Waste Hauler: Delfa Contracting LLC	NJDEP Waste Hauler ID No.: 35240	Cubic Yards of Waste: 50	Name of Registered Landfill: Tullytown Resource Recovery Facility
City, State: Elizabeth, NJ		Disposal Date: 07-15-26	City, State: Tullytown, PA
Completed by: Jaime Delgado	Title: Proj. Manager.	Signature:	Date: 06-22-26

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)

RECEIVED
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BUREAU OF CONTROL & LICENSING

Date of Notification (1): 06-22-26	Name of Building Owner/Operator (2): TTL Services LLC
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 52 Garfield Ave.
	City, State, Zip Code: Paterson, NJ 07522
	Name of Contact: Taylor Dominguez — Telephone Number: (201) 846-5852

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): First Presbyterian Church	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 Hanover Rd.	Square Feet: — # of Floors: 2 — Bldg. Age: —
City (5): East Hanover	
County (6): Morris — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Church
Name of Monitoring Firm Hired by Building Owner (8): N/A — ASCM No.: —	Name of Abatement Contractor (9): Delfa Contracting LLC.
Street Address: —	Street Address: 1119 East Grand St.
City, State, Zip Code: —	City, State, Zip Code: Elizabeth, NJ 07201
Project Manager for Monitoring Firm: — Telephone No.: —	Telephone No.: 908 576-7646 — License No.: 01206
Start Date (10): 07-01-26 — Scheduled Completion Date (11): 08-05-26	Name of OSHA Monitor: Delfa Contracting LLC
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: 1119 East Grand St. — City, State, Zip Code: Elizabeth, NJ 07201

Scope of Work (Check All That Apply)

- [ ] ≥3 sf or ≥3 lf
- [x] ≥160 sf or ≥260 lf
- [ ] Renovation
- [x] Demolition
- [x] 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
1st Floor/ Hallway		x		Carpet Glue	250 SF	X			
Basement		X		Pipe Insulation	100 LF	x			
Basement		X		Debris Material	956 SF	x			
Basement		X		Fibrous Board	80 SF	x			

Name of Registered Waste Hauler: Delfa Contracting LLC	NJDEP Waste Hauler ID No.: 35240	Cubic Yards of Waste: 30	Name of Registered Landfill: Tullytown Resource Recovery Facility
City, State: Elizabeth, NJ		Disposal Date: 07-15-26	City, State: Tullytown, PA

Completed by: Jaime Delgado	Title: Proj. Manager.	Signature:	Date: 06-22-26

ASB-41 (R-06-08)

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JUN 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): 06-22-26		Name of Building Owner/Operator (2): TTL Services LLC
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 52 Garfield Ave.
		City, State, Zip Code: Paterson, NJ 07522
		Name of Contact: Taylor Dominguez / Telephone Number: (201) 846-5852

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): First Presbyterian Church		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 Hanover Rd.		
City (5): East Hanover		Square Feet: / # of Floors: 2 / Bldg. Age:
County (6): Morris	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Church

Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): Delfa Contracting LLC.	
Street Address:		Street Address: 1119 East Grand St.	
City, State, Zip Code:		City, State, Zip Code: Elizabeth, NJ 07201	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 908 576-7646	License No.: 01206
Start Date (10): 07-01-26	Scheduled Completion Date (11): 08-05-26	Name of OSHA Monitor: Delfa Contracting LLC	
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: 1119 East Grand St. / City, State, Zip Code: Elizabeth, NJ 07201	

Scope of Work (Check All That Apply)

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

[ ] Renovation
[x] Demolition

[x] 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
Flat Roofs & Chimney		X		Black / Silver Sealant	230 SF	X			
Exterior		X		Window Glazing	150 LF	X			

Name of Registered Waste Hauler: Delfa Contracting LLC	NJDEP Waste Hauler ID No.: 35240	Cubic Yards of Waste: 50	Name of Registered Landfill: Tullytown Resource Recovery Facility
City, State: Elizabeth, NJ		Disposal Date: 07-15-26	City, State: Tullytown, PA

Completed by: Jaime Delgado	Title: Proj. Manager.	Signature:	Date: 06-22-26

ASB-41 (R-06-08)

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

2103

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

PAID ☑ #2103 RECEIVED JUN 22 2026 ASBESTOS CONTROL & LICENSING

Date of Notification (1): 06 / 19 / 26		Name of Building Owner/Operator (2): Mendham Village
Agencies Notified: ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment # ☒ Emergency (including justification) ☐ Cancellation	Street Address: 84 East Main Street City, State, Zip Code: Mendham, NJ 07945 Name of Contact: Jared Meyer Telephone Number: 908-297-0851

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Former Mendham Tennis Club Street Address: 84 East Main Street			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
City (5): Mendham, NJ 07945		Square Feet: 25000	# of Floors: 2 / Bldg. Age: 50+
County (6): Morris	County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished):	

Name of Monitoring Firm Hired by Building Owner (8): Pennoni Associates Inc. Street Address: 130 West 29th Street, 11th Floor City, State, Zip Code: New York, NY 10001 Project Manager for Monitoring Firm: Matthew L. Smith / Telephone No.: 212-239-7608	ASCM No.	Name of Abatement Contractor (9): A. Mac Contracting Inc. Street Address: 176 Saddle River Avenue City, State, Zip Code: South Hackensack, NJ 07606 Telephone No.: 201-262-5841 / License No.: 00156
Start Date (10): 07 / 01 / 26 Scheduled Completion Date (11): 07 / 18 / 26		Name of OSHA Monitor: Asbestos Analytical Labs
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: 8:00 AM- PM/4:30 PM- AM		Street Address: 51 Gage Road City, State, Zip Code: East Brunswick, NJ 08816

Scope of Work (Check all that apply)

☐ ≥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
Ground Floor	☐	☒	☐	Mastic / Waterproofing	10,000 SF	☒	☐	☐	☐
Exterior	☐	☐	☐	Knee Wall Mastic	2500 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Century Waste Services, LLC	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: 30 Yards	Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 07-18-2026	City, State: Pen Argyl, PA 08072

Completed By (Print or Type)	Title	Signature	Date
Ralph Barnhardt	Sr. Project Manager		06-19-2026

ASB-41
JAN 13

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JUN 25 2026

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 06/20/26	Name of Building Owner/Operator (2): Oxycocus Elementary School
Agencies Notified: [ ] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 250 N Main St
	City, State, Zip Code: Manahwkin NJ 08050
	Name of Contact: Nolan Walsh — Telephone Number: 7327964134

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Oxycocus Elementary School	Type of Facility (4): [x] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 250 N Main St	
City (5): Manahawkin — Square Feet: — # of Floors: 2 floors — Bldg. Age:	
County (6): Ocean — County Code (7) *(STATE USE ONLY)*: _____	Current Use (Prior if being demolished): N/A
Name of Monitoring Firm Hired by Building Owner (8): Montrose Environmental — ASCM No.:	Name of Abatement Contractor (9): JCR management Specialist LLC
Street Address: 500 Horizon Dr	Street Address: 306 Victor Pl
City, State, Zip Code: Robbinsville, NJ 08691	City, State, Zip Code: Neptune NJ 07753
Project Manager for Monitoring Firm: Julian Fernandez-Obregon — Telephone No.: 6094686946	Telephone No.: 7327591871 — License No.: 02087
Start Date (10): 06/30/26 — Scheduled Completion Date (11): 07/15/26	Name of OSHA Monitor: JCR Management Specialist LLC
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: 306 Victor Pl City, State, Zip Code: Neptune NJ 07753

Scope of Work (Check All That Apply)

[ ] ≥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
1st floor corridor and class rooms			xx	VAT and Mastic	5500sf	xx			
1 st floor corridor and class rooms			xx	Glue dots	160lf per class	xx			
Nurses office			xx	Carpet mastic	400sf	xx			

Name of Registered Waste Hauler: Century waste	NJDEP Waste Hauler ID No.: 482653	Cubic Yards of Waste: 30	Name of Registered Landfill: Fairless landfill
City, State: Elizabeth NJ		Disposal Date: 07/15/26	City, State: Morrisville Pa
Completed by: John Riley	Title: Owner	Signature: John Riley	Date: 06/20/26

ASB-41 (R-06-08)

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

1980

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

PAID

RECEIVED
JUN 15 2026
ASBESTOS LICENSING

Date of Notification (1) **6/10/2026**	Name of building Owner/operator **Fort Lee Board of Education**
Agencies Notified ☒ EPA ☒ DCA ☒ DOL ☐ DEP ☒DOH	**Notification Type** ☒ **Initial Notification** ☐ **Amended #1** **o Emergency notification (including justification)** ☐ **Cancelled**
	Street Address **2175 Lemoine Avenue 6th Floor**
	City, State, Zip Code **Fort Lee 07020**
	Name of Contact **Scott Bendul** Telephone Number **201-290-2190**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) **Fort Lee High School**			Type of Facility (4)x ☒ School (K-12) Subchapter 8 ☐ **Subchapter 8 (other than K-12)** ☐ Other (i.e. private & commercial buildings., homes, etc.) Sq. Feet: Approximately 40,000 #, of Floors: 2 Bldg. Age: 50+ Current Use (prior if being demolished):
Street Address **3000 Lemoine Avenue**			
City (5) **Fort Lee NJ**	County (6) **Bergen**	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner **Westchester Environmental LLC**		ASCM No. **00127**	Name of Contractor (9) **BL Contracting Inc.**
1248 Wrights Lane			Street Address **5 Marguerite Lane**
West Chester PA 19308			City State, Zip Code **Towaco NJ 07082**
Project Manager for Monitoring Firm **Philip Conteh**	**610-431-7545**		Telephone Number **973-901-0153** License Number **01265**
Scheduled Start Date (10) **7/06/2026**	Scheduled Completion Date **7/20/2026**		Name of OSHA Monitoring **BL Contracting Inc**
Occupancy Status During Abatement (Check only one) ☒Facility Closed/Vacated During Entire Period of Abatement ☐Abatement Performed Outside of Normal Facility Hours - Describe **o Facility occupied During Abatement** ☒Other – Describe: **Monday- Saturday 7 am- 4pm**			Street Address **5 Marguerite Lane** City, State, Zip Code **Towaco NJ 07082**

Source of Work (Check all that apply)

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

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Main/Custodial Staff (12) YES	NO	NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)	Abatement Type Remove	Repair	Encap	Enclos
Girls Gym Locker R.	☒			**Pipe Insulation**	**165 LF**				
Boys Gym Locker R.	☒			**Plaster Ceiling**	**1,700 SF**				
Tim Room 155 **Tim Room 159**	☒ ☒			**White Coat Plaster Ceiling** **Ceiling Plaster**	**400 SF** **460 SF**				

Name of Reg. Waste Hauler **BL Contracting Inc**	NJDEP Waste Hauler ID # **0036784**	Cubic Yards of Waste **20**	Name of Registered Landfill T.R.R..F
Completed by (Print or Type) **Nedo Vasilic**	Title **Project Manager**	Signature Nedo Vasilic	Date **6/10/2026**

1083

CHECK # 1083

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JUN 18 2026

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 06 / 11 / 26		Name of Building Owner/Operator (2): Montlair Public Schools
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 22 Valley Road
		City, State, Zip Code: Montclair, NJ 08034
		Name of Contact: Ms. Christina Hunt — Telephone Number: 973 509 4000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Buzz Aldrin Middle School			Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 173 Bellevue Ave			
City (5): Montclair		Square Feet: ~180,000	# of Floors: 1 — Bldg. Age: 54
County (6): Essex	County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): Middle School	

Name of Monitoring Firm Hired by Building Owner (8): Detail Associates Inc.	ASCM No.: 00012	Name of Abatement Contractor (9): East Coast Haz Mat Removal, Inc.	
Street Address: 560 Sylvan Ave., Suite 3065		Street Address: 494 East 41st Street	
City, State, Zip Code: Englewood Cliffs, New Jersey		City, State, Zip Code: Paterson, NJ 07504	
Project Manager for Monitoring Firm: Stephen A. Jaraczewski	Telephone No.: 201 569 6708	Telephone No.: 973-345-0022	License No.: 02117
Start Date (10): 06 / 29 / 26	Scheduled Completion Date (11): 11 / 30 / 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/04:00PM-00:30AM		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
Various Location	☐	☒	☐	Pipe Ins./Fittings (Wrap & Cut)	500 LF	☒	☐	☐	☐
Plaster - Various Location	☐	☒	☐	Drilling/Penetrations	20 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Century Waste Services, LLC.	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: 20	Name of Registered Landfill: Waste Mgmt. - Fairless Hills
City, State: Elizabeth, NJ 07201		Disposal Date: 08-25-2026	City, State: Morrisville, PA

Completed By (Print or Type): Leslie Olszewski	Title: Project Manager	Signature: [signature]	Date: 06-11-26

ASB-41
MAY 11

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

Print Form

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

RECEIVED
JUN 26 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 6-3-26	Name of Building Owner/Operator (2): CHERRY HILL PUBLIC SCHOOLS
Agencies Notified: ☑ EPA ☑ DEP ☑ DOL ☑ DOH ☐ DCA	Type Notification: ☑ Initial ☐ Amended Amendment # 1 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 45 RENOLDO TERRACE
	City, State, Zip Code: CHERRY HILL NJ 08002
	Name of Contact: MARC SAGGIO — Telephone Number: 856-693-4564

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): CHERRY HILL HIGH SCHOOL WEST			Type of Facility (4): ☑ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 2101 CHAPEL AVE			
City (5): CHERRY HILL	Square Feet: NA	# of Floors: 3	Bldg. Age: NA
County (6): CAMDEN	County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished): SCHOOL	

Name of Monitoring Firm Hired by Building Owner (8): TTI ENVIRONMENTAL	ASCM No.: 3	Name of Abatement Contractor (9): ERYMAR CONSTRUCTION
Street Address: 1253 N CHURCH ST		Street Address: 103 PRESERVE LN
City, State, Zip Code: MOORESTOWN NJ 08057		City, State, Zip Code: N. WALES PA 19454
Project Manager for Monitoring Firm: TIM POPP — Telephone No.: 856-840-8800		Telephone No.: 267-784-4694 — License No.: 01276
Start Date (10): 6-23-26 — Scheduled Completion Date (11): 7-26-26		Name of OSHA Monitor: TIM POPP
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: 1253 N. CHURCH ST — City, State, Zip Code: MOORESTOWN NJ 08057

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
BOYS LOCKER ROOMS			✓	PIPE WRAP	1000 LF	✓			
				FITTINGS	256 SF	✓			
				VIBRATION COLLAR	1 EA	✓			
				FLOOR TILE MASTIC	1493 SF	✓			

Name of Registered Waste Hauler: TRISTATE WASTE	NJDEP Waste Hauler ID No.: 0041493	Cubic Yards of Waste: NA	Name of Registered Landfill: GROWS
City, State: 8950 STATE RD. PHILA PA		Disposal Date: NA	City, State: FAIRLESS HILLS PA

Completed by: EFRAIM DUA	Title: VP	Signature:	Date: 6-3-26

ASB-41 (R-06-08)

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

MASTIC ONLY - 192 SF
INTERIOR DOOR CAULK - 22 DOORS
WINDOW GLAZING & CAULK - 61 WINDOWS
2 AC UNIT PANELS
WINDOW CAULK ONLY - 14 EA.
WINDOW GLAZING ONLY - 14 EA.

Print Form

1773

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

PAID

RECEIVED
JUN - 9 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 6-3-26	Name of Building Owner/Operator (2): CHERRY HILL PUBLIC SCHOOLS
Agencies Notified: ☑ EPA ☐ DEP ☐ DOL ☐ DOH ☐ DCA	Type Notification: ☑ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 45 RENO/DO TERRACE
	City, State, Zip Code: CHERRY HILL NJ 08002
	Name of Contact: MARC SAGLIO
	Telephone Number: 856-693-4564

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): CHERRY HILL HIGH SCHOOL WEST	Type of Facility (4): ☑ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 2101 CHAPEL AVE	Square Feet: NA; # of Floors: 3; Bldg. Age: NA
City (5): CHERRY HILL	
County (6): CAMDEN; County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): SCHOOL

Name of Monitoring Firm Hired by Building Owner (8): TTI ENVIRONMENTAL	ASCM No.: 3	Name of Abatement Contractor (9): ADVANCED COMPLIANCE SOLUTIONS INC
Street Address: 1253 N CHURCH ST		Street Address: FRYMAR CONSTRUCTION 103 PRESERVE LN.
City, State, Zip Code: MOORESTOWN NJ 08057		City, State, Zip Code: N. WALES PA 19454
Project Manager for Monitoring Firm: TIM POPP; Telephone No.: 856-840-8800		Telephone No.: 267-784-4694; License No.: 01276
Start Date (10): 6-16-26; Scheduled Completion Date (11): 7-16-26 X24		Name of OSHA Monitor: TIM POPP
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: 1253 N. CHURCH ST; City, State, Zip Code: MOORESTOWN NJ 08057

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
BOYS & GIRLS LOCKER ROOMS			✓	PIPE WRAP	1000 LF	✓			
				FITTINGS	256 SF	✓			
				VIBRATION COLLAR	1 EA	✓			
				FLOOR TILE & MASTIC	1493 SF	✓			

Name of Registered Waste Hauler: TRISTATE WASTE	NJDEP Waste Hauler ID No.: 0041493	Cubic Yards of Waste: NA	Name of Registered Landfill: CROWS
City, State: 8950 STATE RD. PHILA PA		Disposal Date: NA	City, State: FAIRLESS HILLS PA
Completed by: EFRAIM DUA	Title: VP	Signature:	Date: 6-3-26

ASB-41 (R-06-08)

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

Work areas	Quantity	Type
F-15 office	192 SF	Floor tile + Mastic
F-15 Storage Closet	30 SF	Floor tile + mastic
F-15 Office	102 SF	Floor tile + mastic
Stair GS-1	504 SF	Floor tile + Mastic
Stair GS-2	504 SF	Floor tile + Mastic
F20.8 + Storage closet	225 SF	Floor tile + Mastic
F-15 + F-20 Locker Side	22 Doors	Interior Door Caulk
F-15.7, F-15.8 Storage, F-16 Team Room	40 each	Elbows
F-15.7 Trainers, F. 15 Locker room Stair GS-1, F-20 Girls locker stair GS-2	61 Windows	Glazing and Window Caulk
F-15.7 Trainers room, F.15.1 F-16 F-20 Girls locker F-18 Team Room	8 Boards	Gluedots associated w/wallboards
E-Wing locker room	1,000 LF	assumed pipe wrap above plasterceiling
E-Wing locker room	200 each	assumed pipe elbows above plaster
E-Wing locker room	1 each	HVAC Vibration Collar
E-Wing locker room	128 SF	Floor tile + mastic
E-Wing locker room	8 each	Gluedots associated w/wallboards
E-Wing locker room	14 each	Window glazing
E-Wing locker room	14 each	Window Caulk
F-Wing Weight room	16 each	Pipe elbow Fittings
F-Wing Weight room	2 each	Panels w/glazing (exterior)

18012

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JUN 18 2026

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 6 / 15 / 26	Name of Building Owner/Operator (2): PSE&G / Job #2606-6589 Check #18012
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 4000 Hadley Road
	City, State, Zip Code: South Plainfield, NJ
	Name of Contact: Kevin Dias — Telephone Number: 908-670-7987

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): PSEG Sawtooth Bridge	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 183 Raymond Blvd	Square Feet: ____ # of Floors: ____ Bldg. Age: ____
City (5): Newark	
County (6): Essex — County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): Headquarter
Name of Monitoring Firm Hired by Building Owner (8): N/A — ASCM No.:	Name of Abatement Contractor (9): AbateTech, Inc.
Street Address:	Street Address: 30 Maple Ave. PO Box 25
City, State, Zip Code:	City, State, Zip Code: Lumberton, NJ 08048
Project Manager for Monitoring Firm — Telephone No.:	Telephone No.: 609-265-2107 — License No.: 00529
Start Date (10): 6 / 24 / 26 — Scheduled Completion Date (11): 6 / 26 / 26	Name of OSHA Monitor: IATL
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: 9000 Commerce Pkwy. Suite B
	City, State, Zip Code: Mount Laurel, NJ 08054

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	☐	☐	☒	Coal Tar Wrap 30" Diameter	40 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Veolia ES	NJDEP Waste Hauler ID No.: 000151	Cubic Yards of Waste: 40	Name of Registered Landfill: Fairless Landfill
City, State: Flanders, NJ		Disposal Date: 6/26/26	City, State: Morrisville, PA

Completed By (Print or Type): Gwendolyn Trumbetti	Title: Operations Coordinator	Signature: gwt	Date: 6-15-26

ASB-41
MAY 11

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

435/456

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JUN 18 2026

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 05 / 12 / 26		Name of Building Owner/Operator (2): RP 201 Laurel Property Owner LLC
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #1 ☐ Emergency (including justification) ☐ Cancellation	Street Address: 435 Devon Park Drive - Suite 500
		City, State, Zip Code: Wayne, PA 19087
		Name of Contact: Tony Bates
		Telephone Number: tony@batesmill.co

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Office Building		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 Laurel Rd		Square Feet: 198,000 / # of Floors: 9 / Bldg. Age: 60
City (5): Voorhees		
County (6): Camden	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Vacnet
Name of Monitoring Firm Hired by Building Owner (8): Hillmann Development Advisors, LLC	ASCM No.	Name of Abatement Contractor (9): Global Contracting
Street Address: 1600 US-22		Street Address: 375 N. Main St
City, State, Zip Code: Union, NJ 07083		City, State, Zip Code: Williiamstown NJ 08094
Project Manager for Monitoring Firm: Jack F. Carney / Telephone No.: 609-381-4022		Telephone No.: 609-547-5198 / License No.: 02142-02
Start Date (10): 03 / 28 / 26	Scheduled Completion Date (11): 07 / 15 / 26	Name of OSHA Monitor: Global Contracting
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: 375 N. Main St / City, State, Zip Code: Williiamstown NJ 08094

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	☐	☐	☒	Mastic	22,000Sqft	☒	☐	☐	☐
6th floor	☐	☐	☒	Mastic	22,000SqFt	☒	☐	☐	☐
5th Floor	☐	☐	☒	Mastic	22,000Sqft	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: American Disposal	NJDEP Waste Hauler ID No.	Cubic Yards of Waste: 30 Yard	Name of Registered Landfill: Fairless landfill
City, State: 4575 Torresdale Ave Phila PA 19124		Disposal Date	City, State: Morrisville, PA 19067
Completed By (Print or Type): Vernice Graham	Title: Spouse	Signature: Vernice Graham	Date: 6-12-26

ASB-41
MAY 11

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

1084

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

PAID

ch # 1084

RECEIVED

JUN 22 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 06 / 18 / 26		Name of Building Owner/Operator (2): Cherry Hill Public Schools
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☒ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #2 ☐ Emergency (including justification) ☐ Cancellation	Street Address: 45 Ranoldo Terrace City, State, Zip Code: Cherry Hill, NJ 08002 Name of Contact: Steve Nicolella Telephone Number: 856-616-0275

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Rosa International Middle School			Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 485 Browning Lane			
City (5): Cherry Hill		Square Feet: 129,522	# of Floors: 2 / Bldg. Age: 50+
County (6): Camden	County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): Middle School	

Name of Monitoring Firm Hired by Building Owner (8): TTI Environmental, Inc	ASCM No.: 00003	Name of Abatement Contractor (9): East Coast Haz Mat Removal, Inc.	
Street Address: 1253 North Church Street		Street Address: 494 East 41st Street	
City, State, Zip Code: Moorestown, NJ 08057		City, State, Zip Code: Paterson, NJ 07504	
Project Manager for Monitoring Firm: Erick Cole	Telephone No.: 856-840-8800	Telephone No.: 973-345-0022	License No.: 02117
Start Date (10): 06 / 23 / 26	Scheduled Completion Date (11): 08 / 25 / 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: 7:00AM-3:30PM/ 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
A Wing - First Floor	☐	☒	☐	Wall Plaster	2000 SF	☒	☐	☐	☐
A Wing - First Floor	☐	☒	☐	Pipe Fittings/Joints	120 Each	☒	☐	☐	☐
C Wing-First Fl - Next To Cafeteria	☐	☒	☐	Pipe Fittings/Joints	100 Each	☒	☐	☐	☐
C Wing/Cafeteria - Windows	☐	☒	☐	Caulking	860 LF	☒	☐	☐	☐

Name of Registered Waste Hauler: Century Waste Services, LLC.	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: 200	Name of Registered Landfill: Waste Mgmt. - Fairless Hills
City, State: Elizabeth, NJ 07201		Disposal Date: 08-25-2026	City, State: Morrisville, PA

Completed By (Print or Type): Leslie Olszewski	Title: Project Manager	Signature: Leslie Olszewski	Date: 06-18-2026

ASB-41
MAY 11

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

5633

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

RECEIVED
JUN 22 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 06/17/2026	Name of Building Owner/Operator (2): Oakland Board of Education
Agencies Notified: [ ] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 315 Ramapo Valley Road
	City, State, Zip Code: Oakland, NJ 07436
	Name of Contact: Joe Tumminia — Telephone Number: 973-390-7433

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Manito Elementary School	Type of Facility (4): [X] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 111 Manito Avenue	Square Feet: ____ # of Floors: ____ Bldg. Age: ____
City (5): Oakland	Current Use (Prior if being demolished): ____
County (6): Bergen — County Code (7) *(STATE USE ONLY)*: ____	
Name of Monitoring Firm Hired by Building Owner (8): Karl Environmental Group — ASCM No.: ____	Name of Abatement Contractor (9): Academy Construction Inc
Street Address: 20 Lauk Road	Street Address: 7 East Garden Place
City, State, Zip Code: Mohnton, PA 19540	City, State, Zip Code: Pompton Plains, NJ 07444
Project Manager for Monitoring Firm: Angela Meas — Telephone No.: 610-856-7700	Telephone No.: 973 832 4244 — License No.: 01379
Start Date (10): 6/27/26 — Scheduled Completion Date (11): 7/3/26	Name of OSHA Monitor: Same as above
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)

- [X] ≥3 sf or ≥3 lf
- [ ] ≥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
Hallway in front of 4 bathrooms			x	VAT & Mastic	30 sf	x		x	
Boys and Girls Bathroom			x	Transite Panels	2 ea	x			

Name of Registered Waste Hauler: Academy Construction Inc	NJDEP Waste Hauler ID No.: 0034422	Cubic Yards of Waste: 1 cuyd	Name of Registered Landfill: Fairless Lanfdill
City, State: Pompton Plains, NJ		Disposal Date: TBD	City, State: Morrisville, PA
Completed by: John Geleski	Title: Supervisor	Signature: John Geleski	Date: 6/17/26

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

ASB-41 (R-06-08)

Check # 10335

State of New Jersey - Notification of Asbestos Abatement

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

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GAC Project # 060-26

Date of Notification (1): **June 17, 2026**	Name of Building Owner/Operator (2): **RUTGERS, THE STATE UNIVERSITY OF NJ**
Agencies Notified: ☐ EPA ☐ DCA ☒ DOL ☒ DEP- No Longer REQUIRED ☒ DOH	Notification Type: ☐ Initial Notification ☒ Amended Notification #1 – Additional Work Areas And Quantities ☐ Emergency (including justification) ☐ Cancelled	Street Address: **ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS**
		City, State, Zip Code: **PISCATAWAY, NJ 08854**
		Name of Contact: **MICHAEL F. SMITH, ENV. HEALTH & SAFETY** — Telephone Number: **848-445-2550**

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **RARITAN QUARTERLY BLDG, BLDG# 3131**	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: **N/A** # of Floors: **3** Bldg. Age: **100+ years**
Street Address: **COLLEGE AVENUE CAMPUS**	Current Use (prior if being demolished): **ACADEMIC**
City (5): **NEW BRUNSWICK** — County (6): **MIDDLESEX** — County Code (7) (State Use Only):	
Name of Monitoring Firm Hired by Bldg. Owner (8): **ATLAS** — ASCM No.: **00098**	Name of Contractor (9): **GREENWOOD ABATEMENT CONSULTANTS, INC.**
Street Address: **3 TERRI LANE**	Street Address: **511 MAIN STREET**
City, State, Zip Code: **BURLINGTON, NJ 08016**	City State, ZipCode: **BUTLER, NJ 07405**
Project Manager for Monitoring Firm: **JOHN LUTZ** — Telephone Number: **609-386-8800**	Telephone Number: **973-492-0477** — License Number: **00840**
Scheduled Start Date (10): **06/18/2026** — Scheduled Completion Date (11): **06/19/2026**	Name of OSHA Monitor: **ENVIROVISION, INC.**
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours ☐ Facility Occupied During Abatement ☒ Other- Describe: **Shift Schedule: 4PM – 5AM (24 HRS. & WEEKENDS AS NEEDED)**	Street Address: **20-21 WARGARAW ROAD, BLDG# 35E** — City, State, Zip Code: **FAIRLAWN, NJ 07410**

Scope of Work (Check all that apply)

☐ ≥ 3 sf or >3 lf
☒ ≥ 160 sf or ≥ 260 lf

☒ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glove bag Procedure / Wrap & Cut
☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES	NO	NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, o r other miscell.)	Amount (Specify SF or LF)	Abatement Type: Remove	Repair	Encap	Enclose
107 Foyer, 102		☒		VAT	120 SF	☒			
202 & 202A		☒		VAT	190 SF	☒			

Name of Reg. Waste Hauler	NJDEP Waste Hauler ID #	Cubic Yards of Waste:	Name of Registered Landfill
See Hauler Below #1 & 2	See Below	15 CY	Fairless Landfill / Grand Central Landfill

Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405
NJDEP # 12561
Hauler #2) Century Waste Services LLC, Elizabeth, NJ 07201
NJ DEP # NJ-860

Disposal Date: **6/19/2026**

City, State: **FL - 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700 GCL- 1963 Pen Argyl Rd. Pan Argyl, Pa 18072**

Completed by (Print or Type)	Title	Signature	Date
RAYMOND C. PEDALINO	**SENIOR PROJECT MANAGER**	*Raymond C. Pedalino*	**June 17, 2026**

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

Print Form

0361

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

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RECEIVED
JUN 22 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 06/16/2026		Name of Building Owner/Operator (2): Market Halsey Urban Renewal	
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 112 W. 34th Street	
		City, State, Zip Code: New York, NY 10120	
		Name of Contact: Jack Jemal	Telephone Number: 212-265-5570

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Market Halsey Building Basement B-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: 165 Halsey Street			
City (5): Newark		Square Feet: 100,000	# of Floors: 12 / Bldg. Age: 50+
County (6): Essex	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Office Building	
Name of Monitoring Firm Hired by Building Owner (8): RK Occupational & Environmental Analysis	ASCM No.: 00090	Name of Abatement Contractor (9): Bako Construction & Restoration, Inc.	
Street Address: 401 ST. James Street		Street Address: 34 Deforest Ave. Suite 1	
City, State, Zip Code: Phillipsburg, NJ 08865		City, State, Zip Code: East Hanover, NJ 07936	
Project Manager for Monitoring Firm: Jonathan Gilbert	Telephone No.: 908-454-6316	Telephone No.: 973-256-7010	License No.: 00666
Start Date (10): 07/01/2026	Scheduled Completion Date (11): 07/10/2026	Name of OSHA Monitor: Bako Construction & Restoration, Inc.	
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [x] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: MON-FRI 3pm-11pm		Street Address: 34 Deforest Ave. Suite 1	
		City, State, Zip Code: East Hanover, NJ 07936	

Scope of Work (Check All That Apply)

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

[x] Renovation
[ ] Demolition

[ ] 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
B-3 Hallway by Freight Elevator		X		Pipe Insulation	240 LF	X			
B-3 Back Storage Room		X		Pipe Insulation	180 LF	X			
B-3 Old Incinerator Room		X		Pipe Insulation	85 LF	X			

Name of Registered Waste Hauler: Bako Constr. & Rest. Inc./Century Waste	NJDEP Waste Hauler ID No.: 20889/32797	Cubic Yards of Waste: 10	Name of Registered Landfill: Fairless Hills/ Waste management
City, State: East Hanover, NJ/ Elizabeth, NJ		Disposal Date: TBD	City, State: Morrisville, PA
Completed by: Damir Valjevac	Title: Project Manager	Signature:	Date: 06/16/2026

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

ASB-41 (R-06-08)

Print Form

1327

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

RECEIVED
JUN 22 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 06/19/2026	Name of Building Owner/Operator (2): Stevens Institute of Technology
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☒ DCA Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 1 Castle Point on Hudson City, State, Zip Code: Hoboken, NJ 07030 Name of Contact: David Fernandez Telephone Number: 201-216-8705

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Howe center			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1 Castle Point on Hudson			
City (5): Hoboken		Square Feet: N/A	# of Floors: N/A; Bldg. Age: N/A
County (6): Hudson	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8): Briggs Associates	ASCM No.	Name of Abatement Contractor (9): D&S Abatement Company LLC	
Street Address: 3 Crosswicks Street		Street Address: 329 Parish Drive	
City, State, Zip Code: Bordentown, NJ 08505		City, State, Zip Code: Wayne, NJ 07470	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 9733458685	License No.: 02097
Start Date (10): 06/29/2026	Scheduled Completion Date (11): 07/10/2026	Name of OSHA Monitor: D&S Abatement Company 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: non-occupied		Street Address: 329 Parish Drive City, State, Zip Code: Wayne, NJ 07470	

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
4th floor seminar room		X		VAT and Mastic	5000SF	X			

Name of Registered Waste Hauler: D&S Abatement Company, LLC	NJDEP Waste Hauler ID No.: 0036309	Cubic Yards of Waste: TBD	Name of Registered Landfill: TRRF
City, State: Wayne, NJ		Disposal Date: TBD	City, State: Tullytown, PA

Completed by: Dejan Antic Dopsaj	Title: Project Manager	Signature	Date: 06/19/2026

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

ASB-41 (R-06-08)

134

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

PAID

RECEIVED
JUN 22 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 06 / 11 / 26	Name of Building Owner/Operator (2): Colleen Ryan
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 1301 S. Bethlehem Pike
	City, State, Zip Code: Ambler, PA 19002
	Name of Contact: Colleen Ryan — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Apartment Building	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 1 S. New York Ave.	Square Feet: 122100 — # of Floors: 8 — Bldg. Age: 1960
City (5): Atlantic city	
County (6): Atlantic County — County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Resident
Name of Monitoring Firm Hired by Building Owner (8): Graham Tech Environmental Service — ASCM No.	Name of Abatement Contractor (9): Graham Tech Environmental Service
Street Address: 958 Jackson RD	Street Address: 958 Jackson Rdt
City, State, Zip Code: Mays Landing, NJ 08330	City, State, Zip Code: Williiamstown NJ 08094
Project Manager for Monitoring Firm — Telephone No.: 609-547-5198	Telephone No.: 609-547-5198 — License No.:
Start Date (10): 06 / 20 / 26 — Scheduled Completion Date (11): 08 / 30 / 26	Name of OSHA Monitor: Graham Tech Environmental Service
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: 958 Jackson Rd — City, State, Zip Code: Mays Landing, NJ 08330

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
See Attached report	☐	☐	☒		t	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Graham Tech Environmental Service	NJDEP Waste Hauler ID No.	Cubic Yards of Waste: 30 Yard	Name of Registered Landfill: Atlantic County Utilities Authority
City, State: 958 Jackson Rd Mays Landing, NJ 08330		Disposal Date	City, State: Egg Harbor Township, NJ 08234

Completed By (Print or Type): Vernice Graham	Title: Spouse	Signature	Date: 6-11-26

ASB-41
MAY 11

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

FEi Finog Environmental Inc.

December 29, 2025

Odin Properties
30 S. 15th Street
Philadelphia, PA 19102

Reference: Asbestos Inspection Services for the Structure Located at 1 South New York Avenue, Atlantic City, New Jersey

Attention: Mr. Cody Worthington

As per our conversation Finog Environmental Inc. was contracted to perform Asbestos Inspection Services including Sampling and Analysis of suspect asbestos containing building materials (ACBM) to determine if asbestos is present at the Structure Located at 1 South New York Avenue, Atlantic City, New Jersey.

The Asbestos Inspection was performed by Licensed EPA AHERA Asbestos Inspectors. The suspect samples were transported to EMSL Analytical, Inc. in Cinnaminson, New Jersey for analysis. The samples were analyzed by Polarized Light Microscopy /Dispersion Staining (PLM) EPA 600/R-93/116.

Finog Environmental Inc. conducted the Asbestos Inspection on December 17, 2025.

According to the State of State of New Jersey Department of Labor and Department of Health, any material that has been analyzed and is found to have an asbestos content greater than 1% by weight is to be considered an asbestos containing material (ACM) and must be handled as such.

According to the EMSL Analytical, Inc. PLM Certificate of Analysis the following materials had an asbestos content greater than 1% and are considered Asbestos Containing Materials:

Sample #05	8th Floor - Unit #809/810 9"x9" Floor Tile - Brown	8% Chrysotile Asbestos	850 sf
Sample #06	8th Floor - Unit #802 12"x12" Floor Tile - Tan	6% Chrysotile Asbestos	300 sf
Sample #07	8th Floor - Unit #806 9"x9" Floor Tile - Yellow	6% Chrysotile Asbestos	800 sf - 2 layers
Sample #08	8th Floor - Unit #807 9"x9" Floor Tile - Green	8% Chrysotile Asbestos	300 sf
Sample #09	7th Floor - Unit #701 9"x9" Floor Tile - Tan	6% Chrysotile Asbestos	300 sf

Odin Properties
Asbestos Inspection Services
1 South New York Avenue
Atlantic City, NJ
PAGE 2

Sample #10	7th Floor - Unit #708 9"x9" Floor Tile - Brown	7% Chrysotile Asbestos	800 sf w/carpet
Sample #11	7th Floor - Unit #704 9"x9" Floor Tile - Maroon	5% Chrysotile Asbestos	300 sf
Sample #12	7th Floor - Unit #704 9"x9" Floor Tile - Black	10% Chrysotile Asbestos	300 sf
Sample #13	7th Floor - Unit #712 & Hall 9"x9" Floor Tile - White	4% Chrysotile Asbestos	1,100 sf
Sample #15	7th Floor - Unit #710 9"x9" Floor Tile - Tan	4% Chrysotile Asbestos	250 sf w/carpet
Sample #16	7th Floor - Unit #707 9"x9" Floor Tile - Brown	7% Chrysotile Asbestos	250 sf
Sample #17	7th Floor - Unit #705 12"x12" Floor Tile - Tan	3% Chrysotile Asbestos	300 sf
Sample #18	7th Floor - Unit #706 Textured Wall Material	2% Chrysotile Asbestos	900 sf
Sample #20	7th Floor - Women's Rest Room Shaft - Pipe Insulation	55% Chrysotile Asbestos	
Sample #22	6th Floor - Unit #600/# 601 9"x9" Floor Tile - Gray	5% Chrysotile Asbestos	200 sf
Sample #23	6th Floor - Unit #606 9"x9" Floor Tile - White	6% Chrysotile Asbestos	250 sf w/carpet
Sample #24	6th Floor - Unit #602 9"x9" Floor Tile - Tan	5% Chrysotile Asbestos	1,500 sf
Sample #25	6th Floor - Unit #606 9"x9" Floor Tile - Black	5% Chrysotile Asbestos	300 sf w/carpet

Odin Properties
Asbestos Inspection Services
1 South New York Avenue
Atlantic City, NJ
PAGE 3

Sample #26	6th Floor - Unit #602 9"x9" Floor Tile - Green	8% Chrysotile Asbestos	1,500 sf
Sample #28	6th Floor - Women's Rest Room Shaft - Pipe Insulation	45% Chrysotile Asbestos	
Sample #30	5th Floor - Unit #512 9"x9" Floor Tile - Green	8% Chrysotile Asbestos	200 sf 2 layer
Sample #31	5th Floor - Unit #512 9"x9" Floor Tile - Tan/Green	5% Chrysotile Asbestos	200 sf 2 layer
Sample #32	5th Floor - Unit #506/508 9"x9" Floor Tile - White	4% Chrysotile Asbestos	300 sf w/carpet
Sample #33	5th Floor - Unit #504 12"x12" Floor Tile - Green	8% Chrysotile Asbestos	350 sf
Sample #34	5th Floor - Unit #501 9"x9" Floor Tile - Maroon	6% Chrysotile Asbestos	950 sf
Sample #36	5th Floor - Unit #501 9"x9" Floor Tile - Black	8% Chrysotile Asbestos	950 sf
Sample #38	4th Floor - Unit #412 9"x9" Floor Tile - Green	2% Chrysotile Asbestos	300 sf
Sample #40	4th Floor - Unit #406 12"x12" Floor Tile - Green	2% Chrysotile Asbestos	1,300 sf
Sample #42	4th Floor - East Wall Textured Wall Material	3% Chrysotile Asbestos	800 sf
Sample #43	4th Floor - Unit #402 9"x9" Floor Tile - Black	7% Chrysotile Asbestos	500 sf w/carpet
Sample #44	4th Floor - Unit #401 9"x9" Floor Tile - Black & White	4% Chrysotile Asbestos	1500 sf w/carpt

Odin Properties
Asbestos Inspection Services
1 South New York Avenue
Atlantic City, NJ
PAGE 4

Sample #45	4th Floor - Unit #402 9"x9" Floor Tile - Cream	5%	Chrysotile Asbestos	500 sf w/carpet
Sample #46	4th Floor - Women's Rest Room Shaft - Pipe Insulation	65%	Chrysotile Asbestos	900 sf
Sample #51	3rd Floor - Unit #308 9"x9" Floor Tile - Lt Green	3%	Chrysotile Asbestos	350 sf
Sample #52	3rd Floor - Women's Rest Room Pipe Insulation	65%	Chrysotile Asbestos	
Sample #53	2nd Floor - Unit #200 9"x9" Floor Tile - Green	8%	Chrysotile Asbestos	350 sf
Sample #54	2nd Floor - Unit #200 9"x9" Floor Tile - Pink	4%	Chrysotile Asbestos	350 sf
Sample #55	2nd Floor - Unit #212 9"x9" Floor Tile - Tan	4%	Chrysotile Asbestos	300 sf
Sample #56	2nd Floor - Unit #202 9"x9" Floor Tile - Pink & Blk	6%	Chrysotile Asbestos	300 sf
Sample #57	2nd Floor - Unit #206 9"x9" Floor Tile - Cream	5%	Chrysotile Asbestos	300 sf
Sample #58	2nd Floor - Unit #200 12"x12" Floor Tile - White	3%	Chrysotile Asbestos	300 sf
Sample #59	2nd Floor - Unit #202 9"x9" Floor Tile - Gray	8%	Chrysotile Asbestos	325 sf
Sample #60	2nd Floor - Unit #202 9"x9" Floor Tile - Black	6%	Chrysotile Asbestos	325 sf
Sample #64	2nd Floor - Unit #202 9"x9" Floor Tile - White	8%	Chrysotile Asbestos	325 sf

Odin Properties
Asbestos Inspection Services
1 South New York Avenue
Atlantic City, NJ
PAGE 5

The following areas/materials were not analyzed due to the fact that they are homogeneous areas that already have been analyzed and found to be positive for asbestos.

5th Floor	Unit #509	9"x9"	Floor Tile - Green/Black	2 Layers	300 sf
5th Floor	Unit #510	9"x9"	Floor Tile - Green/Tan		300 sf
5th Floor	Unit #511	9"x9"	Floor Tile - Green	Under Carpet	450 sf
5th Floor	Unit #512	9"x9"	Floor Tile - Green/Tan	2 Layers	150 sf
4th Floor	End Office	9"x9"	Floor Tile - White & Black		900 sf
3rd Floor	Unit #312	9"x9"	Floor Tile - Green		2,200 sf

All other samples collected and analyzed were found to be None-Detected for Asbestos.

Please review the attached Certificate of Analysis. If you have any questions, please contact me at your earliest convenience.

Respectfully,

Mark Rubnitz

Mark Rubnitz
Vice President

5032

PAID

Print Form

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

RECEIVED
HMD 25-223

Date of Notification (1): 6/12/2026	Name of Building Owner/Operator (2): Randolph Twp. School District CK#5032 JUN 15 2026	
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 25 Schoolhouse Road	
	City, State, Zip Code: Randolph, NJ 07869 ASBESTOS CONTROL & LICENSING	
	Name of Contact: Craig Ely	Telephone Number: 973 361 0808 ext.8227

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Ironia 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: 303 Dover-Chester Road		
City (5): Randolph, NJ 07869	Square Feet: 75,000 +	# of Floors: 1 / Bldg. Age: 60+
County (6): Morris	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): School

Name of Monitoring Firm Hired by Building Owner (8): Ahera Consultants Inc.	ASCM No.	Name of Abatement Contractor (9): Hazmat Diagnostic, LLC
Street Address: PO Box 385		Street Address: 16 Glenwild Ave
City, State, Zip Code: Oceanville, NJ 08231		City, State, Zip Code: Bloomingdale, NJ 07403
Project Manager for Monitoring Firm: John Smoyer	Telephone No.: 609 652 1883	Telephone No.: 973-928-3995 / License No.: 01181
Start Date (10): 6/23/2026	Scheduled Completion Date (11): 6/29/2026	Name of OSHA Monitor: Hazmat Diagnostic, 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: 16 Glenwild Ave City, State, Zip Code: Bloomingdale, NJ 07403

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
Stage			x	HVAC Expansion Collars	6 SF	x			

Name of Registered Waste Hauler: Hazmat Diagnostic,LLC	NJDEP Waste Hauler ID No.: 0035440	Cubic Yards of Waste: TBD	Name of Registered Landfill: Minerva Landfill
City, State: Bloomingdale, NJ		Disposal Date: TBD	City, State: Waynesburg, OH

Completed by: Deni Naumovski	Title: President	Signature: Deni Naumovski	Date: 6/12/2026

ASB-41 (R-06-08)

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

5031

Print Form

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

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HMD 25-222

RECEIVED
JUN 15 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
6/9/2026	Somerset Holmdel, LLC. Ck#5031

Agencies Notified	Type Notification	Street Address	Name of Contact	Telephone Number
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☐ Initial ☒ Amended Amendment # 1 ☐ Emergency (including justification) ☐ Cancellation	101 Crawfords Corner Rd. City, State, Zip Code Holmdel, NJ 07733	David Schreiber	732 415 7102

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)		
Bell Works	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)		
Street Address: 101 Crawfords Corner Rd.			
City (5): Holmdel	Square Feet: 2 MM	# of Floors: 6	Bldg. Age: 1950's
County (6): Monmouth	County Code (7) *(STATE USE ONLY)*	Current Use (Prior if being demolished): Commercial Office Space	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
Damar Environmental Corp		Hazmat Diagnostic, LLC
Street Address: 744 Princeton Street		Street Address: 16 Glenwild Ave.
City, State, Zip Code: New Milford, NJ 07646		City, State, Zip Code: Bloomingdale, NJ 07403

Project Manager for Monitoring Firm	Telephone No.	Telephone No.	License No.
John Aragveli	(718) 414-9079	973-928-3995	01181

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
06-04-2026	06-20-2026	Hazmat Diagnostic, LLC

Occupancy Status During Abatement (Check Only One)	Street Address / City, State, Zip Code
☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: S-S 7:00am-3:30pm	16 Glenwild Ave. Bloomingdale, NJ 07403

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
Concourse Level C1-C6			x	Wrap n Cut ACM fittings	100 LF	x			
Concourse Level C1-C6			x	Glovebag removal ACM fittings	9 LF	x			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Hazmat Diagnostic,LLC	0035440	TBD	Minerva Landfill
City, State: Bloomingdale, NJ		Disposal Date: TBD	City, State: Waynesburg, OH

Completed by	Title	Signature	Date
Deni Naumovski	President	Deni Naumovski	6/9/2026

ASB-41 (R-06-08)

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

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JUN 15 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1) **6/10/2026**		Name of Building Owner/Operator Hackensack Public Schools
Agencies Notified ☒ EPA ☒ DCA ☒ DOL ☐ DEP ☒DOH	**Notification Type** ☒ **Initial Notification** ☐ **Amended #1** **o Emergency notification (including justification)** ☐ **Cancelled**	**Street Address** **191 Second Street** **City, State, Zip Code** **Hackensack NJ 07601** *Name of Contact* **Juan Feliz** Telephone Number 201-646-0390

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) **Fanny Hiller Elementay School**			Type of Facility (4)x ☒ School (K-12) Subchapter 8 ☐ **Subchapter 8 (other than K-12)** ☐ Other (i.e. private & commercial buildings., homes, etc.) Sq. Feet: Approximately 205,000 # of Floors: 2 Bldg. Age: 78 year Current Use (prior if being demolished):
Street Address **56 Longview Avenue**			
City (5) **Hackensack NJ**	County (6) **Bergen**	County Code (7) **(State Use Only)**	
Name of Monitoring Firm Hired by Bldg. Owner **Westchester Environmental LLC**		ASCM No.	Name of Contractor (9) **BL Contracting Inc.**
1248 Wrights Lane			Street Address **5 Marguerite Lane**
West Chester PA 19308			City State, Zip Code **Towaco NJ 07082**
Project Manager for Monitoring Firm **Philip Conteh**	**610-431-7545**		Telephone Number **973-901-0153** License Number **01265**
Scheduled Start Date (10) **6/23/2026**	Scheduled Completion Date **6/30/2026**		Name of OSHA Monitoring **BL Contracting Inc**
Occupancy Status During Abatement (Check only one) ☒Facility Closed/Vacated During Entire Period of Abatement ☐Abatement Performed Outside of Normal Facility Hours - Describe **o Facility occupied During Abatement** ☒Other – Describe: **Monday- Saturday 7 am- 4pm**			Street Address **5 Marguerite Lane** City, State, Zip Code **Towaco NJ 07082**

Source of Work (Check all that apply)

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

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Main/Custodial Staff (12) YES	NO	NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)	Abatement Type Remove	Repair	Encap	Enclos
Boiler Room	☒			**Boiler Roping Insulation**	**360 SF**				
Boiler Room	☒			**Tank Insulation**	**350 SF**				
Boiler Room **Boiler Room**	☒ ☒			**Birching** **Asbestos Pipe/Fitting Insulation**	**400 SF** **230 LF**				

Name of Reg. Waste Hauler	NJDEP Waste Hauler ID #	Cubic Yards of Waste	Name of Registered Landfill	Disposal Date	City, State
BL Contracting Inc	**0036784**	**15**	T.R.R..F	**6/30/2026**	Tully town, PA

Completed by (Print or Type)	Title	Signature	Date
Nedo Vasilic	**Project Manager**	Nedo Vasilic	**6/10/2026**

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

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JUN 15 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)	
06 / 12 / 26	GLOBAL CHARTER SCHOOL	CHECK#4868

Agencies Notified	Type Notification	Street Address	
☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	255 Congress Street	
		City, State, Zip Code Jersey City, NJ 07307	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)		
Global Charter School	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)		
Street Address 255 Congress Street			
City (5) Jersey City	Square Feet 70,000	# of Floors 3	Bldg. Age 50+
County (6) HUDSON	County Code (7)*(STATE USE ONLY)*	Current Use (Prior if being demolished) School	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)	
-		EA Services Corporation	
Street Address		Street Address 530 Church Street- Suite 6	
City, State, Zip Code		City, State, Zip Code Ridgefield, NJ 07657	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-295-1700	License No. 01074

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
06 / 26 / 26	06 / 31 / 26	Same as above

Occupancy Status During Abatement (Check only one)	Street Address
☒ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00 AM-_ _)PM/_____PM-_____AM	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
Room #101	☐	☒	☐	9x9 lose floor tile-no mastic-	780 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
EA Services Corporation	107086	tbd	Minerva Enterprises
City, State Ridgefield, NJ		Disposal Date tbd	City, State Waynesburg, OH

Completed By (Print or Type)	Title	Signature	Date
Marisabel Toribio	Clerical	Marisabel Toribio	06-12-26

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

PAID Check # 4659

RECEIVED JUN 16 2026 ASBESTOS CONTROL & LICENSING

Date of Notification (1): **June 3, 2026**		Name of Building Owner / Operator (2): **Wells Fargo Bank**	
Agencies Notified: ☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended ☐ Emergency ☐ Cancellation	Street Address: **1 Home Campus**	
		City, State & Zip Code: **West Des Moines**	
		Name of Contact: **Brian Christiansen**	Telephone Number: **515-330-5753**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Wells Fargo Bank**		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: **1 Maple Street**		Square Feet: **2500**	# of Floors: **1** / Bldg. Age: **45+**
City (5): **Summit**	County (6): **Union** / County Code (7):	Current Use (Prior if being demolished): **Banking**	
Name of Monitoring Firm Hired by Building Owner (8): **Environmental Connection**	ASCM No.	Name of Abatement Contractor (9): **Bristol Environmental, LLC**	
Street Address: **120 North Warren Street**		Street Address: **1123 Beaver Street**	
City, State & Zip Code: **Trenton, NJ 08010**		City, State & Zip Code: **Bristol, PA 19007**	
Project Manager for Monitoring Firm: **Rollie Jones**	Telephone Number: **609-392-4200**	Telephone Number: **(215)788-6040**	License Number: **02121**
Scheduled Start Date (10): **6/15/26**	Scheduled Completion Date (11): **6/16/26**	Name of OSHA Monitor: **Bristol Environmental LLC**	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Hours–**5 PM to 3AM** Describe: ☐ Facility Occupied During Abatement		Street Address: **1123 Beaver Street** / City, State & Zip Code: **Bristol, PA 19007**	

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
Bathroom	☐	☒	☐	**Floor Tile & Mastic**	**80 SF**	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: **Freehold Cartage Inc**	NJDEP Waste Hauler ID No.: **15939**	Cubic Yards of Waste: **1/2 CU YD**	Name of Registered Landfill: **Conestoga Landfill**
City, State: **Freehold NJ**		Disposal Date: **6/16/26**	City, State: **Morgantown, PA**
Completed By (Print or Type): **Gino Pizzigoni**	Title: **Project Manager**	Signature: Gino Pizzigoni	Date: **6/3/26**

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

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JUN 16 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 6 / 4 / 26		Name of Building Owner/Operator (2): St. Luke's Hospital	
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #1 ☐ Emergency (including justification) ☐ Cancellation	Street Address: 185 Roseberry St.	
		City, State, Zip Code: Phillipsburg, NJ 08865	
		Name of Contact: Joanne Saydek	Telephone Number: 908-847-8900

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): St. Luke's Hospital		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 185 Roseberry St.			
City (5): Phillipsburg, NJ 08865		Square Feet: 150,000	# of Floors: 5 / Bldg. Age: 41+
County (6): Warren	County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): Hospital	

Name of Monitoring Firm Hired by Building Owner (8): Vertex	ASCM No.: NA	Name of Abatement Contractor (9): Alliance Environmental Systems	
Street Address: 2501 Seaport Dr		Street Address: 550 East Union St.	
City, State, Zip Code: Chester, PA 19083		City, State, Zip Code: West Chester, PA 19382	
Project Manager for Monitoring Firm: Dave Turotsy	Telephone No.: 610-558-8902	Telephone No.: 610-701-9000	License No.: 00508
Start Date (10): 6 / 1 / 26	Scheduled Completion Date (11): 6 / 25 / 26	Name of OSHA Monitor: Vertex	
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: 7:00AM-3:30PM/_____PM-_____AM		Street Address: 2501 Seaport Dr	
		City, State, Zip Code: Chester, PA 19013	

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 Floor	☐	☐	☒	Floor Mastic	4625 SF	☒	☐	☐	☐
1st Floor	☐	☐	☒	Floor Tile	1165 SF	☒	☐	☐	☐
1st Floor	☐	☐	☒	Pipe Insulation	175 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Rizz Containers & Disposal	NJDEP Waste Hauler ID No.	Cubic Yards of Waste: 30	Name of Registered Landfill: Western Berks Community Landfill
City, State: Easton, PA		Disposal Date: TBD	City, State: Birdsboro, PA

Completed By (Print or Type): Mark H. Griffin	Title: Estimator	Signature	Date: 6/4/26

ASB-41
MAY 11

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

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JUN 18 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 06/15/2026	Name of Building Owner/Operator (2): Dubin Contracting
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [✓] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 31 Birch St
	City, State, Zip Code: Lakewood, NJ 08701
	Name of Contact: Telephone Number: 732-228-1623

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: 278 Metedeconk Trail	Square Feet: # of Floors: Bldg. Age:
City (5): Jackson	Current Use (Prior if being demolished)
County (6): Ocean	County Code (7) (STATE USE ONLY): _____
Name of Monitoring Firm Hired by Building Owner (8): ASCM No.	Name of Abatement Contractor (9): AAA Lead Professionals
Street Address	Street Address: 6 White Dove Court
City, State, Zip Code	City, State, Zip Code: Lakewood, NJ, 08701
Project Manager for Monitoring Firm: Telephone No.	Telephone No.: 732-719-5649 License No.: 1200
Start Date (10): 06/24/2026 Scheduled Completion Date (11): 06/24/2026	Name of OSHA Monitor: AAA Lead Professionals
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: _____	Street Address: 6 White Dove Court
	City, State, Zip Code: Lakewood, NJ, 08701

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
Interior				Floor Tile	100SF	✓			

Name of Registered Waste Hauler: Lead Professionals Inc	NJDEP Waste Hauler ID No: 35103	Cubic Yards of Waste: 2	Name of Registered Landfill: IESI
City, State: Lakewood, NJ		Disposal Date: 06/24/2026	City, State: BETHLEHEM, PA
Completed by: JOSEPH PERLSTEIN	Title: OWNER	Signature:	Date: 06/15/2026

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ASB-41 (R-06-08)

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JUN 22 2026

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 06-17-26		Name of Building Owner/Operator (2): Blue Rock Construction	
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 85 South Route 100	
		City, State, Zip Code: Allentown, PA 18106	
		Name of Contact: Eric Wiley	Telephone Number: (484) 8666369

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Commercial Building		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 329 New Brunswick Ave.		Square Feet:	# of Floors: 1 / Bldg. Age:
City (5): Rahway		Current Use (Prior if being demolished)	
County (6): Union	County Code (7) (STATE USE ONLY) _____		

Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): Delfa Contracting LLC.	
Street Address:		Street Address: 1119 East Grand St.	
City, State, Zip Code:		City, State, Zip Code: Elizabeth, NJ 07201	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 908 576-7646	License No.: 01206
Start Date (10): 06-29-26	Scheduled Completion Date (11): 08-25-26	Name of OSHA Monitor: Delfa Contracting LLC	
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: 1119 East Grand	
		City, State, Zip Code: Elizabeth, NJ 07201	

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
Exterior Ground		X		Disposal of Demolition Asbestos	7,000 cyds				
				Debris, Waste will Be Disposed					
				as ACM					

Name of Registered Waste Hauler: Bryce Alterio Trucking	NJDEP Waste Hauler ID No.: 0400687207	Cubic Yards of Waste: 7000	Name of Registered Landfill: Minerva Enterprices, LLC
City, State: Milesburg, PA		Disposal Date: 06-30-26	City, State: Waynesburg, Ohio

Completed by: Jaime Delgado	Title: Proj. Manager.	Signature: Jaime Delgado	Date: 06-17-26

ASB-41 (R-06-08)

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13751

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

B & G Project # 2026-96

PAID

Check # 13751

RECEIVED
JUN 16 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
06/12/2026	Woodbridge Township School DIstrict

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

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

Street Address	
421 School Street	
City, State, Zip Code	
Woodbridge, NJ 07095	
Name of Contact	Telephone Number
Charles Impaglia	732-602-8536

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Woodbridge High School NON Sub 8	☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1 Samuel Lupo Place	
City (5): Woodbridge, NJ 07095	Square Feet: 50,000+ / # of Floors: 3 / Bldg. Age: 50+
County (6): Middlesex / County Code (7) (STATE USE ONLY): _____	Current Use (Prior if being demolished): High School (NON SUB 8)

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
T&M Associates		B & G Restoration, Inc.
Street Address: 11 Tindall Road		Street Address: 1234 Route 23
City, State, Zip Code: Middletown, NJ 07748		City, State, Zip Code: Butler, NJ 07405
Project Manager for Monitoring Firm: Kevin Burns	Telephone No.: 908-347-4396	Telephone No.: 973-696-6869 / License No.: 00378
Start Date (10): 07/02/2026	Scheduled Completion Date (11): 07/13/2026	Name of OSHA Monitor: B & G Restoration, Inc.
Occupancy Status During Abatement (Check Only One)		Street Address: 1234 Route 23
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: occupied		City, State, Zip Code: Butler, NJ 07405

Scope of Work (Check All That Apply)

- ☐ ≥3 sf or ≥3 lf
- ☒ ≥160 sf or ≥260 lf
- ☒ Renovation
- ☐ Demolition
- ☐
- ☐ 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
Library		X		Floor tile and mastic	4,142 SF	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
B & G Restoration, Inc.	19563	40	Grand Central Landfill
City, State: Butler, NJ		Disposal Date: 07/02/2026 - 07/13/2026	City, State: Pen Argyl, PA

Completed by	Title	Signature	Date
Gordana Luna	Secretary / Treasurer	Gordana Luna	06/12/2026

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

ASB-41 (R-06-08)

13149

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

B & G Project # 2026-32 Summer

Check # 13749

RECEIVED
JUN 16 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 06/12/2026	Name of Building Owner/Operator (2): Woodbridge Township School DIstrict
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 421 School Street
	City, State, Zip Code: Woodbridge, NJ 07095
	Name of Contact: Charles Impaglia — Telephone Number: 732-602-8536

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Avenel Street School NON Sub 8	Type of Facility (4): [X] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 230 Avenel Street	
City (5): Avenel, NJ 07001	Square Feet: 50,000+ — # of Floors: 3 — Bldg. Age: 50+
County (6): Middlesex — County Code (7) (STATE USE ONLY): _____	Current Use (Prior if being demolished): Elementary School (NON SUB 8)
Name of Monitoring Firm Hired by Building Owner (8): T&M Associates — ASCM No.:	Name of Abatement Contractor (9): B & G Restoration, Inc.
Street Address: 11 Tindall Road	Street Address: 1234 Route 23
City, State, Zip Code: Middletown, NJ 07748	City, State, Zip Code: Butler, NJ 07405
Project Manager for Monitoring Firm: Kevin Burns — Telephone No.: 908-347-4396	Telephone No.: 973-696-6869 — License No.: 00378
Start Date (10): 06/26/2026 — Scheduled Completion Date (11): 07/15/2026	Name of OSHA Monitor: B & G Restoration, Inc.
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [X] Other – Describe: occupied	Street Address: 1234 Route 23 — City, State, Zip Code: Butler, NJ 07405

Scope of Work (Check All That Apply)

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

[X] Renovation
[ ] Demolition

[ ]
[ ] Full Containment with Negative Pressure
[X] 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
throughout the building		X		Floor tile and mastic	11,935 SF	X			
crawl space		X		pipe (wrap & cut)	1,045 LF	X			

Name of Registered Waste Hauler: B & G Restoration, Inc.	NJDEP Waste Hauler ID No.: 19563	Cubic Yards of Waste: 240	Name of Registered Landfill: Grand Central Landfill
City, State: Butler, NJ		Disposal Date: 06/25/2026 - 07/15/2026	City, State: Pen Argyl, PA
Completed by: Gordana Luna	Title: Secretary / Treasurer	Signature: Gordana Luna	Date: 06/12/2026

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

ASB-41 (R-06-08)

Print Form

5859

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

PAID

RECEIVED
JUN 15 2026
ASBESTOS SAFETY & LICENSING

Date of Notification (1): 06/10/2026		Name of Building Owner/Operator (2): New Milford Board Of Education
Agencies Notified: [ ] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 145 Madison Ave.
		City, State, Zip Code: New Milford, NJ 07646
		Name of Contact: Brian Pierro / Telephone Number: 201-261-2952

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): New Milford High School		Type of Facility (4): [x] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1 Snyder Circle		Square Feet: 100,000 / # of Floors: 2 / Bldg. Age: 50+
City (5): New Milford		
County (6): Bergen	County Code (7) (STATE USE ONLY): _____	Current Use (Prior if being demolished): School
Name of Monitoring Firm Hired by Building Owner (8): Envirovision Consultants, Inc.	ASCM No.: 0079	Name of Abatement Contractor (9): Bako Construction & Restoration, Inc.
Street Address: 20-21 Wagaraw Road, Bldg 35 E		Street Address: 34 Deforest Ave. Suite 1
City, State, Zip Code: Fair Lawn, NJ 07410		City, State, Zip Code: East Hanover, NJ 07936
Project Manager for Monitoring Firm: Frederick Larson	Telephone No.: 973-636-9145	Telephone No.: 973-256-7010 / License No.: 00666
Start Date (10): 06/26/2026	Scheduled Completion Date (11): 06/30/2026	Name of OSHA Monitor: Bako Construction & Restoration, 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: 34 Deforest Ave. Suite 1
		City, State, Zip Code: East Hanover, NJ 07936

Scope of Work (Check All That Apply)

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

[x] Renovation
[ ] Demolition

[ ] Full Containment with Negative Pressure
[x] 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		Acoustical Ceiling plaster	64(4")holes/21 SF	x			

Name of Registered Waste Hauler: Bako Constr. & Rest. Inc./Century Waste	NJDEP Waste Hauler ID No.: 20889/32797	Cubic Yards of Waste: 10	Name of Registered Landfill: Fairless Hills/ Waste management
City, State: East Hanover, NJ/ Elizabeth, NJ		Disposal Date: TBD	City, State: Morrisville, PA
Completed by: Damir Valjevac	Title: Project Manager	Signature:	Date: 06/10/2026

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

ASB-41 (R-06-08)

13750

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

B & G Project # 2026-95

Check # 13750

PAID

JUN 16 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 06/12/2026		Name of Building Owner/Operator (2): Woodbridge Township School DIstrict
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 421 School Street
		City, State, Zip Code: Woodbridge, NJ 07095
		Name of Contact: Charles Impaglia — Telephone Number: 732-602-8536

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Avenel Middle School NON Sub 8		Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 85 Woodbine Avenue		
City (5): Avenel, NJ 07001		Square Feet: 50,000+ — # of Floors: 3 — Bldg. Age: 50+
County (6): Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished): Elementary School (NON SUB 8)
Name of Monitoring Firm Hired by Building Owner (8): T&M Associates — ASCM No.		Name of Abatement Contractor (9): B & G Restoration, Inc.
Street Address: 11 Tindall Road		Street Address: 1234 Route 23
City, State, Zip Code: Middletown, NJ 07748		City, State, Zip Code: Butler, NJ 07405
Project Manager for Monitoring Firm: Kevin Burns — Telephone No.: 908-347-4396		Telephone No.: 973-696-6869 — License No.: 00378
Start Date (10): 06/24/2026 — Scheduled Completion Date (11): 07/08/2026		Name of OSHA Monitor: B & G Restoration, Inc.
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: occupied		Street Address: 1234 Route 23 — City, State, Zip Code: Butler, NJ 07405
Scope of Work (Check All That Apply): ☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf — ☒ Renovation ☐ Demolition		☐ 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
Administration Offices		X		Floor tile and mastic	1,500 SF	X			
Cafeteria		X		Floor tile and mastic	4,200 SF	X			

Name of Registered Waste Hauler: B & G Restoration, Inc.	NJDEP Waste Hauler ID No.: 19563	Cubic Yards of Waste: 40	Name of Registered Landfill: Grand Central Landfill
City, State: Butler, NJ		Disposal Date: 06/25/2026 - 07/15/2026	City, State: Pen Argyl, PA
Completed by: Gordana Luna	Title: Secretary / Treasurer	Signature: Gordana Luna	Date: 06/12/2026

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

ASB-41 (R-06-08)

18010

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JUN 16 2026
ASBESTOS CONTROL & LICENSING

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1): 6 / 9 / 26	Name of Building Owner/Operator (2): Montclair Township BOE Job #2509-6497 Check #18010
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 22 Valley Rd.
	City, State, Zip Code: Montclair, NJ 07042
	Name of Contact: Business Admin / Telephone Number: 973-509-4000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Montclair HS	Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 100 Chestnut Street	Square Feet / # of Floors / Bldg. Age
City (5): Montclair	
County (6): Essex / County Code (7)(*STATE USE ONLY*)	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8): Detail Associates / ASCM No.	Name of Abatement Contractor (9): AbateTech, Inc.
Street Address: 560 Sylvan Avenue Suite 3065	Street Address: 30 Maple Ave. PO Box 25
City, State, Zip Code: Englewood Cliffs, NJ 07632	City, State, Zip Code: Lumberton, NJ 08048
Project Manager for Monitoring Firm: Stephen Jaraczewaki / Telephone No.: (201) 569-6708	Telephone No.: 609-265-2107 / License No.: 00529
Start Date (10): 6 / 17 / 26 / Scheduled Completion Date (11): 6 / 30 / 26	Name of OSHA Monitor: IATL
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: 9000 Commerce Parkway / City, State, Zip Code: Mount Laurel, NJ 08054

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
Lower Gymnasium	☒	☐	☐	Pipe Fittings	18 total	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: AbateTech, Inc.	NJDEP Waste Hauler ID No.: 18750	Cubic Yards of Waste: 40	Name of Registered Landfill: Fairless Landfill
City, State: Lumberton, NJ		Disposal Date: 6/30/26	City, State: Morrisville, PA
Completed By (Print or Type): Gwen Trumbetti	Title: Operations Coord.	Signature: Gwen	Date: 6-9-26

ASB-41
MAY 11

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1809

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RECEIVED
JUN 16 2026
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 6 / 8 / 26	Name of Building Owner/Operator (2): **Scotch Plains Fanwood Public Schools Job #2512-6523 Check #18009**
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☒ DCA (NJAC 5:23-8) Type Notification: ☐ Initial ☒ Amended Amendment #1 ☐ Emergency (including justification) ☐ Cancellation	Street Address: **512 Cedar Street** City, State, Zip Code: **Scotch Plains, NJ 07076** Name of Contact: **Business Admin** Telephone Number: **908-232-6161**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Evergreen ES** Street Address: **2280 Evergreen Avenue** City (5): **Scotch Plains** County (6): **Union** County Code (7)(STATE USE ONLY)	Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.) Square Feet / # of Floors / Bldg. Age Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8): **Ahera** ASCM No. **0057** Street Address: **PO Box 385** City, State, Zip Code: **Oceanville, NJ 08231** Project Manager for Monitoring Firm: **John Smoyer** Telephone No. **609-652-1833** Start Date (10): 6 / 29 / 26 Scheduled Completion Date (11): 7 / 24 / 26 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	Name of Abatement Contractor (9): **AbateTech, Inc.** Street Address: **30 Maple Ave. PO Box 25** City, State, Zip Code: **Lumberton, NJ 08048** Telephone No. **609-265-2107** License No. **00529** Name of OSHA Monitor: **IATL** Street Address: **9000 Commerce Parkway Suite B** City, State, Zip Code: **Mt Laurel, NJ 08054**

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
Crawlspace	☒	☐	☐	**Pipe Insulation**	**3,180 LF**	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: **AbateTech, Inc.**	NJDEP Waste Hauler ID No. **18750**	Cubic Yards of Waste **40**	Name of Registered Landfill: **FAIRLESS Landfill**
City, State: **Lumberton, NJ**		Disposal Date **7/24/26**	City, State: **Morrisville, PA**

Completed By (Print or Type): **Gwendolyn Dumas**	Title: **Operations Manager**	Signature:	Date: 6-8-26

ASB-41
MAY 11

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

13761

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

B & G Project # 2025-107

Check # 13761

RECEIVED
JUN 25 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 06/23/2026	Name of Building Owner/Operator (2): Newark Public Schools
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [ ] Initial [x] Amended Amendment # 1 [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 190 Muhammad Ali Avenue
	City, State, Zip Code: Newark, NJ 07102
	Name of Contact: Benjamin Olagadeyo — Telephone Number: 973-332-4012

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Hawkins Street Elementary School Sub 8	Type of Facility (4): [x] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 8 Hawkins Street	
City (5): Newark, NJ 07105	Square Feet: 50,000+ — # of Floors: 2 — Bldg. Age: 50+
County (6): Essex — County Code (7) (STATE USE ONLY): ____	Current Use (Prior if being demolished): Elementary school
Name of Monitoring Firm Hired by Building Owner (8): TTI Environemntal, INC. — ASCM No.: 0003	Name of Abatement Contractor (9): B & G Restoration, Inc.
Street Address: 1253 North Church Street	Street Address: 1234 Route 23
City, State, Zip Code: Moorestown, NJ 08057	City, State, Zip Code: Butler, NJ 07405
Project Manager for Monitoring Firm: James Guillardi — Telephone No.: 609-314-1683	Telephone No.: 973-696-6869 — License No.: 00378
Start Date (10): 06/24/2026 ***** — Scheduled Completion Date (11): 06/29/2026	Name of OSHA Monitor: B & G Restoration, Inc.
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: occupied	Street Address: 1234 Route 23 — City, State, Zip Code: Butler, NJ 07405

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[x] ≥160 sf or ≥260 lf
[x] Renovation
[ ] Demolition
[ ] Building Demolition with asbestos in-place
[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
Stage		X		Wood floor & Floor mastic	500 SF	X			

Name of Registered Waste Hauler: B & G Restoration Inc.	NJDEP Waste Hauler ID No.: 19563	Cubic Yards of Waste: 6 cy	Name of Registered Landfill: Grand Central Landfill
City, State: Butler, NJ		Disposal Date: 06/29/2026	City, State: Pen Argyl, PA

Completed by: Gordana Luna	Title: Secretary / Treasurer	Signature: Gordana Luna	Date: 06/23/2026

ASB-41 (R-06-08)

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

3660

PAID

RECEIVED

JUN 25 2026

ASBESTOS CONTROL & LICENSING

Print Form

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

Date of Notification (1): 06/2026	Name of Building Owner/Operator (2): Saint Henry Church
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [x] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 625 Ave C
	City, State, Zip Code: Bayonne NJ 07002
	Name of Contact: Reverend Raul Gaviola — Telephone Number: 2014360857

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Busy Bees Pre K School	Type of Facility (4): [x] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 625 Ave C	
City (5): Bayonne	Square Feet: 88500 — # of Floors: 2 — Bldg. Age: 130
County (6): Hudson — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): n/a
Name of Monitoring Firm Hired by Building Owner (8): Mc Cabe Environmental services LLC — ASCM No.: 001189	Name of Abatement Contractor (9): JCR Management Specialist LLC
Street Address: 464 Valley Brook Ave	Street Address: 306 Victor Pl
City, State, Zip Code: Lyndhurst NJ 07002	City, State, Zip Code: Neptune NJ 07753
Project Manager for Monitoring Firm: Gary Clare — Telephone No.: 2018356902	Telephone No.: 7327591871 — License No.: 02087
Start Date (10): 60/30/26 — Scheduled Completion Date (11): 07/14/26	Name of OSHA Monitor: JCR Management Specialist LLC
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: 306 Victor Pl — City, State, Zip Code: Neptune NJ 07753

Scope of Work (Check All That Apply)

[ ] ≥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
Basement Corridor			XX	VAT and Mastic	6000sf	XX			

Name of Registered Waste Hauler: Century Waste	NJDEP Waste Hauler ID No.: 482653	Cubic Yards of Waste: 40	Name of Registered Landfill: Fair less Landfill
City, State: Elizabeth NJ		Disposal Date: 07/14/26	City, State: Morrisville Pa
Completed by: John Riley	Title: Owner	Signature: John Riley	Date: 06/20/26

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

ASB-41 (R-06-08)

NP CK

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

B & G Project # 2025-107

Check # ON HOLD

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ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
06/24/2026	Newark Public Schools

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

Type Notification: [ ] Initial [X] Amended Amendment # 2 [ ] Emergency (including justification) [ ] Cancellation

Street Address	
190 Muhammad Ali Avenue	
City, State, Zip Code	
Newark, NJ 07102	
Name of Contact	Telephone Number
Benjamin Olagadeyo	973-332-4012

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Hawkins Street Elementary School Sub 8	[X] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 8 Hawkins Street	
City (5): Newark, NJ 07105	

Square Feet	# of Floors	Bldg. Age
50,000+	2	50+

County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)
Essex		Elementary school

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
TTI Environemntal, INC.	0003	B & G Restoration, Inc.
Street Address: 1253 North Church Street		Street Address: 1234 Route 23
City, State, Zip Code: Moorestown, NJ 08057		City, State, Zip Code: Butler, NJ 07405

Project Manager for Monitoring Firm	Telephone No.	Telephone No.	License No.
James Guillardi	609-314-1683	973-696-6869	00378

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
ON HOLD *****	07/31/2026 *****	B & G Restoration, Inc.

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

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

Scope of Work (Check All That Apply)
[ ] ≥3 sf or ≥3 lf
[X] ≥160 sf or ≥260 lf
[X] Renovation
[ ] Demolition
[ ] Building Demolition with asbestos in-place
[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
Stage		X		Wood floor & Floor mastic	500 SF	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
B & G Restoration Inc.	19563	6 cy	Grand Central Landfill
City, State: Butler, NJ		Disposal Date: 07/31/2026	City, State: Pen Argyl, PA

Completed by	Title	Signature	Date
Gordana Luna	Secretary / Treasurer	Gordana Luna	06/243/2026

ASB-41 (R-06-08)

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3762

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ASBESTOS CONTROL & LICENSING

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

B & G Project # 2025-189

Check # **13762**

Date of Notification (1): 06/23/2026	Name of Building Owner/Operator (2): Newark Public Schools
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [ ] Initial [X] Amended Amendment # Resume [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 190 Muhammad Ali Avenue
	City, State, Zip Code: Newark, NJ 07102
	Name of Contact: Benjamin Olagadeyo — Telephone Number: 973-332-4012

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Sussex Avenue School - Sub 8	Type of Facility (4): [X] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 307 Sussex Avenue	
City (5): Newark, NJ 07107	Square Feet: 50,000+ — # of Floors: 4 — Bldg. Age: 50+
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 Environemntal, INC. — ASCM No.: 0003	Name of Abatement Contractor (9): B & G Restoration, Inc.
Street Address: 1253 North Church Street	Street Address: 1234 Route 23
City, State, Zip Code: Moorestown, NJ 08057	City, State, Zip Code: Butler, NJ 07405
Project Manager for Monitoring Firm: James Guillardi — Telephone No.: 609-314-1683	Telephone No.: 973-696-6869 — License No.: 00378
Start Date (10): 06/24/2026 — Scheduled Completion Date (11): 07/31/2026	Name of OSHA Monitor: B & G Restoration, Inc.
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [X] Other – Describe: occupied	Street Address: 1234 Route 23 — City, State, Zip Code: Butler, NJ 07405

Scope of Work (Check All That Apply)

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

[X] Renovation
[ ] Demolition

[ ] Building Demolition with asbestos in-place
[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
Gymnasium / Cafetorium		X		tar like material under flooring	5,000 SF	X			
Kitchen 145, 146A, UN11, UN10, 146B, Food Storage, 147, 149, UN8, UN9, adj hallway 2nd floor above ceilings		X		pipe insulation	1,000 LF	X			
Room 120A storage room & adjacent storage rooms		X		duct insulation VAT & mastic	250 SF 700 SF	X			
Room 120A storage room & adjacent storage rooms		X		pipe insulation spray-on column insulation	200 LF 80 SF	X			

Name of Registered Waste Hauler: B&G Restoration Inc.	NJDEP Waste Hauler ID No.: 19563	Cubic Yards of Waste: 80	Name of Registered Landfill: Grand Central Landfill
City, State: Butler, NJ		Disposal Date: 06/23/26 - 07/31/26	City, State: Pen Argyl, PA

Completed by: Gordana Luna	Title: Secretary / Treasurer	Signature: Gordana Luna	Date: 06/23/2026

ASB-41 (R-06-08)

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52891

Check # 52891

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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): 6/24/2026		Name of Building Owner/Operator (2): New Jersey Transit	
Agencies Notified: [x] EPA [x] DEP [ ] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: One Penn Plaza East	
		City, State, Zip Code: Newark, NJ 07105-2246	
		Name of Contact: N. Armount	Telephone Number: 973-491-7373

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Hoboken Ferry Terminal (Great Hall Plus)		Type of Facility (4): [ ] School (K-12) [x] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 1 Hudson Place			
City (5): Hoboken		Square Feet: 1460	# of Floors: 1
			Bldg. Age: Varied 100 plus
County (6): Hudson	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Vacant - Ferry Terminal	

Name of Monitoring Firm Hired by Building Owner (8): EnviroVision Consultants, Inc.	ASCM No.: 00079	Name of Abatement Contractor (9): Associated Specialty Contracting	
Street Address: 20-21 Wagaraw Road, Building 35E		Street Address: 98 Lacrue Avenue, Suite 110	
City, State, Zip Code: Fair Lawn, NJ 07410		City, State, Zip Code: Glen Mills, PA 19342	
Project Manager for Monitoring Firm: Frederick Larson	Telephone No.: 973-636-9145	Telephone No.: 610-364-9622	License No.: 01103
Start Date (10): 7/9/2026	Scheduled Completion Date (11): 8/30/2026	Name of OSHA Monitor: Criterion Labs	
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: 3370 Progressive Drive	
		City, State, Zip Code: Bensalem, PA 19020	

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
Great Hall 2nd Floor		X		Plaster	1460 SF	X			

Name of Registered Waste Hauler: Century Waste	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill: GROWS
City, State: Elizabeth, NJ		Disposal Date: As Needed	City, State: Morrisville, PA

Completed by: John Lynch	Title: Construction Manager	Signature	Date: 6/24/2026

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): 06/24/2026		Name of Building Owner/Operator (2): Virtua Lady of Lourdes	
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 1600 Haddon Ave.	
		City, State, Zip Code: Camden, NJ 08103	
		Name of Contact: Mike Dolan	Telephone Number: 610.324.9829

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Virtua Our Lady of Lourdes		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 1600 Haddon Ave.			
City (5): Camden		Square Feet: 500,000	# of Floors: 8 / Bldg. Age: 40 +
County (6): Camden	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8): AET, Inc	ASCM No.	Name of Abatement Contractor (9): Irex Advanced Specialty LLC	
Street Address: 28 N. Pennel Road		Street Address: 120 North Lime St	
City, State, Zip Code: Lima, PA 19028		City, State, Zip Code: Lancaster, PA 17602	
Project Manager for Monitoring Firm: Eric Sutherland	Telephone No.: 610.891.0114	Telephone No.: 610.497.0440	License No.: 02148
Start Date (10): 06/30/2026	Scheduled Completion Date (11): 12/31/2026	Name of OSHA Monitor: AET, 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: 28 N. Pennel Road	
		City, State, Zip Code: Lima, PA 19028	

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
Main 1st Floor Pastoral Care Office		X		Thermal Insulation Systems	60 LF	X			
Various Mechanical Rooms	X			Thermal Insulation Systems	100 SF	X			

Name of Registered Waste Hauler: Freehold Cartage Inc.	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 10	Name of Registered Landfill: Waste Management
City, State: Freehold, NJ		Disposal Date: TBD	City, State: Tullytown
Completed by: Jeremy Lichterman	Title: General Manager	Signature: [signature]	Date: 06/24/2026

ASB-41 (R-06-08)

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12129

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

CK# 12129

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 6/22/2026	Name of Building Owner/Operator (2): 535 Atlantic Ave. LLC
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 106 Union Ave.
	City, State, Zip Code: Lakehurst, NJ 08733
	Name of Contact: Brian Zoubek — Telephone Number: 856-264-1182

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Vacant Commercial Property	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 535 Atlantic Ave.,	
City (5): Atlantic City	Square Feet: 7680 — # of Floors: 2 — Bldg. Age: 100+
County (6): Atlantic — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Unoccupied
Name of Monitoring Firm Hired by Building Owner (8) — ASCM No.	Name of Abatement Contractor (9): American Demolition Corp.
Street Address	Street Address: 2 English Lane
City, State, Zip Code	City, State, Zip Code: Egg Harbor Twp., NJ 08234
Project Manager for Monitoring Firm — Telephone No.	Telephone No.: 609-926-7373 — License No.: 02056
Start Date (10): 7/1/2026 — Scheduled Completion Date (11): 7/27/2026	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
- [ ] 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
exterior rear lower roof			X	flashing	80 lf	X			
exterior rear lower roof			X	roof material	364 lf	X			

Name of Registered Waste Hauler: American Demolition Corp	NJDEP Waste Hauler ID No.: 16473	Cubic Yards of Waste	Name of Registered Landfill: ACUA
City, State: Egg Harbor Twp., NJ		Disposal Date: TBD	City, State: Pleasantville
Completed by: Jannie Truehart	Title: Project Manager	Signature: Jannie Truehart	Date: 6/22/2026

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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 5:16)

Date of Notification (1): 6 / 5 / 26	Name of Building Owner/Operator (2): **Scotch Plains Fanwood Public Schools Job #2512-6523 Check #17968**	
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☒ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: **512 Cedar Street**
		City, State, Zip Code: **Scotch Plains, NJ 07076**
		Name of Contact: **Business Admin** / Telephone Number: **908-232-6161**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Evergreen ES**		Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: **2280 Evergreen Avenue**		
City (5): **Scotch Plains**		Square Feet / # of Floors / Bldg. Age
County (6): **Union**	County Code (7)*(STATE USE ONLY)*	Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8): **Ahera**	ASCM No.: **0057**	Name of Abatement Contractor (9): **AbateTech, Inc.**	
Street Address: **PO Box 385**		Street Address: **30 Maple Ave. PO Box 25**	
City, State, Zip Code: **Oceanville, NJ 08231**		City, State, Zip Code: **Lumberton, NJ 08048**	
Project Manager for Monitoring Firm: **John Smoyer**	Telephone No.: **609-652-1833**	Telephone No.: **609-265-2107**	License No.: **00529**
Start Date (10): 6 / 25 / 26	Scheduled Completion Date (11): 7 / 24 / 26	Name of OSHA Monitor: **IATL**	
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: **9000 Commerce Parkway Suite B**	
		City, State, Zip Code: **Mt Laurel, NJ 08054**	

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
Crawlspace	☒	☐	☐	**Pipe Insulation**	**3,180 LF**	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: **AbateTech, Inc.**	NJDEP Waste Hauler ID No.: **18750**	Cubic Yards of Waste: **40**	Name of Registered Landfill: **FAIRLESS Landfill**
City, State: **Lumberton, NJ**		Disposal Date: **7/26/26**	City, State: **Morrisville, PA**

Completed By (Print or Type): **Gwendolyn Dumas**	Title: **Operations Manager**	Signature: Gwendolyn Dumas	Date: 6-5-26

ASB-41
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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 6 / 1 / 26	Name of Building Owner/Operator (2): Cranford Twp. School District Job #2605-6583 Check #17969
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 132 Thomas Street
	City, State, Zip Code: Cranford, NJ 07016
	Name of Contact: Business Administration — Telephone Number: 908-272-9100

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Livingston Avenue School	Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 75 Livingston Avenue	Square Feet: ____ # of Floors: ____ Bldg. Age: ____
City (5): Cranford	
County (6): Union — County Code (7)(STATE USE ONLY): ____	Current Use (Prior if being demolished): ____

Name of Monitoring Firm Hired by Building Owner (8): EnviroVision Consultants, Inc. — ASCM No.: 00079	Name of Abatement Contractor (9): AbateTech, Inc.	
Street Address: 20-21 Wagaraw Rd. Bldg. 35E	Street Address: 30 Maple Ave. PO Box 25	
City, State, Zip Code: Fair Lawn, NJ 07410	City, State, Zip Code: Lumberton, NJ 08048	
Project Manager for Monitoring Firm: Frederick Lawson — Telephone No.: 973-636-9145	Telephone No.: 609-265-2107	License No.: 00529
Start Date (10): 6 / 25 / 26 — Scheduled Completion Date (11): 7 / 16 / 26	Name of OSHA Monitor: IATL	
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: 9000 Commerce Parkway — City, State, Zip Code: Mount Laurel, NJ 08054	

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~~ wrap & cut
☒ 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
Kindergarten Area	☐	☒	☐	Floor tile & Mastic	1,570 SF	☒	☐	☐	☐
Exterior	☐	☒	☐	Door Caulk	42 LF	☒	☐	☐	☐
Basement Stairwell/Mechanica Rm & Restrooms	☐	☒	☐	Pipe Fitting Insulation	121 LF	☒	☐	☐	☐
Basement Mechanical Room	☒	☐	☐	Vibration damper	7 SF	☒	☐	☐	☐

Name of Registered Waste Hauler: AbateTech, Inc.	NJDEP Waste Hauler ID No.: 18750	Cubic Yards of Waste: 40	Name of Registered Landfill: Fairless Landfill
City, State: Lumberton, NJ		Disposal Date: 7/16/26	City, State: Morrisville, PA

Completed By (Print or Type): Gwen Trumbetti	Title: Operations Coord.	Signature: [signature]	Date: 6-1-26

ASB-41
MAY 11

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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): 6 / 5 / 26		Name of Building Owner/Operator (2): **Jersey City Public Schools Job #2603-6555 Check #18008**	
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: **346 Claremont Avenue**	
		City, State, Zip Code: **Jersey City, NJ 07305**	
		Name of Contact: **Business Administration**	Telephone Number: **201-915-6000**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Lincoln HS**		Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: **60 Crescent Avenue**		Square Feet	# of Floors / Bldg. Age
City (5): **Jersey City**			
County (6): **Hudson**	County Code (7) *(STATE USE ONLY)*	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8): **Environmental Connection**	ASCM No.	Name of Abatement Contractor (9): **AbateTech, Inc.**	
Street Address: **120 North Warren St.**		Street Address: **30 Maple Ave. PO Box 25**	
City, State, Zip Code: **Trenton, NJ 08608**		City, State, Zip Code: **Lumberton, NJ 08048**	
Project Manager for Monitoring Firm: **Jordan Reed**	Telephone No.: **609-392-4200**	Telephone No.: **609-265-2107**	License No.: **00529**
Start Date (10): 6 / 15 / 26	Scheduled Completion Date (11): 6 / 19 / 26	Name of OSHA Monitor: **IATL**	
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: **9000 Commerce Parkway**	
		City, State, Zip Code: **Mount Laurel, NJ 08054**	

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
Throughout	☐	☒	☐	**Floor tile & Mastic**	**50 SF**	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: **AbateTech, Inc.**	NJDEP Waste Hauler ID No.: **18750**	Cubic Yards of Waste: **40**	Name of Registered Landfill: **Fairless Landfill**
City, State: **Lumberton, NJ**		Disposal Date: **6/19/26**	City, State: **Morrisville, PA**

Completed By (Print or Type): **Gwen Trumbetti**	Title: **Operations Coord.**	Signature	Date: 6-5-26

ASB-41
MAY 11

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

13747

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

B & G Project # 2026-94

Check # 13747

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JUN 17 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)	
06/12/2026	South Orange Maplewood Board of Education	
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 525 Academy Street
		City, State, Zip Code: Maplewood, NJ 07040
		Name of Contact: Henry Bottiglierie — Telephone Number: 973-378-9651

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)		
Columbia High School - Sub 8	☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)		
Street Address: 17 Parker Avenue			
City (5): Maplewood, NJ 07040	Square Feet: 50,000+	# of Floors: 3	Bldg. Age: 100+
County (6): Essex — County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished): educational - Sub 8		

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)	
AHERA Consultants	00057	B & G Restoration, Inc.	
Street Address: P.O. Box 385		Street Address: 1234 Route 23	
City, State, Zip Code: Oceanville, NJ 08231		City, State, Zip Code: Butler, NJ 07405	
Project Manager for Monitoring Firm: John Smoyer	Telephone No.: 609-652-1833	Telephone No.: 973-696-6869	License No.: 00378
Start Date (10): 06/25/2026 @ 4:00 PM	Scheduled Completion Date (11): 06/29/2026	Name of OSHA Monitor: B & G Restoration, Inc.	
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: Start: Thur. & Fri. 4 p.m., Sat & Sunday 8am		Street Address: 1234 Route 23	
		City, State, Zip Code: Butler, NJ 07405	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

☐ wrap & cut procedure
☒ 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	ceiling plaster	150 SF	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
B&G Restoration Inc.	19563	4	Grand Central Landfill
City, State: Butler, NJ		Disposal Date: 06/29/26	City, State: Pen Argyl, PA

Completed by	Title	Signature	Date
Gordana Luna	Secretary / Treasurer	Gordana Luna	06/12/2026

ASB-41 (R-06-08)

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

13748

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

B & G Project # 2025-107 PAID Check # 13748

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JUN 17 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
06/12/2025	Newark Public Schools

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

Type Notification
- [x] Initial
- [ ] Amended — Amendment #_____
- [ ] Emergency (including justification)
- [ ] Cancellation

Street Address: 190 Muhammad Ali Avenue
City, State, Zip Code: Newark, NJ 07102
Name of Contact: Benjamin Olagadeyo
Telephone Number: 973-332-4012

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Hawkins Street Elementary School Sub 8
Street Address: 8 Hawkins Street
City (5): Newark, NJ 07105
County (6): Essex
County Code (7) (STATE USE ONLY): _____

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

Square Feet: 50,000+
# of Floors: 2
Bldg. Age: 50+
Current Use (Prior if being demolished): Elementary school

Name of Monitoring Firm Hired by Building Owner (8): TTI Environemntal, INC.
ASCM No.: 0003
Street Address: 1253 North Church Street
City, State, Zip Code: Moorestown, NJ 08057
Project Manager for Monitoring Firm: James Guillardi
Telephone No.: 609-314-1683

Name of Abatement Contractor (9): B & G Restoration, Inc.
Street Address: 1234 Route 23
City, State, Zip Code: Butler, NJ 07405
Telephone No.: 973-696-6869
License No.: 00378

Start Date (10): 06/23/26
Scheduled Completion Date (11): 06/29/2026
Name of OSHA Monitor: B & G Restoration, Inc.
Street Address: 1234 Route 23
City, State, Zip Code: Butler, NJ 07405

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: occupied

Scope of Work (Check All That Apply)
- [ ] ≥3 sf or ≥3 lf
- [x] ≥160 sf or ≥260 lf
- [x] Renovation
- [ ] Demolition
- [ ] Building Demolition with asbestos in-place
- [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
Stage		X		Wood floor & Floor mastic	500 SF	X			

Name of Registered Waste Hauler: B & G Restoration Inc.
NJDEP Waste Hauler ID No.: 19563
Cubic Yards of Waste: 6 cy
Name of Registered Landfill: Grand Central Landfill
City, State: Butler, NJ
Disposal Date: 06/29/2026
City, State: Pen Argyl, PA

Completed by: Gordana Luna
Title: Secretary / Treasurer
Signature: Gordana Luna
Date: 06/12/2026

ASB-41 (R-06-08)

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

Print Form

2104 CK#6104

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

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JUN 26 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 6/23/26	Name of Building Owner/Operator (2): Richard Labar
Agencies Notified: [X] EPA [X] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 161 Pennbrook Road
	City, State, Zip Code: Far Hills, New Jersey 07931
	Name of Contact: Billy — Telephone Number: 908-879-0233

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Labar property	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 161 Pennbrook Road	Square Feet: 2000 — # of Floors: 2 — Bldg. Age: 65+
City (5): Far Hills	
County (6): Somerset — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): residence
Name of Monitoring Firm Hired by Building Owner (8) — ASCM No.	Name of Abatement Contractor (9): Ace Insulation Co., Inc
Street Address	Street Address: 95 Montrose Road
City, State, Zip Code	City, State, Zip Code: Colts Neck, New Jersey 07722
Project Manager for Monitoring Firm — Telephone No.	Telephone No.: 732 294 1757 — License No.: 00029
Start Date (10): 7/2/26 — Scheduled Completion Date (11): 7/6/26	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 [X] Other – Describe: 7am-7pm	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
basement			x	floor tile	750 sf	x			

Name of Registered Waste Hauler: Ace Insulation Co., Inc	NJDEP Waste Hauler ID No.: 12086	Cubic Yards of Waste: 3	Name of Registered Landfill: Chrins
City, State: Colts Neck, New Jersey		Disposal Date: 7/6/26	City, State: Easton, Pa
Completed by: Bree McGuire	Title: Secretary Treasurer	Signature:	Date: 6/23/26

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

ASB-41 (R-06-08)

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 06/22/2026		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 Room 209	
		City, State, Zip Code: Newark, NJ 07108	
		Name of Contact: Mr. Benjamin Olagadeyo	Telephone Number: 973-332-4012

FACILITY INFORMATION

Name of Facility: 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.)
107 Ivy Street			Square Feet: # of Floors: Bldg. Age Current Use: School
City/ (5) Newark	County (6): Essex	County Code (7): 07106	

Name of Monitoring Firm Hired by Building Owner: TTI ENVIRONMENTAL, INC.	ASCM No.: 0003	Name of Abatement Contractor (9): **Apex Development, Inc.**	
Street Address: 1253 North Church Street		Street Address: **358 Broadway**	
City, State, Zip Code: Moorestown, NJ 08057		City, State, Zip Code: **Newark, NJ 07104**	
Project Manager for Monitoring Firm: James A. Guilardi	Telephone No.: 609-314-1683	Telephone No.: **(973) 350-0101**	License No.: **01215**
Start Date (10): 06/23/2026	Scheduled Completion Date (11): 06/26/2026	Name of OSHA Monitor: Metro Analytical Laboratories	
Occupancy Status During Abatement (Check only one) ☑ Facility Closed/vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours Describe: ☐ Other Describe:		Street Address: **255 West 36th Street, Suite 203** City, State, Zip Code: **New York, New York, 10018**	

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	Encapsulat	Enclosure
BASEMSNT UN-31		X		**FLOOR TILES/MASTIC**	**400 SF**	*			
		X				*			

Name of Registered Waste Hauler: Century Waste Service/Apex Development, Inc.	NJDEP Waste Hauler ID No.: 04509/0035729	Cubic Yards of Waste: 30	Name of Registered landfill: Fairless Landfill
City, State: Elizabeth, NJ 07201	Disposal Date:	City, State: Morrisville, PA 19067	
Completed By: Chinyelu Oraegbunam	Title: President	Signature:	Date: 06/22/2026

split 1122

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

3937489

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JUN 26 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 06/22/2026		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 Room 209	
		City, State, Zip Code: Newark, NJ 07108	
		Name of Contact: Mr. Benjamin Olagadeyo	Telephone Number: 973-332-4012

FACILITY INFORMATION

Name of Facility: Lafayette Street School			Type of Facility (4): ☑ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private & commercial buildings, homes, etc.)
205 Lafayette Street			Square Feet: # of Floors: Bldg. Age Current Use: School
City/ (5) Newark	County (6): Essex	County Code (7): 07105	

Name of Monitoring Firm Hired by Building Owner: TTI ENVIRONMENTAL, INC.	ASCM No.: 0003	Name of Abatement Contractor (9): **Apex Development, Inc.**	
Street Address: 1253 North Church Street		Street Address: **358 Broadway**	
City, State, Zip Code: Moorestown, NJ 08057		City, State, Zip Code: **Newark, NJ 07104**	
Project Manager for Monitoring Firm: James A. Guilardi	Telephone No.: 609-314-1683	Telephone No.: **(973) 350-0101**	License No.: **01215**
Start Date (10): 06/23/2026	Scheduled Completion Date (11): 06/26/2026	Name of OSHA Monitor: Metro Analytical Laboratories	
Occupancy Status During Abatement (Check only one) ☑ Facility Closed/vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours Describe: ☐ Other Describe:		Street Address: **255 West 36th Street, Suite 203** City, State, Zip Code: **New York, New York, 10018**	

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	Encapsulat	Enclosure
FOOD STORAGE ROOM UN-15		X		**FLOOR TILES/MASTIC**	**300 SF**	*			
		X				*			

Name of Registered Waste Hauler: Century Waste Service/Apex Development, Inc.	NJDEP Waste Hauler ID No.: 04509/0035729	Cubic Yards of Waste: 30	Name of Registered landfill: Fairless Landfill
City, State: Elizabeth, NJ 07201	Disposal Date:	City, State: Morrisville, PA 19067	
Completed By: Chinyelu Oraegbunam	Title: President	Signature:	Date: 06/22/2026

4214

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 05 / 20 / 26		Name of Building Owner/Operator (2): Vineland Preservation Job #2601-3478 check#4214	
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #3 ☐ Emergency (including justification) ☐ Cancellation	Street Address: 2900 Fire Road Suite 203	
		City, State, Zip Code: Egg Harbor Township NJ 08234	
		Name of Contact: Martin Whalen	Telephone Number: 609-823-0029

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Vineland Gardens- Multiple Units		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 775 S Seventh Street		Square Feet: TBD	# of Floors: 2 / Bldg. Age: 57 years
City (5): Vineland			
County (6): Cumberland	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Vacant	
Name of Monitoring Firm Hired by Building Owner (8): IEC LLC	ASCM No.	Name of Abatement Contractor (9): Asbestos and Mold Services, Corp.	
Street Address: 117 North Blackhorse Pike		Street Address: 70 Stacy Haines Road Suite 4	
City, State, Zip Code: Runnemede NJ		City, State, Zip Code: Lumberton NJ 08048	
Project Manager for Monitoring Firm: Michael Menz	Telephone No.: 856-628-6020	Telephone No.: 609-702-0400	License No.: 00862
Start Date (10): 05 / 29 / 26	Scheduled Completion Date (11): 06 / 12 / 26	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 - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address: 200 U.S. Route 130 North	
		City, State, Zip Code: Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
2 ADA Units	☐	☐	☒	Floor tile and Mastic	530 SF/each	☒	☐	☐	☐
4 ADA Units- Vestibule	☐	☐	☒	Floor Tile and Mastic	60 SF	☒	☐	☐	☐
Unit 3A	☐	☐	☒	Floor Tile	20 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Asbestos and Mold Services Corp	NJDEP Waste Hauler ID No.: 0035680	Cubic Yards of Waste: 80	Name of Registered Landfill: CCIA
City, State: Lumberton, NJ		Disposal Date: 06/12/2026	City, State: Rosenhayn NJ
Completed By (Print or Type): Kaysi Gruner	Title: Admin	Signature:	Date: 6/8/26

ASB-41
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** Do not use this form for asbestos licensure exempted activities.*

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

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JUN 22 2026

ASBESTOS CONTROL & LICENSING

4213

Date of Notification (1): 05 / 20 / 26	Name of Building Owner/Operator (2): Vineland Preservation Job #2601-3478 check#4213
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #2 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 2900 Fire Road Suite 203
	City, State, Zip Code: Egg Harbor Township NJ 08234
	Name of Contact: Martin Whalen — Telephone Number: 609-823-0029

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Vineland Gardens- Multiple Units	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 775 S Seventh Street	
City (5): Vineland	Square Feet: TBD — # of Floors: 2 — Bldg. Age: 57 years
County (6): Cumberland — County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): Vacant
Name of Monitoring Firm Hired by Building Owner (8): IEC LLC — ASCM No.:	Name of Abatement Contractor (9): Asbestos and Mold Services, Corp.
Street Address: 117 North Blackhorse Pike	Street Address: 70 Stacy Haines Road Suite 4
City, State, Zip Code: Runnemede NJ	City, State, Zip Code: Lumberton NJ 08048
Project Manager for Monitoring Firm: Michael Menz — Telephone No.: 856-628-6020	Telephone No.: 609-702-0400 — License No.: 00862
Start Date (10): 05 / 29 / 26 — Scheduled Completion Date (11): 06 / 12 / 26	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 - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	Street Address: 200 U.S. Route 130 North — City, State, Zip Code: Cinnaminson, NJ 08077

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
2 ADA Units	☐	☐	☒	Floor tile and Mastic	530 SF/each	☒	☐	☐	☐
4 ADA Units- Vestibule	☐	☐	☒	Floor Tile and Mastic	60 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Asbestos and Mold Services Corp	NJDEP Waste Hauler ID No.: 0035680	Cubic Yards of Waste: 80	Name of Registered Landfill: CCIA
City, State: Lumberton, NJ		Disposal Date: 06/12/2026	City, State: Rosenhayn NJ

Completed By (Print or Type): Kaysi Gruner	Title: Admin	Signature:	Date: 6/8/26

ASB-41
MAY 11

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

4215

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JUN 22 2026
ASBESTOS CONTROL & LICENSING

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1): 06 / 10 / 26	Name of Building Owner/Operator (2): Complex 70 Associates LLC Job #2605-3546 check#4215
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 250 Century Parkway St 375
	City, State, Zip Code: Mount Laurel NJ 08054
	Name of Contact: Kelly Hubbs — Telephone Number: 856-482-5971

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Complex 70	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 1940 Rt 70	Square Feet: 25,000 — # of Floors: 3 — Bldg. Age: 1998
City (5): Cherry Hill	
County (6): Camden — County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): Office
Name of Monitoring Firm Hired by Building Owner (8): Hillmann Consulting LLC — ASCM No.:	Name of Abatement Contractor (9): Asbestos and Mold Services, Corp.
Street Address: 304 Harper Drive Suite 207	Street Address: 70 Stacy Haines Road Suite 4
City, State, Zip Code: Moorestown NJ 08057	City, State, Zip Code: Lumberton NJ 08048
Project Manager for Monitoring Firm: Rafael Torres — Telephone No.: 856-581-9055	Telephone No.: 609-702-0400 — License No.: 00862
Start Date (10): 06 / 22 / 26 — Scheduled Completion Date (11): 06 / 25 / 26	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 - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	Street Address: 200 U.S. Route 130 North — City, State, Zip Code: Cinnaminson, NJ 08077

Scope of Work (Check all that apply)

☒ ≥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
Boiler Room	☐	☐	☒	Rope	30 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Asbestos and Mold Services Corp	NJDEP Waste Hauler ID No.: 0035680	Cubic Yards of Waste: 80	Name of Registered Landfill: Fairless Hills
City, State: Lumberton, NJ		Disposal Date: 06/25/2026	City, State: Morrisville, PA
Completed By (Print or Type): Kaysi Gruner	Title: Admin	Signature:	Date: 6/11/26

ASB-41
MAY 11

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

Print Form

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

RECEIVED
JUN 24 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 6/17/2026		Name of Building Owner/Operator (2): Paulsboro Refining Company	
Agencies Notified: ☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 800 Billingsport Rd.	
		City, State, Zip Code: Paulsboro NJ 08066	
		Name of Contact: Ravi Jarrecha	Telephone Number: 732-567-8659

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Paulsboro Refining Company		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 800 Billingsport Rd.		Square Feet	# of Floors / Bldg. Age
City (5): Paulsboro NJ 08066			
County (6): Gloucester County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): BrandSafway	
Street Address		Street Address: 10 Industrial Hwy	
City, State, Zip Code		City, State, Zip Code: Lester PA 19029	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 856-693-3752	License No.: 01009
Start Date (10): 7-13-2026	Scheduled Completion Date (11): 7-24-2026	Name of OSHA Monitor: Totasl Environmental Solutions	
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: Restricted Area Around Containment		Street Address: 1005 Saint Georges Lane	
		City, State, Zip Code: Landenberg PA 19350	

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
Crude resid. to 2503 2504 header		x		Thermal Pipe Insulation	15 LF	X			
		x							

Name of Registered Waste Hauler: Waste Masters	NJDEP Waste Hauler ID No.: 00234246	Cubic Yards of Waste: <10	Name of Registered Landfill: Fairless Landfill
City, State: New Castle DE		Disposal Date	City, State: Morrisville PA
Completed by: Michael Lucidi	Title: Sight Superintendent	Signature	Date: 6/17/2026

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)

PAID

RECEIVED
JUN 24 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 6/17/2026	Name of Building Owner/Operator (2): Paulsboro Refining Company
Agencies Notified: [ ] EPA [x] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 800 Billingsport Rd.
	City, State, Zip Code: Paulsboro NJ 08066
	Name of Contact: Ravi Jarrecha — Telephone Number: 732-567-8659

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Paulsboro Refining Company	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 800 Billingsport Rd.	Square Feet: — # of Floors: — Bldg. Age: —
City (5): Paulsboro NJ 08066	Current Use (Prior if being demolished):
County (6): Gloucester County — County Code (7) (STATE USE ONLY): _____	
Name of Monitoring Firm Hired by Building Owner (8): — ASCM No.: —	Name of Abatement Contractor (9): BrandSafway
Street Address:	Street Address: 10 Industrial Hwy
City, State, Zip Code:	City, State, Zip Code: Lester PA 19029
Project Manager for Monitoring Firm: — Telephone No.: —	Telephone No.: 856-693-3752 — License No.: 01009
Start Date (10): 7-1-2026 — Scheduled Completion Date (11): 7-17-2026	Name of OSHA Monitor: Totasl Environmental Solutions
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: Restricted Area Around Containment	Street Address: 1005 Saint Georges Lane
	City, State, Zip Code: Landenberg PA 19350

Scope of Work (Check All That Apply)

[x] ≥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
Furf-2 abandoned piping		x		Thermal Pipe Insulation	60 LF	x			
Furf-2 Steam Piping		x		Thermal Pipe Insulation	30 LF	x			

Name of Registered Waste Hauler: Waste Masters	NJDEP Waste Hauler ID No.: 00234246	Cubic Yards of Waste: <10	Name of Registered Landfill: Fairless Landfill
City, State: New Castle DE		Disposal Date:	City, State: Morrisville PA
Completed by: Michael Lucidi	Title: Sight Superintendent	Signature:	Date: 6/17/2026

ASB-41 (R-06-08)

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

4667

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

PAID Check #4667

RECEIVED JUN 22 2026 ASBESTOS CONTROL & LICENSING

Date of Notification (1): 6 / 17 / 26	Name of Building Owner/Operator (2): Princeton University Facilities Operations
Agencies Notified: ☐ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: MavMillan Bldg 200 Elm Dr
	City, State, Zip Code: Princeton, NJ 08544
	Name of Contact: Eric Emery — Telephone Number: 609-258-3432

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Princeton University Gas Dynamics Bldg	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 600 Forrestal Rd	
City (5): Princeton	Square Feet: / # of Floors: / Bldg. Age:
County (6): MERCER — County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Building Owner (8): Indoor Environmental Concepts, LLC	ASCM No.:	Name of Abatement Contractor (9): BRISTOL ENVIRONMENTAL, LLC
Street Address: 117 N Black Horse Pike		Street Address: 1123 BEAVER STREET
City, State, Zip Code: Runnemede, NJ 08078		City, State, Zip Code: BRISTOL, PA 19007
Project Manager for Monitoring Firm: Michael Menz — Telephone No.: 856-628-6020		Telephone No.: 215-788-6040 — License No.: 02121
Start Date (10): 6 / 30 / 26 — Scheduled Completion Date (11): 7 / 3 / 26		Name of OSHA Monitor: BRISTOL ENVIRONMENTAL, LLC
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: 7:00AM-3:00PM/_____PM-_____AM		Street Address: 1123 BEAVER STREET; City, State, Zip Code: BRISTOL, PA 19007

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 137	☐	☒	☐	Transite pegboard	140 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Bristol Environmental, LLC	NJDEP Waste Hauler ID No.: 18706	Cubic Yards of Waste	Name of Registered Landfill: Fairless Landfill
City, State: Bristol, PA		Disposal Date	City, State: MORRISVILLE, PA 19067

Completed By (Print or Type): Brian Scafiro	Title: Estimator	Signature: Brian Scafiro	Date: 6/17/26

ASB-41
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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

RECEIVED
JUN 18 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 03 / 18 / 26	Name of Building Owner/Operator (2): RP 201 Laurel Property Owner LLC
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☒ Amended Amendment #1 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 435 Devon Park Drive – Suite 500
	City, State, Zip Code: Wayne, PA 19087
	Name of Contact: Tony Bates / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Tony4to	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 Laurel Rd	Square Feet: 198,000 / # of Floors: 9 / Bldg. Age: 1973
City (5): Voorhees	
County (6): Camden / County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Vacnet

Name of Monitoring Firm Hired by Building Owner (8): Hillmann Development Advisors, LLC	ASCM No.	Name of Abatement Contractor (9): Global Contracting
Street Address: 1600 US-22		Street Address: 375 N. Main St
City, State, Zip Code: Union, NJ 07083		City, State, Zip Code: Williiamstown NJ 08094
Project Manager for Monitoring Firm: Jack F. Carney / Telephone No.: 609-381-4022		Telephone No.: 609-547-5198 / License No.: 02142-02
Start Date (10): 03 / 28 / 26 / Scheduled Completion Date (11): 07 / 15 / 26		Name of OSHA Monitor: Global Contracting
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: 375 N. Main St / City, State, Zip Code: Williiamstown NJ 08094

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
4th Floor	☐	☐	☒	Mastic	22,000Sqft	☒	☐	☐	☐
3rd floor	☐	☐	☒	Mastic	22,000SqFt	☒	☐	☐	☐
2nd Floor	☐	☐	☒	Mastic	22,000Sqft	☒	☐	☐	☐
1st Floor	☐	☐	☒	Mastic	22,000sqft	☒	☐	☐	☐

Name of Registered Waste Hauler: American Disposal	NJDEP Waste Hauler ID No.	Cubic Yards of Waste: 30 Yard	Name of Registered Landfill: Fairless landfill
City, State: 4575 Torresdale Ave Phila PA 19124		Disposal Date	City, State: Morrisville, PA 19067

Completed By (Print or Type): Vernice Graham	Title: Spouse	Signature	Date: 6-12-26

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)

RECEIVED
JUN 22 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): **6/17/26**	Name of Building Owner / Operator (2): **Pitman School District**
Agencies Notified: ☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☒ Amended #1 ☒ Emergency ☐ Cancellation
	Street Address: **320 Grant Ave**
	City, State & Zip Code: **Pitman, NJ 08071**
	Name of Contact: **Christopher DeStratis** — Telephone Number: **856-589-2145**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Pitman ES**	Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: **138 E Holly Ave**	Square Feet: **250,000** — # of Floors: **3** — Bldg. Age: **100+**
City (5): **Pitman** — County (6): **Gloucester** — County Code (7):	Current Use (Prior if being demolished): **School**
Name of Monitoring Firm Hired by Building Owner (8): **Epic Environmental Services, LLC** — ASCM No.	Name of Abatement Contractor (9): **Bristol Environmental, LLC.**
Street Address: **80 Fork Bridge Road**	Street Address: **1123 Beaver Street**
City, State & Zip Code: **Pittsgrove, NJ 08318**	City, State & Zip Code: **Bristol, PA 19007**
Project Manager for Monitoring Firm: **Jim Eberts** — Telephone Number: **856-889-1736**	Telephone Number: **(215)788-6040** — License Number: **02121**
Scheduled Start Date (10): **6/17/26** — Scheduled Completion Date (11): **6/20/26**	Name of OSHA Monitor: **Bristol Environmental LLC**
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: **7:00 AM to 4:00 PM** ☐ Facility Occupied During Abatement	Street Address: **1123 Beaver Street** — City, State & Zip Code: **Bristol, PA 19007**

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	Enclsoure
Attic	☒	☐	☐	**Wrap & Cut - Pipe Insulation**	**240 LF**	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: **Freehold Cartage**	NJDEP Waste Hauler ID No.: **15939**	Cubic Yards of Waste: **5 Cu Yd**	Name of Registered Landfill: **Conestoga Landfill**
City, State: **Freehold, NJ**		Disposal Date: **6/22/26**	City, State: **Morgantown, PA**
Completed By (Print or Type): **Gino Pizzigoni**	Title: **Project Manager**	Signature: Gino Pizzigoni	Date: **6/17/26**

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

RECEIVED
JUN 22 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 6 / 17 / 26		Name of Building Owner/Operator (2): **County Of Union NJ**
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☒ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #3 ☐ Emergency (including justification) ☐ Cancellation	Street Address: **1-49 Elizabethtown Plaza** City, State, Zip Code: **Elizabeth, NJ 07202** Name of Contact: **Jim Frisbee (Owners Consultant)** Telephone Number: **609-203-3114**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Union County Courthouse Annex**		Type of Facility (4): ☐ School (K-12) ☒ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: **2 Broad Street**		Square Feet: / # of Floors: / Bldg. Age:
City (5): **Elizabeth**		Current Use (Prior if being demolished): **Under Renovation**
County (6): **Union**	County Code (7)(STATE USE ONLY):	

Name of Monitoring Firm Hired by Building Owner (8): **RJB Environmental Inc**	ASCM No.: **00149**	Name of Abatement Contractor (9): **BRISTOL ENVIRONMENTAL, LLC**	
Street Address: **PO Box 869**		Street Address: **1123 BEAVER STREET**	
City, State, Zip Code: **Levittown PA 19058**		City, State, Zip Code: **BRISTOL, PA 19007**	
Project Manager for Monitoring Firm: **Jim Frisbee**	Telephone No.: **609-203-3114**	Telephone No.: **215-788-6040**	License No.: **02121**
Start Date (10): 6 / 2 / 26	Scheduled Completion Date (11): 6 / 15 / 26	Name of OSHA Monitor: **BRISTOL ENVIRONMENTAL, LLC**	
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: 7AM-5:00PM/_____PM-_____AM		Street Address: **1123 BEAVER STREET** City, State, Zip Code: **BRISTOL, PA 19007**	

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
Holding Cells 5023 & 5024	☐	☐	☒	Spline Ceiling	168 SF	☒	☐	☐	☐
Above Holding Cell 5024	☐	☐	☒	Fireproofing	15 SF	☒	☐	☐	☐
Above Holding Cells 5023 & 5024	☐	☐	☒	Fireproofing Overspray	50 SF	☒	☐	☐	☐
	☐	☐	☒			☐	☐	☐	☐

Name of Registered Waste Hauler: **Freehold Cartage**	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill: **Conestoga Landfill**
City, State: **Freehold NJ**		Disposal Date: **TBD**	City, State: **Morgantown, PA**

Completed By (Print or Type): **Dillan DeCaro**	Title: **Estimator**	Signature: Dillan DeCaro	Date: 6/17/26

ASB-41
JAN 13

DD26050

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

RECEIVED
JUN 17 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 6 / 3 / 26		Name of Building Owner/Operator (2): PSEG / Job #2502-6397	Check #
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #3 ☐ Emergency (including justification) ☐ Cancellation	Street Address: 4000 Hadley Road	
		City, State, Zip Code: South Plainfield, NJ	
		Name of Contact: Scott Penn	Telephone Number: 201-638-1684

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): PSEG Central Avenue Subsation		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 157 S 14th Street		Square Feet	# of Floors / Bldg. Age
City (5): Newark			
County (6): Essex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Substation	
Name of Monitoring Firm Hired by Building Owner (8): Matrix New World	ASCM No.: 00121	Name of Abatement Contractor (9): AbateTech, Inc.	
Street Address: 26 Columbia Turnpike		Street Address: 30 Maple Ave. PO Box 25	
City, State, Zip Code: Florham Park, NJ 07932		City, State, Zip Code: Lumberton, NJ 08048	
Project Manager for Monitoring Firm: Matt Sheldon	Telephone No.: 973-240-1800	Telephone No.: 609-265-2107	License No.: 00529
Start Date (10): 5 / 27 / 26	Scheduled Completion Date (11): 6 / 30 / 26	Name of OSHA Monitor: IATL	
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: 7AM-9PM/_____PM-_____AM		Street Address: 9000 Commerce Pkwy. Suite B	
		City, State, Zip Code: Mount Laurel, NJ 08054	

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
Vault Circuit 4020- CET 4016	☐	☒	☐	Cable Sock Insulation	2,500 LF	☒	☐	☐	☐
1st Floor	☐	☒	☐	Green Wall Paint	105 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Veolia ES	NJDEP Waste Hauler ID No.: 000151	Cubic Yards of Waste: 40	Name of Registered Landfill: Fairless Landfill
City, State: Flanders, NJ		Disposal Date: 6/30/26	City, State: Morrisville, PA
Completed By (Print or Type): Gwendolyn Trumbetti	Title: Operations Coordinator	Signature: Gwen	Date: 6-3-26

ASB-41
MAY 11

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

5036

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Print Form

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

RECEIVED
HMD 25-226

JUN 22 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 6-18-2026		Name of Building Owner/Operator (2): Mediterranean Towers West Ck#5036	
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 555 North Avenue	
		City, State, Zip Code: Fort Lee, New Jersey 07024	
		Name of Contact: Javier Valenzuela	Telephone Number: 201-370-2047

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Mediterranean Towers West - Apt. #17P		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 555 North Avenue			
City (5): Fort Lee, NJ		Square Feet: 120,000SF+	# of Floors: 26 / Bldg. Age: 43
County (6): Bergen	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Apartment Complex	
Name of Monitoring Firm Hired by Building Owner (8): McCabe Environmental Services, LLC	ASCM No.	Name of Abatement Contractor (9): Hazmat Diagnostic, LLC	
Street Address: 464 Valley Brook Ave.		Street Address: 16 Glenwild Ave	
City, State, Zip Code: Lyndhurst, NJ 07071		City, State, Zip Code: Bloomingdale, NJ 07403	
Project Manager for Monitoring Firm: John H. Chiaviello	Telephone No.: (800) 423-0766	Telephone No.: 973-928-3995	License No.: 01181
Start Date (10): 6-29-2026	Scheduled Completion Date (11): 7-15-2026	Name of OSHA Monitor: Hazmat Diagnostic, LLC	
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: Apartment will be un-occupied during entire period of abatement		Street Address: 16 Glenwild Ave	
		City, State, Zip Code: Bloomingdale, NJ 07403	

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
Apt. 17P			x	Popcorn Ceiling	1,100 SF	x			
Apt. 17P			x	Parquet Flooring & Mastic	1,025 SF	x			

Name of Registered Waste Hauler: Hazmat Diagnostic,LLC	NJDEP Waste Hauler ID No.: 0035440	Cubic Yards of Waste: TBD	Name of Registered Landfill: Minerva Landfill
City, State: Bloomingdale, NJ		Disposal Date: TBD	City, State: Waynesburg, OH

Completed by: Deni Naumovski	Title: President	Signature: Deni Naumovski	Date: 6-18-2026

ASB-41 (R-06-08)

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5035

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JUN 22 2026

ASBESTOS CONTROL & LICENSING

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

HMD 25-225

Date of Notification (1): 6/18/2026	Name of Building Owner/Operator (2): Hackensack Meridian Health Ck#5035
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 85 Newman St.
	City, State, Zip Code: Hackensack, NJ 07601
	Name of Contact: Ed Christian — Telephone Number: 347-556-7829

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): HUMC Garage Building	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 85 Newman Street	Square Feet: 200 — # of Floors: 1 — Bldg. Age: 35
City (5): Hackensack	
County (6): Bergen — County Code (7) (STATE USE ONLY): _____	Current Use (Prior if being demolished): Parking Garage
Name of Monitoring Firm Hired by Building Owner (8): Damar Environmental Corp — ASCM No.:	Name of Abatement Contractor (9): Hazmat Diagnostic, LLC
Street Address: 744 Princeton Street	Street Address: 16 Glenwild Ave.
City, State, Zip Code: New Milford, NJ 07646	City, State, Zip Code: Bloomingdale, NJ 07403
Project Manager for Monitoring Firm: John Aragveli — Telephone No.: (718) 414-9079	Telephone No.: 973-928-3995 — License No.: 01181
Start Date (10): 07-02-2026 — Scheduled Completion Date (11): 07-06-2026	Name of OSHA Monitor: Hazmat Diagnostic, 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: 16 Glenwild Ave. — City, State, Zip Code: Bloomingdale, NJ 07403
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 ☒ 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
1 Story Garage			x	Window Caulk	48 LF	x			
1 Story Garage			x	Built-Up Roofing	200 SF	x			

Name of Registered Waste Hauler: Hazmat Diagnostic,LLC	NJDEP Waste Hauler ID No.: 0035440	Cubic Yards of Waste: TBD	Name of Registered Landfill: Minerva Landfill
City, State: Bloomingdale, NJ		Disposal Date: TBD	City, State: Waynesburg, OH

Completed by	Title	Signature	Date
Deni Naumovski	President	Deni Naumovski	6/18/2026

ASB-41 (R-06-08)

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

1665

Pg 1

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

PAID ✓ RECEIVED JUN 18 2026 ASBESTOS CONTROL & LICENSING Check # 41665

Date of Notification (1): 6 / 15 / 26	Name of Building Owner/Operator (2): Princeton University-Facilities Operations
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: MacMillan Building, Elm Drive
	City, State, Zip Code: Princeton, NJ 08544
	Name of Contact: Eric Emery — Telephone Number: 609-258-3432

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Princeton University-Dean Mathey Court Cmplex	Type of Facility (4): ☐ School (K-12) ☒ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: Harrison St & Hartley Ave	Square Feet: — # of Floors: — Bldg. Age: 63
City (5): Princeton	
County (6): MERCER — County Code (7)(STATE USE ONLY): —	Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Building Owner (8): TTI Environmental Inc — ASCM No.:	Name of Abatement Contractor (9): BRISTOL ENVIRONMENTAL, LLC	
Street Address: 1253 North Church Rd	Street Address: 1123 BEAVER STREET	
City, State, Zip Code: Moorestown, NJ 08057	City, State, Zip Code: BRISTOL, PA 19007	
Project Manager for Monitoring Firm: Michael Keehn — Telephone No.: 609-386-8800	Telephone No.: 215-788-6040	License No.: 02121
Start Date (10): 7 / 13 / 26 — Scheduled Completion Date (11): 1 / 6 / 27	Name of OSHA Monitor: BRISTOL ENVIRONMENTAL, LLC.	
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: 7:00AM-3:30PM/_____PM-_____AM	Street Address: 1123 BEAVER STREET; City, State, Zip Code: BRISTOL, PA 19007	

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
West Bldg Suite 22-Kitchen and bathroom	☐	☒	☐	Joint Compound	780 SF	☒	☐	☐	☐
West Bldg Suite 22 Kitchen and bathroom	☐	☒	☐	Flooring	131 SF	☒	☐	☐	☐
West Bldg Suite 24 Kitchen	☐	☒	☐	Joint Compound	19 LF	☒	☐	☐	☐
South Bldg Suite 28 Kitchen	☐	☒	☐	Joint compound	15 LF	☒	☐	☐	☐

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.:	Cubic Yards of Waste:	Name of Registered Landfill: Fairless Landfill
City, State: Freehold, NJ		Disposal Date:	City, State: MORRISVILLE, PA 19067

Completed By (Print or Type): Brian Scafiro	Title: Estimator	Signature: Brian Scafiro/CHP	Date: 6/15/26

ASB-41
MAY 11 BS260045

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Pg. 2

Check #46605

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

Date of Notification (1): 6 / 15 / 26	Name of Building Owner/Operator (2): Princeton University-Facilities Operations
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: MacMillan Building, Elm Drive
	City, State, Zip Code: Princeton, NJ 08544
	Name of Contact: Eric Emery — Telephone Number: 609-258-3432

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Princeton University-Dean Mathey Court Cmplex	Type of Facility (4): ☐ School (K-12) ☒ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: Harrison St & Hartley Ave	Square Feet: — # of Floors: — Bldg. Age: 63
City (5): Princeton	
County (6): MERCER — County Code (7)(STATE USE ONLY): —	Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Building Owner (8): TTI Environmental Inc — ASCM No.:	Name of Abatement Contractor (9): BRISTOL ENVIRONMENTAL, LLC	
Street Address: 1253 North Church Rd	Street Address: 1123 BEAVER STREET	
City, State, Zip Code: Moorestown, NJ 08057	City, State, Zip Code: BRISTOL, PA 19007	
Project Manager for Monitoring Firm: Michael Keehn — Telephone No.: 609-386-8800	Telephone No.: 215-788-6040	License No.: 02121
Start Date (10): 7 / 13 / 26 — Scheduled Completion Date (11): 1 / 6 / 27	Name of OSHA Monitor: BRISTOL ENVIRONMENTAL, LLC.	
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: 7:00AM-3:30PM/_____PM-_____AM	Street Address: 1123 BEAVER STREET — City, State, Zip Code: BRISTOL, PA 19007	

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
South Bldg Suite 30 Kitchen and bathroom	☐	☒	☐	Joint Compound	780 SF	☒	☐	☐	☐
South Bldg Suite 38 Kitchen	☐	☒	☐	Joint Compound	6 LF	☒	☐	☐	☐
South Bldg Suite 40 Kitchen	☐	☒	☐	Joint Compound	15 LF	☒	☐	☐	☐
East Bldg Suite 289 Kitchen	☐	☒	☐	Joint Compound	15 LF	☒	☐	☐	☐

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.:	Cubic Yards of Waste:	Name of Registered Landfill: Fairless Landfill
City, State: Freehold, NJ		Disposal Date:	City, State: MORRISVILLE, PA 19067

Completed By (Print or Type): Brian Scafiro	Title: Estimator	Signature: Brian Scafiro LMD	Date: 6/15/26

ASB-41
MAY 11 BS260045

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

Pg 3

Check # 46665

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1): 6 / 15 / 26		Name of Building Owner/Operator (2): Princeton University-Facilities Operations
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: MacMillan Building, Elm Drive
		City, State, Zip Code: Princeton, NJ 08544
		Name of Contact: Eric Emery — Telephone Number: 609-258-3432

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Princeton University-Dean Mathey Court Cmplex			Type of Facility (4): ☐ School (K-12) ☒ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: Harrison St & Hartley Ave			
City (5): Princeton		Square Feet	# of Floors / Bldg. Age: 63
County (6): MERCER	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8): TTI Environmental Inc	ASCM No.	Name of Abatement Contractor (9): BRISTOL ENVIRONMENTAL, LLC	
Street Address: 1253 North Church Rd		Street Address: 1123 BEAVER STREET	
City, State, Zip Code: Moorestown, NJ 08057		City, State, Zip Code: BRISTOL, PA 19007	
Project Manager for Monitoring Firm: Michael Keehn — Telephone No.: 609-386-8800		Telephone No.: 215-788-6040	License No.: 02121
Start Date (10): 7 / 13 / 26	Scheduled Completion Date (11): 1 / 6 / 27	Name of OSHA Monitor: BRISTOL ENVIRONMENTAL, LLC.	
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: 7:00AM-3:30PM/_____PM-_____AM		Street Address: 1123 BEAVER STREET	
		City, State, Zip Code: BRISTOL, PA 19007	

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
East Bldg Suite 293 Kitchen and bathroom	☐	☒	☐	Joint Compound	1320 SF	☒	☐	☐	☐
East Bldg Suite 293 Kitchen and bathroom	☐	☒	☐	Flooring	249 SF	☒	☐	☐	☐
East Bldg Suite 295 Kitchen and bathroom	☐	☒	☐	Joint Compound	1321 SF	☒	☐	☐	☐
East Bldg Suite 295 Kitchen and bathroom	☐	☒	☐	Flooring	240 SF	☒	☐	☐	☐

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill: Fairless Landfill
City, State: Freehold, NJ		Disposal Date	City, State: MORRISVILLE, PA 19067

Completed By (Print or Type): Brian Scafiro	Title: Estimator	Signature: Brian Scafiro	Date: 6/15/26

ASB-41
MAY 11

BS26045

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Pg. 4

Check # 46065

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

Date of Notification (1): 6 / 15 / 26	Name of Building Owner/Operator (2): Princeton University-Facilities Operations
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8) Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: MacMillan Building, Elm Drive
	City, State, Zip Code: Princeton, NJ 08544
	Name of Contact: Eric Emery — Telephone Number: 609-258-3432

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Princeton University-Dean Mathey Court Cmplex		Type of Facility (4): ☐ School (K-12) ☒ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: Harrison St & Hartley Ave		Square Feet:	# of Floors: Bldg. Age: 63
City (5): Princeton			
County (6): MERCER	County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8): TTI Environmental Inc	ASCM No.	Name of Abatement Contractor (9): BRISTOL ENVIRONMENTAL, LLC	
Street Address: 1253 North Church Rd		Street Address: 1123 BEAVER STREET	
City, State, Zip Code: Moorestown, NJ 08057		City, State, Zip Code: BRISTOL, PA 19007	
Project Manager for Monitoring Firm: Michael Keehn — Telephone No.: 609-386-8800		Telephone No.: 215-788-6040	License No.: 02121
Start Date (10): 7 / 13 / 26	Scheduled Completion Date (11): 1 / 6 / 27	Name of OSHA Monitor: BRISTOL ENVIRONMENTAL, LLC.	
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: 7:00AM-3:30PM/_____PM-_____AM		Street Address: 1123 BEAVER STREET City, State, Zip Code: BRISTOL, PA 19007	

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
East Bldg Suite 299 Kitchen	☐	☒	☐	Joint compound	15 LF	☒	☐	☐	☐
North Bldg Suite 87 Kitchen and bathroom	☐	☒	☐	Joint Compound	780 SF	☒	☐	☐	☐
North Bldg Suite 87 Kitchen and bathroom	☐	☒	☐	Flooring	131 SF	☒	☐	☐	☐
North Bldg Suite 89 Kitchen and bathroom	☐	☒	☐	Joint Compound	974 SF	☒	☐	☐	☐

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill: Fairless Landfill
City, State: Freehold, NJ		Disposal Date	City, State: MORRISVILLE, PA 19067
Completed By (Print or Type): Brian Scafiro	Title: Estimator	Signature: Brian Scafiro	Date: 10/15/26

ASB-41
MAY 11

BS260045

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

Pg 5

Check# 46165

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1): 6 / 15 / 26	Name of Building Owner/Operator (2): Princeton University-Facilities Operations
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8) Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: MacMillan Building, Elm Drive City, State, Zip Code: Princeton, NJ 08544 Name of Contact: Eric Emery Telephone Number: 609-258-3432

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Princeton University-Dean Mathey Court Cmplex		Type of Facility (4): ☐ School (K-12) ☒ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: Harrison St & Hartley Ave		Square Feet	# of Floors / Bldg. Age: 63
City (5): Princeton			
County (6): MERCER	County Code (7)(*STATE USE ONLY*)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8): TTI Environmental Inc	ASCM No.	Name of Abatement Contractor (9): BRISTOL ENVIRONMENTAL, LLC	
Street Address: 1253 North Church Rd		Street Address: 1123 BEAVER STREET	
City, State, Zip Code: Moorestown, NJ 08057		City, State, Zip Code: BRISTOL, PA 19007	
Project Manager for Monitoring Firm: Michael Keehn	Telephone No.: 609-386-8800	Telephone No.: 215-788-6040	License No.: 02121
Start Date (10): 7 / 13 / 26	Scheduled Completion Date (11): 1 / 6 / 27	Name of OSHA Monitor: BRISTOL ENVIRONMENTAL, LLC.	
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: 7:00AM-3:30PM/_____PM-_____AM		Street Address: 1123 BEAVER STREET City, State, Zip Code: BRISTOL, PA 19007	

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
North Bldg Suite 89 Kitchen and bathroom	☐	☒	☐	Flooring	177 SF	☒	☐	☐	☐
North Bldg Suite 97 Kitchen	☐	☒	☐	Joint Compound	16 LF	☒	☐	☐	☐
Common Corridors A level-All Buildings(13 total)	☐	☒	☐	Floor tile and mastic	1722 SF	☒	☐	☐	☐
Exterior Courtyard	☐	☒	☐	Waterproofing	1940 SF	☐	☒	☐	☐

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill: Fairless Landfill
City, State: Freehold, NJ		Disposal Date	City, State: MORRISVILLE, PA 19067

Completed By (Print or Type)	Title	Signature	Date
Brian Scafiro	Estimator	Brian Scafiro	10/15/26

ASB-41
MAY 11

BS26045

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

5634

PAID

Print Form

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

HMD 25-224

RECEIVED
JUN 17 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 06/15/2026		Name of Building Owner/Operator (2) West New York Board of Education Ck#5034	
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☒ DCA	Type Notification ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 6028 Broadway	
		City, State, Zip Code West New York, NJ 07093	
		Name of Contact Israel Fuentes	Telephone Number 201-553-4000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) West New York Public School No. 1		Type of Facility (4) ☐ School (K-12) ☒ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 6129 Madison Street		Square Feet 80,000+	# of Floors 2
City (5) West New York			Bldg. Age 65+
County (6) Hudson	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished) E. Educational-6+persons thru gr. 12, daycare 5+children>2 1/2 yrs.	

Name of Monitoring Firm Hired by Building Owner (8) RBS Environmental Solutions LLC	ASCM No. 00160	Name of Abatement Contractor (9) Hazmat Diagnostic, LLC	
Street Address 24 Veterans Square		Street Address 16 Glenwild Ave	
City, State, Zip Code Media, PA 19063		City, State, Zip Code Bloomingdale, NJ 07403	
Project Manager for Monitoring Firm Michael R. Stocku	Telephone No. 609 304-3969	Telephone No. 973-928-3995	License No. 01181
Start Date (10) 06/29/2026	Scheduled Completion Date (11) 07/10/2026	Name of OSHA Monitor Hazmat Diagnostic, 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: 6am to 11:30pm, M-Sat/ 6am-2:30pm Sun		Street Address 16 Glenwild Ave City, State, Zip Code Bloomingdale, NJ 07403	

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
Boiler Room	x			Exterior Boiler Insulation	550 SF	x			
Boiler Room	x			Interior Boiler Insulation	370 SF	x			
Boiler Room	x			Fire Brick/Refractory	280 SF	x			
Boiler Room	x			Breeching Insulation	445 SF	x			

Name of Registered Waste Hauler Hazmat Diagnostic, LLC	NJDEP Waste Hauler ID No. 0035440	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Landfill
City, State Bloomingdale, NJ		Disposal Date TBD	City, State Waynesburg, OH

Completed by Deni Naumovski	Title President	Signature Deni Naumovski	Date 06/15/2026

ASB-41 (R-06-08)

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

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
Continuation Sheet

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	x			FG PI and PVC Fittings	340 LF	x			

5/705

Plot 2

Print Form

PAID

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

RECEIVED

RECRECEIVED

JUN 22 2026

JUN 22 2026

ASBESTOS CONTROL & LICENSING

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 6.17.26		Name of Building Owner/Operator (2) Macy's Inc.	
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 145 Progress Place	
		City, State, Zip Code Springdale, OH 45246	
		Name of Contact Katie Sauter	Telephone Number 513-579-7023

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Macy's Garden state plaza Mall		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 180 NJ-35 Ste 2000			
City (5) Eatontown		Square Feet 2,000,000	# of Floors 2
			Bldg. Age 1957
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial	
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc.	ASCM No	Name of Abatement Contractor (9) A.C.M. Consulting Corp.	
Street Address 24 Commerce Street		Street Address 2150 Stanley Terrace	
City, State, Zip Code Newark, NJ 07102		City, State, Zip Code Union, NJ 07083	
Project Manager for Monitoring Firm Ralph Coppola	Telephone No. 973-265-9763	Telephone No. 908-687-1008	License No. 00575
Start Date (10) 7.13.26	Scheduled Completion Date (11) 1.13.27	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: M-F 9:30 PM - 6:30AM		Street Address 307 W. 38th Street	
		City, State, Zip Code New York, NY 10018	

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 Housewares		X		VAT w/ Mastic	883	x			
Basement Mattress		x		VAT w/Mastic	883	x			
Basement Luggage		x		VAT w/mastic	884	x			
Third Floor Backstage		x		Wood Flooring w/Mastic	1233	x			

Name of Registered Waste Hauler Tri-State Transfer Associates	NJDEP Waste Hauler ID No. 2A456	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprise, Inc.
City, State Bronx, NY		Disposal Date TBD	City, State Waynesburg, OH

Completed by Erik Carlson	Title Vice President	Signature	Date 6.17.26

ASB-41 (R-06-08)

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P2082

Print Form

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

RECEIVED
JUN 22 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 6.17.26	Name of Building Owner/Operator (2): Macy's Inc.
Agencies Notified: [X] EPA [X] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 145 Progress Place
	City, State, Zip Code: Springdale, OH 45246
	Name of Contact: Katie Sauter — Telephone Number: 513-579-7023

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Macy's Garden state plaza Mall	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 180 NJ-35 Ste 2000	
City (5): Eatontown	Square Feet: 2,000,000 — # of Floors: 2 — Bldg. Age: 1957
County (6): Monmouth — County Code (7) (STATE USE ONLY): _____	Current Use (Prior if being demolished): Commercial
Name of Monitoring Firm Hired by Building Owner (8): Pennoni Associates, Inc. — ASCM No.:	Name of Abatement Contractor (9): A.C.M. Consulting Corp.
Street Address: 24 Commerce Street	Street Address: 2150 Stanley Terrace
City, State, Zip Code: Newark, NJ 07102	City, State, Zip Code: Union, NJ 07083
Project Manager for Monitoring Firm: Ralph Coppola — Telephone No.: 973-265-9763	Telephone No.: 908-687-1008 — License No.: 00575
Start Date (10): 7.13.26 — Scheduled Completion Date (11): 1.13.27	Name of OSHA Monitor: EMSL Analytical, Inc.
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [X] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: M-F 9:30 PM - 6:30AM	Street Address: 307 W. 38th Street — City, State, Zip Code: New York, NY 10018

Scope of Work (Check All That Apply)

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

[X] 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
Third Floor Childrens		X		Wood Flooring w/Mastic	1233	x			
Third Floor Intimate Apparel		x		Wood Flooring w/Mastic	1234	x			

Name of Registered Waste Hauler: Tri-State Transfer Associates	NJDEP Waste Hauler ID No.: 2A456	Cubic Yards of Waste: TBD	Name of Registered Landfill: Minerva Enterprise, Inc.
City, State: Bronx, NY		Disposal Date: TBD	City, State: Waynesburg, OH

Completed by: Erik Carlson	Title: Vice President	Signature	Date: 6.17.26

ASB-41 (R-06-08)

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