

1879

434985e

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

RECEIVED

Date of Notification (1) 2/26/2026		Name of Building Owner/Operator Private House	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended #1 <input type="checkbox"/> Emergency notification (including justification) <input type="checkbox"/> Cancelled	
Street Address 19 Popular Street		City, State, Zip Code Passaic NJ 07055	
Name of Contact ASBESTOS CO.		Telephone Number 908-261-1111	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private House		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) Subchapter 8 <input type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 19 Popular Street		Sq. Feet: Approximately 1,000 SF # of Floors:1 Bldg. Age:88 years Current Use (prior if being demolished):	
City (5) Passaic NJ	County (6) Passaic	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner IAQ Guru Inc		ASCM No.	Name of Contractor (9) BL Contracting Inc.
Street Address 49 Frances Street		Street Address 5 Marguerite Lane	
City, State, Zip Code Totowa NJ 07512		City, State, Zip Code Towaco NJ 07082	
Project Manager for Monitoring Firm Mark	973-659-0392	Telephone Number 973-901-0153	License Number 01265
Scheduled Start Date (10) 3/9/2026	Scheduled Completion Date 4/02/2026	Name of OSHA Monitoring BL Contracting Inc	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Monday - Saturday 7 am - 4pm		Street Address 5 Marguerite Lane	
		City, State, Zip Code Towaco NJ 07082	
Source of Work (Check all that apply) ≥ 3 sf or ≥ 3 lf X ≥ 160 sf or ≥ 260 lf			
		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Wrap & Cut Procedure <input type="checkbox"/> Full Containment <input type="checkbox"/> Tent & Glove-bag Procedure <input checked="" type="checkbox"/> 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)
Basement	<input checked="" type="checkbox"/>	Asbestos Floor Tile	400SF
Name of Reg. Waste Hauler BL Contracting Inc		NJDEP Waste Hauler ID # 0036784	Cubic Yards of Waste 3
		Disposal Date 4/15/2025	Name of Registered Landfill T.R.R..F City, State Tully town, PA
Completed by (Print or Type) Nedo Vasilic	Title Project Manager	Signature <i>Nedo Vasilic</i>	Date 2/26/2026

888

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

457 100 4347860

RECEIVED
8880

Date of Notification (1) 2/25/26 Type Notification		Name of Building Owner / Operator (2) MAR - 4 2026	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Emergency Notification <input checked="" type="checkbox"/> Initial Notification Amended Notification Cancellation	Street Address 145C Providence Way	
		City, State & Zip Code Monroe Township, NJ 08831	
		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) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 145C Providence Way		Square Feet 1,000	# of Floors 1
City (5) Monroe Township		County (6) Middlesex	County Code (7)
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No.	
Street Address 64 Broad Street		Name of Abatement Contractor (9) Global Abatement Services, LLC	
City, State & Zip Code Matawan, NJ 07747		Street Address P.O. Box 7620	
Project Manager for Monitoring Firm Tom Geiger		Telephone Number 732-290-2217	License Number 00714
Scheduled Start Date (10) 3/10/26	Scheduled Completion Date (11) 3/18/26	Name of OSHA Monitor Global Abatement Services, LLC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Area Isolated During Abatement Other - Describe:		Street Address P.O. Box 7620	
Scope of Work (Check all that apply) Demolition Large Project <input checked="" type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM <input checked="" type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM		<input checked="" type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Other:	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)
First Floor	N/A	Surfacing Paint	820SF
Name of Registered Waste Hauler Freehold Carting		NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 20
City, State Freehold, NJ		Disposal Date 3/18/26	Name of Registered Landfill Conestoga
Completed By (Print or Type) Dominick Tringali		Title President	Signature <i>Dominick Tringali</i>
			Date 2/25/26

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Print Form

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

RECEIVED
HMD 25-208

Date of Notification (1) 02-27-2026		Name of Building Owner/Operator (2) Db:Crash Champions		Ck#4959 MAR - 4 2026					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 9 Fisher Ave City, State, Zip Code Neptune City, NJ 07753 Name of Contact Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Structure			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 9 Fisher Ave.			Square Feet 460 Sf	# of Floors 1	Bldg. Age 76 Years				
City (5) Neptune City		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Vacant House					
County (6) Monmouth		Name of Monitoring Firm Hired by Building Owner (8) Damar Environmental Corp		ASCM No. _____					
Street Address 744 Princeton Street		Name of Abatement Contractor (9) Hazmat Diagnostic, LLC		Street Address 16 Glenwild Ave.					
City, State, Zip Code New Milford, NJ 07646		City, State, Zip Code Bloomingdale, NJ 07403		Telephone No. 973-928-3995					
Project Manager for Monitoring Firm John Aragveli		Telephone No. (718) 414-9079		License No. 01181					
Start Date (10) 03-11-2026		Scheduled Completion Date (11) 03-18-2026		Name of OSHA Monitor Hazmat Diagnostic, LLC					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 16 Glenwild Ave City, State, Zip Code Bloomingdale, NJ 07403						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Interior Throughout			x	Joint Compound on Sheetrock	2000 Sf	x			
Exterior Throughout			x	Transite Siding	1200 Sf	x			
Exterior All sides			x	ACM caulking (windows)	8 Sf	x			
Exterior Front/ Rear			x	ACM caulking (doors)	2 Sf	x			
Name of Registered Waste Hauler Hazmat Diagnostic, LLC		NJDEP Waste Hauler ID No. 0035440		Cubic Yards of Waste 30 CY	Name of Registered Landfill WM Grand Central Landfill				
City, State Bloomingdale, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Deni Naumovski		Title President		Signature <i>Deni Naumovski</i>		Date 02-27-2026			

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

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MAR - 4 2026

Date of Notification (1) 02/26/2026		Name of Building Owner/Operator (2) Platinum Developers								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 210 Ocean Ave								
		City, State, Zip Code Lakewood NJ 08701								
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 954-958 E County Line Rd		Square Feet	# of Floors							
City (5) Lakewood		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. 732-719-5649	License No. 1200							
Start Date (10) 03/09/2026	Scheduled Completion Date (11) 03/11/2026	Name of OSHA Monitor AAA Lead Professionals								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 White Dove Court								
		City, State, Zip Code Lakewood, NJ, 08701								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Interior				Pipe Insulation	100 LF	<input checked="" type="checkbox"/>				
Exterior				Siding	3,000 SF	<input checked="" type="checkbox"/>				
Interior				Ducts	15 LF	<input checked="" type="checkbox"/>				
Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No. 35103	Cubic Yards of Waste 7	Name of Registered Landfill IESI						
City, State Lakewood, NJ		Disposal Date 03/11/2026		City, State BETHLEHEM, PA						
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature 				Date 02/26/2026			

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

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

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MAR - 4 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 2/26/2026		Name of Building Owner/Operator (2) LLC c/o Rock Ridge Construction Management LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 10 Marie Major Drive	
		City, State, Zip Code Alpine, NJ 07620	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 10 Marie Major Drive		Square Feet	# of Floors
City (5) Alpine		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) 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) 3/7/2026	Scheduled Completion Date (11) 4/30/2026	Name of OSHA Monitor A. Seine Lighthouse Solutions	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO Box 354	
		City, State, Zip Code South Orange, NJ 07079	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Interior			X	Joint Compound	1,500 SF	X			
Interior			X	Linoleum	190 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 <i>Jacqueline Anello</i>		Date 2/26/2026

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

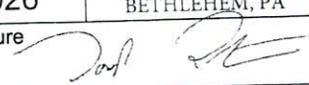
8091

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

RECEIVED

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MAR - 4 2026

Date of Notification (1) 02/25/2026		Name of Building Owner/Operator (2) BMG								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 720 Clifton Ave								
		City, State, Zip Code Lakewood, NJ 08701								
		Name of Contact _____ Telephone Number _____								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 720 Clifton Ave		Square Feet	# of Floors							
City (5) Lakewood		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. 732-719-5649	License No. 1200							
Start Date (10) 03/06/2026	Scheduled Completion Date (11) 03/13/2026	Name of OSHA Monitor AAA Lead Professionals								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 White Dove Court								
		City, State, Zip Code Lakewood, NJ, 08701								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Interior				Plaster	2,000SF	<input checked="" type="checkbox"/>				
Interior				Floor Tile	500SF	<input checked="" type="checkbox"/>				
Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No. 35103	Cubic Yards of Waste 10	Name of Registered Landfill IESI						
City, State Lakewood, NJ		Disposal Date 03/13/2026	City, State BETHLEHEM, PA							
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature 				Date 02/25/2026			

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

4349857

50153

Date of Notification (1) <u>02</u> / <u>27</u> / <u>26</u>		Name of Building Owner/Operator (2) Green Hill Title, LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 350 Clark Drive, Suite 300	
		City, State, Zip Code Mount Olive, NJ 07828	
		Name of Contact _____ Telephone Number _____	

RESOLVED 50153

MAR - 4 2026

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 129 Bridge Avenue		Square Feet 2000	# of Floors 2
City (5) Bay Head		Bldg. Age 96	
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		Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address 1889 Route 9, Unit 61		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code Toms River, New Jersey		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm Nicholas Fernicola	Telephone No. 732-349-9932	Telephone No. 732-349-9932	License No. 00624
Start Date (10) <u>03</u> / <u>13</u> / <u>26</u>	Scheduled Completion Date (11) <u>03</u> / <u>16</u> / <u>26</u>	Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton	
		City, State, Zip Code Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos pipe insulation	200 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler 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 03/16/26	City, State Morrisville, Pennsylvania
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 2/27/26

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

2034



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

RECEIVED

Date of Notification (1) 03/06/2026		Name of Building Owner/Operator (2) 82 Stony Lane, Millburn, NJ 07078	
Agencies Notified	Type Notification	Street Address	Telephone Number
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	82 Stony Lane, Millburn, NJ 07078	MAR 12 2026
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) residential		Type of Facility (4)	
Street Address 82 Stony Lane		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Millburn	Square Feet 1,990	# of Floors 2	Bldg. Age 88
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Acme Professional Services Corp	
Street Address		Street Address 170 Kinnelon Rd, Suite 32	
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405	
Project Manager for Monitoring Firm		Telephone No. 973-938-5266	License No. 02003
Start Date (10) 03/10/2026	Scheduled Completion Date (11) 03/11/2026	Name of OSHA Monitor Arsenije Adamov	
Occupancy Status During Abatement (Check Only One)		Street Address 170 Kinnelon Rd, Suite 32	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Kinnelon, NJ 07405	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
TO BE ABATED										
Basement		✓		Pipe and Fitting Insulation	23 LF	✓				
Crawlspace		✓		Pipe and Fitting Insulation	9 LF	✓				

Name of Registered Waste Hauler Acme Professional Services Corp		NJDEP Waste Hauler ID No. 0038176	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill	
City, State Kinnelon, NJ		Disposal Date 03/11/2026	City, State Morrisville, PA		
Completed by Samantha Zamora	Title Project Coordinator	Signature <i>Samantha Zamora</i>	Date 03/06/2026		

1744

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

09087

Date of Notification (1) 03/09/2026

Name of Building Owner/Operator (2) FIRST PRESBYTERIAN CHURCH OF NEW GRETNA

Agencies Notified: EPA, DOLWD, DOH, DCA (NJAC 5:23-8)

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

Street Address: 17 N. MAPLE AVE

City, State, Zip Code: NEW GRETNA NJ 08224

Name of Contact: _____ Telephone Number: _____

RECEIVED
MAR 12 2026

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL HOUSE NEXT TO THE CHURCH

Street Address: 17 N. MAPLE AVE

City (5): NEW GRETNA

County (6): BURLINGTON

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

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

Square Feet: 2000, # of Floors: 2, Bldg. Age: NA

Current Use (Prior if being demolished): VACANT

Name of Monitoring Firm Hired by Building Owner (8): ATLAS ENV. INSPECT

Street Address: PO BOX 11645

City, State, Zip Code: PHILA PA 19116

Name of Abatement Contractor (9): FRYMAR CONSTRUCTION INC

Street Address: 103 PRESERVE LN.

City, State, Zip Code: N WALES PA 19454

Project Manager for Monitoring Firm: JASON DUA

Telephone No.: 267-784-4603

Telephone No.: 267-784-4694

License No.: 01276

Start Date (10): 3/12/26

Scheduled Completion Date (11): 3/15/26

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 - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM

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)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
KITCHEN	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PLASTER JOINT compound	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LIVING ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE	500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KITCHEN FLOOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE	120 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler: FRYMAR CORP.

NJDEP Waste Hauler ID No.: 0036299

Cubic Yards of Waste: NA

Name of Registered Landfill: WESTERN BIRKS CL

City, State: N. WALES PA

Disposal Date: NA

City, State: BIRDSTOWN PA

Completed By (Print or Type): FRYMAR DUA

Title: VP

Signature: _____

Date: 03/09/26

13594

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

CK# 13594

RECEIVED

B & G Project # 2026-28

Check # date change

Date of Notification (1) 03/05/2026		Name of Building Owner Operator (2)	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	70 Yantacaw Brook Road	
		City, State, Zip Code Montclair, NJ 07042	
		Name of Contact	Telephone Number

MAR 10 2026

ASBESTOS CONTROL

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)	
Street Address 70 Yantacaw Brook Road		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Montclair, NJ 07042		Square Feet	# of Floors
County (6) Essex		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) residential	

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

Start Date (10) 03/10/2026	Scheduled Completion Date (11) 03/13/2026	Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check Only One)		Street Address 1234 Route 23	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Butler, NJ 07405	

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement boiler room			X	fireproof	180 SF	X			

Name of Registered Waste Hauler B & G Restoration Inc.	NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 3	Name of Registered Landfill Grand Central Landfill
City, State Butler, NJ	Disposal Date 03/13/2026	City, State Pen Argyl, PA	
Completed by Gordana Luna	Title Secretary / Treasurer	Signature <i>Gordana Luna</i>	Date 03/05/2026

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

4347884
Amended due to
the snow storm
RECEIVED
MAR - 5 2025

no

Date of Notification (1) 03 / 02 / 26		Name of Building Owner/Operator (2)	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 133 Wabash Avenue	
		City, State, Zip Code Clifton, NJ 07011	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 1128 Skiff Way Drive		Square Feet 1700	# of Floors 1
City (5) Forked River		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 1889 Route 9, Unit 61		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) 03 / 05 / 26	Scheduled Completion Date (11) 03 / 13 / 26	Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton	
		City, State, Zip Code Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1700 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
garage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos floor tile	175 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill
City, State Toms River, New Jersey		Disposal Date 03/13/26	City, State Morrisville, Pennsylvania
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>[Signature]</i>	Date 3/2/26

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

13582

4/34/602

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

B & G Project # 2026-28

Check #

RECEIVED
13582

FEB 26 2026

Date of Notification (1) 02/20/2026		Name of Building Owner/Operator (2) [M]	
Agencies Notified	Type Notification	Street Address 70 Yantacaw Brook Road	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Montclair, NJ 07042	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact	Telephone Number

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 70 Yantacaw Brook Road		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Montclair, NJ 07042		Square Feet	# of Floors
County (6) Essex		Current Use (Prior if being demolished) residential	
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.		Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address 1234 Route 23		Street Address 1234 Route 23	
City, State, Zip Code Butler, NJ 07405		City, State, Zip Code Butler, NJ 07405	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-696-6869	License No. 00378
Start Date (10) 03/09/2026	Scheduled Completion Date (11) 03/12/2026	Name of OSHA Monitor B & G Restoration, Inc.	

Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____	Street Address 1234 Route 23
	City, State, Zip Code Butler, NJ 07405

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement boiler room			X	fireproof	180 SF	X			

Name of Registered Waste Hauler B & G Restoration Inc.	NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 3	Name of Registered Landfill Grand Central Landfill
City, State Butler, NJ	Disposal Date 03/12/2026	City, State Pen Argyl, PA	
Completed by Gordana Luna	Title Secretary / Treasurer	Signature <i>Gordana Luna</i>	Date 02/20/2026

50142

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

4349601

PAID

50142
RECEIVED

FEB 26 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>02</u> / <u>18</u> / <u>26</u>		Name of Building Owner/Operator (2) Potts Excavating, Inc.							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 316 Main Street City, State, Zip Code West Creek, NJ 08092 Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 45 14th Street		Square Feet 1800	# of Floors 1						
City (5) Surf City		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. 732-349-9932	License No. 00624						
Start Date (10) <u>03</u> / <u>05</u> / <u>26</u>	Scheduled Completion Date (11) <u>03</u> / <u>09</u> / <u>26</u>	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1800 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	asbestos transite skirt	780 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill					
City, State Toms River, New Jersey		Disposal Date 03/09/26		City, State Morrisville, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 				Date 2/18/26	

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

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

4347600

50141

Date of Notification (1) <u>02</u> / <u>18</u> / <u>26</u>		Name of Building Owner/Operator (2) Potts Excavating, Inc.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 316 Main Street	
		City, State, Zip Code West Creek, NJ 08092	
		Name of Contact	Telephone Number

50141 RECEIVED

FEB 26 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 319 Merivale Avenue		Square Feet 1650	# of Floors 2
City (5) Beach Haven		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) <u>03</u> / <u>03</u> / <u>26</u>	Scheduled Completion Date (11) <u>03</u> / <u>06</u> / <u>26</u>	Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton	
		City, State, Zip Code Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior-house	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	2500 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
exterior-garage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	asbestos siding	500 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 03/06/26	City, State Morrisville, Pennsylvania	
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 2/18/26

4844

4391001

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

RECEIVED

MAR -4 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 2/27/26		Name of Building Owner/Operator (2)	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 70 Noe Ave.	
		City, State, Zip Code Madison, NJ 07940	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 70 Noe Ave.		Square Feet 2400	# of Floors 2
City (5) Madison		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. 201-600-3184	License No. 01305
Start Date (10) 3/16/26	Scheduled Completion Date (11) 3/17/26	Name of OSHA Monitor Same As Above	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Closet Under Stairs		X		VAT	15 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 2/27/26

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

1892

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Chk # 1892

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

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MAR - 4 2026

Date of Notification (1)
2/26/2026

Name of Building Owner/Operator (2)

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

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

Street Address
332 Raccoon Hollow

City, State, Zip Code
Mountainside, NJ 07092

Name of Contact | Telephone Number

FACILITY INFORMATION

ASBESTOS CONTROL & LICENSING

Name of Facility Where Abatement is Taking Place (3)
Residential Property

Street Address
332 Raccoon Hollow

City (5)
Mountainside, NJ 07092

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 & commercial buildings, homes, etc.)

Square Feet
2,983

of Floors
2

Bldg. Age
1955

Current Use (Prior if being demolished)

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

Name of Abatement Contractor (9)
DANVIC CONTRACTING LLC

Street Address
240 South 5th St.

City, State, Zip Code
Elizabeth, NJ 07206

Project Manager for Monitoring Firm | Telephone No.
908-906-4123

License No.
01355

Start Date (10)
3/7/2026

Scheduled Completion Date (11)
3/13/2026

Name of OSHA Monitor
Iris Environmental Laboratories, 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
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 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	Ductwork Insulation	70 SF	X			

Name of Registered Waste Hauler
Danvic Contracting LLC

NJDEP Waste Hauler ID No.
37574

Cubic Yards of Waste
TBD

Name of Registered Landfill
Fairless Landfill

City, State
Elizabeth, NJ

Disposal Date
TBD

City, State
Morrisville, PA

Completed by
Jeymy Donneys

Title
Owner

Signature
Jeymy Donneys

Date
2/26/2026

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

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MAR 5 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 03/02/2026		Name of Building Owner/Operator (2) Bella Contracting Services LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 276-280 Lyons Ave City, State, Zip Code Newark NJ 07112
	Name of Contact		Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 276-280 Lyons Ave		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 276-280 Lyons Ave		Square Feet	# of Floors
City (5) Newark		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) 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. 201-875-7290	License No. 02053
Start Date (10) 03/13/2026	Scheduled Completion Date (11) 03/25/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
INTERIOR		x		PLASTER	1630 SF	x			
EXTERIOR		x		ROOF	1100 SF	x			

Name of Registered Waste Hauler TRISTATE TRANSFER 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 03/02/2026

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2056

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

4349011
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Date of Notification (1) 03/02/2026		Name of Building Owner/Operator (2) RESIDENTIAL										
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 61 NORTH BAYARD AVE.										
		City, State, Zip Code WOODBURY NJ 08996										
		Name of Contact	Telephone Number									
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)										
Street Address 61 NORTH BAYARD AVE.		Square Feet 4150	# of Floors 2									
City (5) WOODBURY		Bldg. Age 100+										
County (6) GLOUCESTER	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) VACANT										
Name of Monitoring Firm Hired by Building Owner (8) ACER ASSOC.		ASCM No.	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.									
Street Address 1012 INDUSTRIAL DRIVE		Street Address 570 CLEMS RUN										
City, State, Zip Code WEST BERLIN NJ 08091		City, State, Zip Code MULLICA HILL NJ 08062										
Project Manager for Monitoring Firm MATT DEPALMA		Telephone No. 856-905-7703	Telephone No. 610-304-4676									
		License No. 01145										
Start Date (10) 03/12/2026	Scheduled Completion Date (11) 03/20/2026		Name of OSHA Monitor EMSL									
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 200 RT. 130 NORTH										
		City, State, Zip Code CINNAMINSON NJ 08077										
Scope of Work (Check All That Apply)												
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)				Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A	Removal	Repair	Encapsulate	Enclosure					
BASEMENT			X	DUCT PAPER	140 LF	X						
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL		NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 4	Name of Registered Landfill MINERVA LANDFILL								
City, State MULLICA HILL NJ		Disposal Date 03/20/2026	City, State WAYNESBURG, OH									
Completed by RON SWANSON		Title GENERAL MANAGER	Signature <i>Ron Swanson</i>		Date 03/02/2026							

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

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Date of Notification (1) 03/01/26		Name of Building Owner/Operator (2)	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 62 Rumson Rd.	
		City, State, Zip Code Rumson, NJ 07760	
		Name of Contact	Telephone Number

MAR - 6 2025

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 62 Rumson Rd.		Square Feet 6990	# of Floors 2
City (5) Rumson		Bldg. Age 100+	
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting LLC.		ASCM No. 0023	Name of Abatement Contractor (9) Lesco Services Inc.
Street Address 1600 Route 22 East		Street Address 156 Maple Ave.	
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Wallington, NJ 07057	
Project Manager for Monitoring Firm Tom Gulya		Telephone No. 908-688-7800	Telephone No. 862-221-9092
		License No. 01107	
Start Date (10) 03/11/26	Scheduled Completion Date (11) 03/18/26	Name of OSHA Monitor Leslaw Nalodka	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 156 Maple Ave.	
		City, State, Zip Code Wallington, NJ 07057	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			*	pipe insulation	60 lf.	*			

Name of Registered Waste Hauler Century Waste Services LLC.		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 2 cy.	Name of Registered Landfill GCSL	
City, State Elizabeth, NJ		Disposal Date 03/19/26	City, State Pen Agryl, PA		
Completed by Leslaw Nalodka		Title President	Signature 		Date 03/02/26

50154

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

W 34982

Date of Notification (1) <u>03</u> / <u>02</u> / <u>26</u>		Name of Building Owner/Operator (2) Lynx Waste & Recycling, Inc.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P O Box 188	
		City, State, Zip Code Spring Lake, NJ 07762	
		Name of Contact	Telephone Number

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NEW JERSEY LICENSURE

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 737 20th Avenue		Square Feet 1000	Bldg. Age 85
City (5) Belmar	County Code (7)(STATE USE ONLY)	# of Floors 1	Current Use (Prior if being demolished) Residence
County (6) Monmouth	Name of Abatement Contractor (9) Guardian Contracting, Inc.		

Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address 1889 Route 9, Unit 61		Street Address	
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) <u>03</u> / <u>16</u> / <u>26</u>	Scheduled Completion Date (11) <u>03</u> / <u>20</u> / <u>26</u>	Name of OSHA Monitor E.M.S.L. Analytical
--	---	--

Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	Street Address 1056 Stelton
	City, State, Zip Code Piscataway, New Jersey 08854

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1000 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill
City, State Toms River, New Jersey		Disposal Date 03/20/26	City, State Morrisville, Pennsylvania
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 3/2/26

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08873

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

Date of Notification (1) 03-02-26		Name of Building Owner/Operator (2) Caravella Demolition Inc.								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 40 Deforest Ave.								
		City, State, Zip Code East Hanover, NJ 07936								
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 153 Cotelyous Lane		Square Feet	# of Floors 1							
City (5) Franklin Township		Bldg. Age								
County (6) Somerset	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.							
Street Address		Street Address 1119 East Grand St.								
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07201								
Project Manager for Monitoring Firm		Telephone No. 908 576-7646	License No. 01206							
Start Date (10) 03-16-26	Scheduled Completion Date (11) 03-30-26	Name of OSHA Monitor Delfa Contracting LLC								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1119 East Grand								
		City, State, Zip Code Elizabeth, NJ 07201								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) In Facility (13) <u>TO BE ABATED</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
1st Floor		X		VAT	330 SF	X				
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 10	Name of Registered Landfill Waste Management of Pennsylvania						
City, State Elizabeth, NJ		Disposal Date 03-20-26		City, State Fairless, PA						
Completed by Jaime Delgado		Title Proj. Manager.	Signature <i>Jaime Delgado</i>				Date 03-02-26			

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State of New Jersey

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

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MAR - 6 2025

Date of Notification (1) 03-02-26		Name of Building Owner/Operator (2) Caravella Demolition Inc.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 40 Deforest Ave.	
		City, State, Zip Code East Hanover, NJ 07936	
		Name of Contact	Telephone Number

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 200 Cotelyous Lane		Square Feet	# of Floors 1
City (5) Franklin Township		Bldg. Age	
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.	
Street Address		Street Address 1119 East Grand St.		
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07201		
Project Manager for Monitoring Firm		Telephone No. 908 576-7646	License No. 01206	
Start Date (10) 03-16-26	Scheduled Completion Date (11) 03-30-26		Name of OSHA Monitor Delfa Contracting LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1119 East Grand		
		City, State, Zip Code Elizabeth, NJ 07201		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor		x		Flooring Paper Vapor Barrier	2,000 SF	x			
Throughout Interior 1st Floor		x		Joint Compound	8,000 SF	x			
1st Floor Living Room		x		Glue Dots	530 SF	x			
Exterior		x		Widow Glazing	450 LF	x			

Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 40	Name of Registered Landfill Waste Management of Pennsylvania	
City, State Elizabeth, NJ		Disposal Date 03-20-26		City, State Fairless, PA	
Completed by Jaime Delgado		Title Proj. Manager.	Signature <i>Jaime Delgado</i>		Date 03-02-26

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

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MAR - 5 2026

Date of Notification (1) 03/02/2026		Name of Building Owner/Operator (2) MAR - 5 2026	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 501 Green Lane	
		City, State, Zip Code Union NJ 07083	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 501 Green Lane		Square Feet	# of Floors
City (5) Union		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. 732-719-5649	License No. 1200
Start Date (10) 03/13/2026	Scheduled Completion Date (11) 03/13/2026	Name of OSHA Monitor AAA Lead Professionals	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe:		Street Address 6 White Dove Court	
		City, State, Zip Code Lakewood, NJ, 08701	

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No. 35103	Cubic Yards of Waste 3	Name of Registered Landfill BEST	
City, State Lakewood, NJ		Disposal Date 03/13/2026		City, State BETHLEHEM, PA	
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature 		Date 03/02/2026

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

RECEIVED

MAR - 6 2026

Date of Notification (1) 03/02/2026		Name of Building Owner/Operator (2)										
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 32 Cranberry Ct										
		City, State, Zip Code Medford NJ 08055										
		Name of Contact	Telephone Number									
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)										
Street Address 32 Cranberry Ct		Square Feet N/A	# of Floors N/A									
City (5) Medford NJ 08055		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. 973-345-8685	License No. 02097									
Start Date (10) 03/11/2026	Scheduled Completion Date (11) 03/15/2026	Name of OSHA Monitor D&S Abatement Company LLC										
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>non-occupied</u>		Street Address 329 Parish Dr										
		City, State, Zip Code Wayne, NJ 07470										
Scope of Work (Check All That Apply)												
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition										
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)				Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A	Removal	Repair	Encapsulate	Enclosure					
First floor Kitchen		x		Sheetrock	350	x						
Name of Registered Waste Hauler D&S Abatement Company LLC		NJDEP Waste Hauler ID No. 0036309	Cubic Yards of Waste TBD	Name of Registered Landfill TRRF								
City, State Wayne NJ		Disposal Date TBD		City, State Tullytown, PA								
Completed by Dejan Antic Dopsaj		Title President	Signature 			Date 03/02/2026						

2036

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



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Date of Notification (1) 03/09/2026		Name of Building Owner/Operator (2)	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 639 Fairmount Ave. City, State, Zip Code Westfield, NJ 07090	
		Name of Contact _____ Telephone Number _____	

MAR 12 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 639 Fairmount Ave.		Square Feet 2,600	# of Floors 4
City (5) Westfield		Bldg. Age 98	
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) IRIS Environmental Services		ASCM No. _____	Name of Abatement Contractor (9) Acme Professional Services Corp	
Street Address 2333 Route 22 West		Street Address 170 Kinnelon Rd, Suite 32		
City, State, Zip Code Union NJ 07083		City, State, Zip Code Kinnelon, NJ 07405		
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. _____	Telephone No. 973-938-5266	License No. 02003

Start Date (10) 03/10/2026	Scheduled Completion Date (11) 03/13/2026	Name of OSHA Monitor Arsenije Adamov	
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Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____	Street Address 170 Kinnelon Rd, Suite 32	
	City, State, Zip Code Kinnelon, NJ 07405	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor - foyer/Family Room		✓		Ceiling Plaster	185 SF	✓			
1st Floor - foyer/Family Room		✓		Wall Plaster	125 SF	✓			
2nd Floor - Bedroom		✓		Ceiling Plaster	144 Sf	✓			
2nd Floor - Bedroom		✓		Wall Plaster	64 Sf	✓			

Name of Registered Waste Hauler Acme Professional Services Corp		NJDEP Waste Hauler ID No. 0038176	Cubic Yards of Waste 4	Name of Registered Landfill Fairless Landfill	
City, State Kinnelon, NJ		Disposal Date 03/16/2026		City, State Morrisville, PA	

Completed by Samantha Zamora	Title Project Coordinator	Signature <i>Samantha Zamora</i>	Date 03/09/2026
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

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MAR 12 2025

ASBESTOS CONTROL & LICENSURE

Date of Notification (1) 3-09-2026		Name of Building Owner/Operator (2)	
Agencies Notified	Type Notification	Street Address	City, State, Zip Code
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	322 Diamond Bridge Ave	Hawthorne, NJ
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 322 Diamond Bridge Ave.		Type of Facility (4)		
Street Address 322 Diamond Bridge Ave.		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Hawthorne		Square Feet 1,514	# of Floors 1	Bldg. Age 1988
County (6) Passaic County		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential Home
Name of Monitoring Firm Hired by Building Owner (8) Efex Environmental Inc		ASCM No. 114208	Name of Abatement Contractor (9) General Contracting Group	
Street Address 955 Evergreen Avenue		Street Address 54 Old Chimney Road		
City, State, Zip Code Bronx, NY 104		City, State, Zip Code Upper Saddle River, NJ 07458		
Project Manager for Monitoring Firm Ehis igbinosa		Telephone No. (646) 350-9079	Telephone No. 551-308-5069	License No. 02086
Start Date (10) 3/9/26		Scheduled Completion Date (11) 3/9/26		Name of OSHA Monitor General Contracting Group
Occupancy Status During Abatement (Check Only One)		Street Address 54 Old Chimney Road		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code Upper Saddle River, NJ 07458		

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste	Name of Registered Landfill Grand Central	
City, State 623 Dowd Ave Elizabeth, NJ			Disposal Date	City, State Pen Argyl Pa	
Completed by Seamus Schofield		Title President	Signature 		Date 9/03/26

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

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Date of Notification (1) 03/02/2026		Name of Building Owner/Operator (2) WTJV Urban Renewal LLC D/B/A Wesley Towers		Chk 5125
Agencies Notified		Street Address 444 Mt. Prospect Avenue		
Type Notification		City, State, Zip Code Newark, NJ 07104		
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	Name of Contact Jeanice Pagan		Telephone Number 973-484-4441
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended			
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment #			
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)			
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Wesley Towers		Type of Facility (4)		
Street Address 444 Mount Prospect Ave		<input type="checkbox"/> School (K-12)	<input type="checkbox"/> Subchapter 8 (Other than K-12)	
City (5) Newark		<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
County (6) Essex		Square Feet 230k +	# of Floors 16	Bldg. Age 59
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Apartment Building		
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services LLC		ASCM No. 00118	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 Bloomington, NJ 07403		
Project Manager for Monitoring Firm Gary Clare		Telephone No. 800-423-0766	Telephone No. 973-928-3995	License No. 01181
Start Date (10) 03/13/2026	Scheduled Completion Date (11) 03/25/2026	Name of OSHA Monitor Hazmat Diagnostic LLC		
Occupancy Status During Abatement (Check Only One)		Street Address 16 Glenwild Ave		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code Bloomington, NJ 07403		
<input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours				
<input checked="" type="checkbox"/> Other - Describe: 8:00am - 11:30pm				

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Game Room, Lobby, Admin Office,			x	Thermal Systems Insulation	150 LF	x			
Garage, Office Garage, Storage &									
Conference Room Offices									

Name of Registered Waste Hauler Hazmat Diagnostic LLC		NJDEP Waste Hauler ID No. 0035440	Cubic Yards of Waste TBD	Name of Registered Landfill WM Grand Central Landfill	
City, State Bloomington, NJ		Disposal Date TBD		City, State Pen Argyl, PA	
Completed by Deni Naumovski		Title President	Signature 		Date 03/02/2026

17192

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

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RECEIVED

Date of Notification (1) <u>3</u> / <u>3</u> / <u>26</u>		Name of Building Owner/Operator (2) Transcontinental Gas Pipe Line		Job # 2602-6544	Check# 17792
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 315 Cold Soil Rd.			
		City, State, Zip Code Princeton, NJ 08540			
		Name of Contact Kevin Schmidt		Telephone Number 610-755-8956	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Williams/Transco Dig #C1013786-1		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
Street Address 60 Hyacinth Drive		Square Feet	# of Floors	Bldg. Age
City (5) Fords		Current Use (Prior if being demolished) Gas Pipe Line		
County (6) Middlesex	County Code (7)(STATE USE ONLY)			

Name of Monitoring Firm Hired by Building Owner (8) NA	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.	
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Street Address	Street Address 30 Maple Ave. PO Box 25
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City, State, Zip Code	City, State, Zip Code Lumberton, NJ 08048
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Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609-265-2107	License No. 00529
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Start Date (10) <u>3</u> / <u>12</u> / <u>26</u>	Scheduled Completion Date (11) <u>3</u> / <u>13</u> / <u>26</u>	Name of OSHA Monitor IATL Analytical
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Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	Street Address 9000 Commerce Parkway Suite B
	City, State, Zip Code Mt Laurel, NJ 08054

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior #C1013786-1 Dig	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Coal Tar Wrap- 30" Line	15 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 12	Name of Registered Landfill Fairless Landfill
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City, State Lumberton, NJ	Disposal Date 3/13/26	City, State Morrisville, PA 19067
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Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature <i>Gwendolyn Trumbetti</i>	Date 3-3-26
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1791

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

1189654
RECEIVED

Date of Notification (1) 2 / 27 / 26		Name of Building Owner/Operator (2) Hartley Dodge Memorial Building Job #2508-6484 Check #17791	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 5 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 50 Kings Road	
		City, State, Zip Code Madison, NJ	
		Name of Contact Tyler Merson	Telephone Number 973-593-3042

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Hartley Dodge Memorial Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 50 Kings Road		Square Feet	# of Floors
City (5) Madison		Bldg. Age	
County (6) Morris	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) 2 / 20 / 26	Scheduled Completion Date (11) 3 20 / 20	Name of OSHA Monitor IATL
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___ AM- ___ PM/ ___ PM- ___ AM		Street Address 9000 Commerce Parkway
		City, State, Zip Code Mount Laurel, NJ 08054

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SEE ATTACHED	SEE ATTACHED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground Floor - 2 nd Fl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plaster	8 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler 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 3/20/26	City, State Morrisville, PA
Completed By (Print or Type) Gwen Trumbetti	Title Operations Coord.	Signature 	Date 2-27-26

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>2</u> / <u>25</u> / <u>26</u>		Name of Building Owner/Operator (2) PSE&G Lawrenceville HQ / Job #2509-6487 Check #	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>10</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	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) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 4140 Quakerbridge Rd.		Square Feet	# of Floors
City (5) Lawrenceville		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) <u>10</u> / <u>13</u> / <u>25</u>	Scheduled Completion Date (11) <u>3</u> / <u>31</u> / <u>26</u>	Name of OSHA Monitor IATL	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7AM-3:30PM/4PM-12AM</u>		Street Address 9000 Commerce Pkwy. Suite B	
		City, State, Zip Code Mount Laurel, NJ 08054	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SEE ATTACHED	SEE ATTACHED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Fl. Over head locker room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fittings	52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Fl. Under ground locker room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fittings	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Fl. Ladies locker room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fitting	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Veolia ES	NJDEP Waste Hauler ID No. 000151	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill
City, State Flanders, NJ		Disposal Date 3/31/26	City, State Morrisville, PA

Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 	Date 2-25-26
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no
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1189656

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

RECEIVED

FEB 27 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>2</u> / <u>18</u> / <u>26</u>		Name of Building Owner/Operator (2) Hartley Dodge Memorial Bldg. Job #2508-6484 Check #	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>3</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 50 Kings Road	
	City, State, Zip Code Madison, NJ		Telephone Number 973-593-3042
	Name of Contact Tyler Merson		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Hartley Dodge Memorial Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 50 Kings Road		Square Feet	# of Floors
City (5) Madison		Bldg. Age	
County (6) Morris	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) <u>1</u> / <u>5</u> / <u>26</u>	Scheduled Completion Date (11) <u>2</u> / <u>27</u> / <u>26</u>	Name of OSHA Monitor IATL	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 9000 Commerce Parkway	
		City, State, Zip Code Mount Laurel, NJ 08054	

Scope of Work (Check all that apply)

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

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

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 2/27/26	City, State Morrisville, PA
Completed By (Print or Type) Gwen Trumbetti	Title Operations Coord.	Signature 	Date 2-18-26

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

Date of Notification (1) <u>2</u> / <u>20</u> / <u>26</u>		Name of Building Owner/Operator (2) NJ DPMC / Job #2601-6534 Check #17708		RECEIVED					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA <small>(NJAC 5:23-8)</small>	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1 ON</u> <u>HOLD</u> <input type="checkbox"/> Emergency (including justification)	Street Address PO Box 0034		FEB 27 2026					
		City, State, Zip Code Trenton, NJ 08625		Telephone Number 609-292-9292					
		Name of Contact Business Admin		ASBESTOS CONTROL & LICENSING					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Richard J Hughes Justice Complex			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 25 Market Street			Square Feet	# of Floors	Bldg. Age				
City (5) Trenton, NJ 08611			Current Use (Prior if being demolished)						
County (6) Mercer		County Code (7)(STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 344 West State Street		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm William Weisgarber		Telephone No. 609-656-8101	Telephone No. 609-265-2107	License No. 00529					
Start Date (10) <u>2</u> / <u>9</u> / <u>26</u>		Scheduled Completion Date (11) <u>4</u> / <u>30</u> / <u>26</u>		Name of OSHA Monitor IATL					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___ AM- ___ PM/ ___ PM- ___ AM			Street Address 9000 Commerce Parkway Suite B						
			City, State, Zip Code Mount Laurel, NJ 08054						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior, Lower-Level Cooling Tower	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Grey Sealant/Caulk	600 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior, Lower-Level Cooling Tower	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Caulk	600 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Penthouse	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tan Caulk	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Gaskets assoc. with valves/flanges	200 units	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill					
City, State Lumberton, NJ		Disposal Date 4/30/26		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator	Signature <i>Gwendolyn Trumbetti</i>		Date 2-20-26				

APC

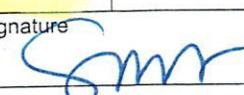
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

3939982

RECEIVED

FEB 27 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>2</u> / <u>18</u> / <u>26</u>		Name of Building Owner/Operator (2) Verizon Communications / Job #2602-6536 Check #							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 100 Greenwood Avenue							
		City, State, Zip Code Jenkintown, PA 19046							
		Name of Contact Peter Lesniak	Telephone Number 267-634-1010						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon- Burlington		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 446 High Street		Square Feet	# of Floors						
City (5) Burlington		Bldg. Age							
County (6) Burlington	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Offices							
Name of Monitoring Firm Hired by Building Owner (8) RBS Environmental Solution	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 24 Veterans Square		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Media, PA 19063		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Mike Stocku	Telephone No. 610-639-4294	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) <u>2</u> / <u>17</u> / <u>26</u>	Scheduled Completion Date (11) <u>2</u> / <u>19</u> / <u>26</u>	Name of OSHA Monitor IATL							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/ 3PM-12AM		Street Address 9000 Commerce Parkway Suite B							
		City, State, Zip Code Mount Laurel, NJ 08054							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Water Main Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	40 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Water Main Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Water Main Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Elbows	8	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 2/19/26	City, State Morrisville, PA						
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 			Date 2-18-26				

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

1182178
RECEIVED

Date of Notification (1) 2/27/26		Name of Building Owner / Operator (2) Trenton Board of Education							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #2 <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 1490 Prospect Street						
			City, State & Zip Code Trenton, NJ 08638						
			Name of Contact Dwayne Mosley	Telephone Number 609-656-4857					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Munoz Rivera Middle School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) NON SUBCHAPTER 8 <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 400 North Montgomery Street		Square Feet	# of Floors						
City (5) Trenton	County (6) Mercer	Bldg. Age							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		Name of Abatement Contractor (9) Bristol Environmental, Inc.							
Street Address 120 North Warren Street		Street Address 1123 Beaver Street							
City, State & Zip Code Trenton, NJ 08608		City, State & Zip Code Bristol, PA 19007							
Project Manager for Monitoring Firm Jordan Reed	Telephone Number 609-392-4200	Telephone Number (215)788-6040	License Number 02121						
Scheduled Start Date (10) 2/2/26	Scheduled Completion Date (11) 3/1/26	Name of OSHA Monitor Bristol Environmental LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 8AM-5PM Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 Beaver Street							
		City, State & Zip Code Bristol, PA 19007							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Mechanical Space/Crawlspace	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	40 LF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Space/Crawlspace	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	9 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawlspace	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Debris	130 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Bristol Environmental LLC		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 1 Cu Yd	Name of Registered Landfill Fairless Landfill					
City, State Bristol, PA		Disposal Date 2/3/26	City, State Morrisville, PA						
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>				Date 2/27/26		

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17788

4292560

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



Date of Notification (1) <u>2</u> / <u>24</u> / <u>26</u>		Name of Building Owner/Operator (2) Union County Vo-Tech School / Job #2602-6541 Check #17788	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1776 Raritan Rd.	
		City, State, Zip Code Scotch Plains, NJ 07076	
		Name of Contact Business Admin	Telephone Number 908-889-8288

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Union County Vo-Tech School- West Hall		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 1776 Raritan Rd.		Square Feet	# of Floors
City (5) Scotch Plains		Bldg. Age	
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) Environmental Connection, Inc.	ASCM No. 00030	Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address 120 North Warren Street		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 Rollie Jones	Telephone No. 609-392-4200	Telephone No. 609-265-2107	License No. 00529
Start Date (10) <u>3</u> / <u>9</u> / <u>26</u>	Scheduled Completion Date (11) <u>3</u> / <u>10</u> / <u>26</u>	Name of OSHA Monitor IATL	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/ 4PM-12:30AM		Street Address 9000 Commerce Parkway Suite B	
		City, State, Zip Code Mount Laurel, NJ 08054	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 338 Corridor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fitting Insulation	7 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOD Classroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fitting Insulation	2 LF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 10	Name of Registered Landfill Fairless Landfill
City, State Lumberton, NJ		Disposal Date 3/10/26	City, State Morrisville, PA
Completed By (Print or Type) Gwen Trumbetti	Title Operations Coordinator	Signature 	Date 2-24-26

1189656

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

17713

Date of Notification (1) 2 / 18 / 26		Name of Building Owner/Operator (2) Hartley Dodge Memorial Building Job #2508-6484 Check #17773							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 4 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 50 Kings Road		City, State, Zip Code Madison, NJ				
			Name of Contact Tyler Merson		Telephone Number 973-593-3042				
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Hartley Dodge Memorial Building			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 50 Kings Road			Square Feet	# of Floors	Bldg. Age				
City (5) Madison			County Code (7)(STATE USE ONLY)						
County (6) Morris			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) 2 / 20 / 26		Scheduled Completion Date (11) 2 / 27 / 26		Name of OSHA Monitor IATL					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM			Street Address 9000 Commerce Parkway						
			City, State, Zip Code Mount Laurel, NJ 08054						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure					
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Mini-Enclosure					
				<input checked="" type="checkbox"/> Glovebag Procedure					
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SEE ATTACHED	SEE ATTACHED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 2/27/26		City, State Morrisville, PA					
Completed By (Print or Type) Gwen Trumbetti		Title Operations Coord.	Signature 		Date 2-18-26				

17789

4591129



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

RECEIVED

Date of Notification (1) <u>2</u> / <u>24</u> / <u>26</u>		Name of Building Owner/Operator (2) Scotch Plains Fanwood Public Schools Job #2512-6523 Check #17789							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 512 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) McGinn ES				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 1100 Roosevelt Avenue				Square Feet	# of Floors				
City (5) Scotch Plains				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) <u>3</u> / <u>30</u> / <u>26</u>		Scheduled Completion Date (11) <u>4</u> / <u>2</u> / <u>26</u>		Name of OSHA Monitor IATL					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM			Street Address 9000 Commerce Parkway Suite B						
			City, State, Zip Code Mt Laurel, NJ 08054						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Hallway/Back Lobby Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pip & Fitting Insulation	45 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 40	Name of Registered Landfill FAIRLESS Landfill				
City, State Lumberton, NJ		Disposal Date 4/2/26		City, State Morrisville, PA					
Completed By (Print or Type) Lauren Welch		Title Asst Opp Coord		Signature 			Date 2-24-25		

17790

PAID

3666320

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

Date of Notification (1) <u>2</u> / <u>25</u> / <u>26</u>		Name of Building Owner/Operator (2) Scotch Plains Fanwood Public Schools Job #2512-6523 Check # 17790							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 512 Cedar Street		Telephone Number 908-232-6161				
			City, State, Zip Code Scotch Plains, NJ 07076						
			Name of Contact Business Admin						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Evergreen ES			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 2280 Evergreen Avenue			Square Feet	# of Floors	Bldg. Age				
City (5) Scotch Plains			Current Use (Prior if being demolished)						
County (6) Union		County Code (7) (STATE USE ONLY)							
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) <u>3</u> / <u>27</u> / <u>26</u>		Scheduled Completion Date (11) <u>4</u> / <u>3</u> / <u>26</u>		Name of OSHA Monitor IATL					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-3:30PM/4PM-12AM <i>↳ only on 3/27</i>			Street Address 9000 Commerce Parkway Suite B						
			City, State, Zip Code Mt Laurel, NJ 08054						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 100 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Crawlspace	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pip & Fitting Insulation		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill FAIRLESS Landfill					
City, State Lumberton, NJ		Disposal Date 4/3/26	City, State Morrisville, PA						
Completed By (Print or Type) Gwendolyn Dumas	Title Operations Manager	Signature 		Date 4-25-26					

1980

4285022

Print Form

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

RECEIVED

FEB 26 2026

Date of Notification (1) 2/18/2026		Name of Building Owner/Operator (2) Kingsbury West Preservation LLC.							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2 Park Ave, Floor 23							
		City, State, Zip Code NY, NY 10016							
		Name of Contact Eli Wise	Telephone Number (607) 434-8528						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) tower 1 and tower 2		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address : 1 Cooper St		Square Feet 178,074	# of Floors 20						
City (5) Trenton, NJ 08611		Bldg. Age 1970							
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) MAE CONSULTANS		ASCM No. 75768	Name of Abatement Contractor (9) Meridian Construction Group						
Street Address 99 Madison Avenue, Suite 615		Street Address 15404 11th Ave							
City, State, Zip Code New York, NY, 10016		City, State, Zip Code whitestone NY 11357-1917							
Project Manager for Monitoring Firm Mohymen Elzaky		Telephone No. 347 596 2427	Telephone No. 917-579-9464						
		License No. 02061							
Start Date (10) 05-07-25	Scheduled Completion Date (11) 05-05-2026	Name of OSHA Monitor Meridian Construction Group							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>apartments will me vacate During the Abatement</u>		Street Address 15404 11th Ave							
		City, State, Zip Code whitestone NY 11357-1917							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <small>only when its need it</small> <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2A-3A-4A-5A-6A-7A-9A-10A-11A-12A		X		VERMICULATE FILL / TOP OF THE WINDOW	185 LF	X			
13A-14A-15A-16A-17A-18A-19A		X		VERMICULATE FILL / TOP OF THE WINDOW	129 LF	X			
1B-2B-3B-4B-5B-7B-11B-12B-13B-14B		X		VERMICULATE FILL / TOP OF THE WINDOW	122 LF	X			
15B-16B-17B-19B		X		VERMICULATE FILL / TOP OF THE WINDOW	49 LF	X			
Name of Registered Waste Hauler CENTURY WASTE SERVICES LLC		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 40	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State 623 Dowd Avenue Elizabeth, New Jersey 07201		Disposal Date 6/30/26		City, State Pen Argyl, pa					
Completed by GUILLERMO ORTEGA		Title Proj. Manager.		Signature <i>Guillermo Ortega</i>			Date 2/18/26		

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

Date of Notification (1) 2/18/26		Name of Building Owner/Operator (2) Kingsbury West Preservation LLC.							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 2 Park Ave, Floor 23		City, State, Zip Code NY, NY 10016				
			Name of Contact Eli Wise		Telephone Number (607) 434-8528				
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Tower 1 and tower 2			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address : 1 Cooper St			Square Feet 178,074	# of Floors 20	Bldg. Age 1970				
City (5) Trenton, NJ 08611		County (6) Mercer		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8) MAE CONSULTANS		ASCM No. 75768	Name of Abatement Contractor (9) Meridian Construction Group						
Street Address 99 Madison Avenue, Suite 615			Street Address 15404 11th Ave						
City, State, Zip Code New York, NY, 10016			City, State, Zip Code whitestone NY 11357-1917						
Project Manager for Monitoring Firm Mohymen Elzaky		Telephone No. 347 596 2427	Telephone No. 917-579-9464	License No. 02061					
Start Date (10) 05-07-25		Scheduled Completion Date (11) 05-05-2026	Name of OSHA Monitor Meridian Construction Group						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>apartments will me vacate During the Abatement</u>			Street Address 15404 11th Ave						
			City, State, Zip Code whitestone NY 11357-1917						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <small>only when its need it</small> <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1G-3G-5G-7G-8G-11G-112G-13G-14G-15G-17G		X		VERMICULATE FILL / TOP OF THE WINDOW	222 LF	X			
1H-2H-3H-4H-5H-6H-7H-8H-9H-10H-11H-12H		X		VERMICULATE FILL / TOP OF THE WINDOW	113 LF	X			
13H-14H-15H-16H-17H-18H-19H		X		VERMICULATE FILL / TOP OF THE WINDOW	66 LF	X			
8A-1A		X		VERMICULATE FILL / 9X9 TILE	16L/1148 SF	X			
Name of Registered Waste Hauler CENTURY WASTE SERVICES LLC		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 40	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State 623 Dowd Avenue Elizabeth, New Jersey 07201			Disposal Date 6/30/26	City, State Pen Argyl, pa					
Completed by GUILLERMO ORTEGA		Title Proj. Manager.	Signature <i>Guillermo Ortega</i>		Date 2/18/26				

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

Date of Notification (1) 2/18/26		Name of Building Owner/Operator (2) Kingsbury West Preservation LLC.							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 2 Park Ave, Floor 23						
			City, State, Zip Code NY,NY 10016						
		Name of Contact Eli Wise	Telephone Number (607) 434-8528						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) tower 1 and tower 2		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address : 1 Cooper St		Square Feet 178,074	# of Floors 20						
City (5) Trenton, NJ 08611		Bldg. Age 1970							
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) MAE CONSULTANS		ASCM No. 75768	Name of Abatement Contractor (9) Meridian Construction Group						
Street Address 99 Madison Avenue, Suite 615		Street Address 15404 11th Ave							
City, State, Zip Code New York, NY,10016		City, State, Zip Code whitestone NY 11357-1917							
Project Manager for Monitoring Firm Mohymen Elzaky		Telephone No. 347 596 2427	Telephone No. 917-579-9464						
		License No. 02061							
Start Date (10) 05-07-25	Scheduled Completion Date (11) 05-05-2026	Name of OSHA Monitor Meridian Construction Group							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>apartments will me vacate During the Abatement</u>		Street Address 15404 11th Ave							
		City, State, Zip Code whitestone NY 11357-1917							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <small>only when its need it</small> <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
6B-8B-9B-10B-18B		X		VERMICULATE FILL / 9X9 TILE	61LF/2855 SF	X			
5C-8C-10C-12C-13C-14C-16C-18C		X		VERMICULATE FILL / 9X9 TILE	148LF/4568 SF	X			
3D-8D-9D-14D-15D-19D		X		VERMICULATE FILL / 9X9 TILE	56LF/3426 SF	X			
2E-7E-8E-10E-13E-17E		X		VERMICULATE FILL / 9X9 TILE	61LF/2855 SF				
Name of Registered Waste Hauler CENTURY WASTE SERVICES LLC		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 40	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State 623 Dowd Avenue Elizabeth, New Jersey 07201		Disposal Date 6/30/26	City, State Pen Argyl, pa						
Completed by GUILLERMO ORTEGA		Title Proj. Manager.	Signature <i>Guillermo Ortega</i>		Date 2/18/26				

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

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

Date of Notification (1) 2/18/26		Name of Building Owner/Operator (2) Kingsbury West Preservation LLC.							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 2 Park Ave, Floor 23 City, State, Zip Code NY, NY 10016 Name of Contact Eli Wise Telephone Number (607) 434-8528						
	FACILITY INFORMATION								
	Name of Facility Where Abatement is Taking Place (3) tower 1 and tower 2 Street Address : 1 Cooper St City (5) Trenton, NJ 08611 County (6) Mercer		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet 178,074 # of Floors 20 Bldg. Age 1970 County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) Residential						
Name of Monitoring Firm Hired by Building Owner (8) MAE CONSULTANS Street Address 99 Madison Avenue, Suite 615 City, State, Zip Code New York, NY, 10016 Project Manager for Monitoring Firm Mohymen Elzaky Start Date (10) 05-07-25		ASCM No. 75768 Telephone No. 347 596 2427	Name of Abatement Contractor (9) Meridian Construction Group Street Address 15404 11th Ave City, State, Zip Code whitestone NY 11357-1917 Telephone No. 917-579-9464 License No. 02061						
Scheduled Completion Date (11) 05-05-2026		Name of OSHA Monitor Meridian Construction Group Street Address 15404 11th Ave City, State, Zip Code whitestone NY 11357-1917							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>apartments will me vacate During the Abatement</u>									
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <small>only when its need it</small> <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
3F-5F-6F-8F-15F-17F-18F		X		VERMICULATE FILL / 9X9 TILE	56LF/3426 SF	X			
2G-4G-6G-9G-10G-17G-18G-19G		X		VERMICULATE FILL / 9X9 TILE	148LF/4568 SF	X			
		X				X			
		X							
Name of Registered Waste Hauler CENTURY WASTE SERVICES LLC		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 40	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State 623 Dowd Avenue Elizabeth, New Jersey 07201			Disposal Date 6/30/26	City, State Pen Argyl, pa					
Completed by GUILLERMO ORTEGA		Title Proj. Manager.	Signature <i>Guillermo Ortega</i>			Date 2/18/26			

10930

4349893

Print Form

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

RECEIVED

FEB 26 2026

Date of Notification (1) 02/20/2026		Name of Building Owner/Operator (2)	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 71 Ivy Way	
		City, State, Zip Code Aberdeen, NJ 07747	
		Name of Contact	Telephone Number

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 71 Ivy Way		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Aberdeen	Square Feet 1,785	# of Floors 1	Bldg. Age 65	
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence		

Name of Monitoring Firm Hired by Building Owner (8) Management & Environmental Consulting Serv		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address PO Box 341		Street Address 623 Cutler Avenue		
City, State, Zip Code 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) 03/03/2026	Scheduled Completion Date (11) 03/06/2026	Name of OSHA Monitor EMSL Analytical, Inc.		
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Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 200 Route 130 North		
		City, State, Zip Code Cinnaminson, NJ 08077		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Living Room & Hallway			X	Floor Tile & Mastic	366 SF	X			

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill	
City, State Freehold, NJ		Disposal Date 03/06/2026		City, State Morrisville, PA	
Completed by Shannon Thomson		Title Operations Manager	Signature <i>Shannon Thomson</i>		Date 02/20/2026

10029

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

4346400
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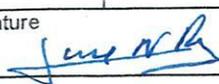
Date of Notification (1) 02/20/2026		Name of Building Owner/Operator (2) FEB 26 2026								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 34 N. Lecato Avenue City, State, Zip Code Audubon, NJ 08106 Name of Contact _____ Telephone Number _____							
	FACILITY INFORMATION									
	Name of Facility Where Abatement is Taking Place (3) Street Address 34 N. Lecato Avenue City (5) Audubon County (6) Camden		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet: 1,344 # of Floors: 1 Bldg. Age: 61 County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Management & Environmental Consulting Serv		ASCM No. _____	Name of Abatement Contractor (9) Shade Environmental, LLC Street Address 623 Cutler Avenue City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Nora Pearse		Telephone No. 609-298-4070	Telephone No. 856-755-0099 License No. 00842							
Start Date (10) 02/27/2026	Scheduled Completion Date (11) 03/03/2026	Name of OSHA Monitor EMSL Analytical, Inc.								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077								
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Kitchen			X	Sheet Vinyl & Mastic	137 SF	X				
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill						
City, State Freehold, NJ		Disposal Date 03/03/2026		City, State Morrisville, PA						
Completed by Shannon Thomson		Title Operations Manager	Signature <i>Shannon Thomson</i>				Date 02/20/2026			

000267

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

4319895

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Date of Notification (1) 02/20/2026		Name of Building Owner/Operator (2)							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 217 William St City, State, Zip Code Scotch Plains NJ 07076 Name of Contact Telephone Number					
FEB 27 2026									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 217 William St City (5) Scotch Plains County (6) Union				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age +50 County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) United Demo LLC						
Street Address		Street Address 143 Acme St	City, State, Zip Code Elizabeth NJ 07202						
City, State, Zip Code		City, State, Zip Code Elizabeth NJ 07202	Telephone No. 862-218-3930	License No. 02045					
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 862-218-3930	License No. 02045					
Start Date (10) 03/02/2026		Scheduled Completion Date (11) 03/02/2026	Name of OSHA Monitor United Demo LLC						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 143 Acme St City, State, Zip Code Elizabeth NJ 07202						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	40 LF	X			
Name of Registered Waste Hauler 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 Manager	Signature 		Date 02/20/2026				

000266

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

4349894

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FEB 27 2026

Date of Notification (1) 02/20/2026		Name of Building Owner/Operator (2)	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 83 Booram Ave	
		City, State, Zip Code Milltown NJ 08850	
		Name of Contact Junior Figueroa	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 83 Booram Ave		Square Feet	# of Floors
City (5) Milltown		Bldg. Age +50	
County (6) Middlesex	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 3 G		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) 03/03/2026	Scheduled Completion Date (11) 03/07/2026	Name of OSHA Monitor United Demo LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 143 Acme St	
		City, State, Zip Code Elizabeth NJ 07202	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Floor Tile and Mastic	760 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 Manager	Signature 		Date 02/20/2026	

10430

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

4349897

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Date of Notification (1) 2/25/26		Name of Building Owner/Operator (2)	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 725 Golf View Rd	
		City, State, Zip Code Moorestown NJ 08057	
		Name of Contact	Telephone Number

FEB 27 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 725 Golf View Rd		Square Feet 8000	# of Floors 2
City (5) Moorestown NJ 08057		Bldg. Age 50+	Current Use (Prior if being demolished)
County (6) Burlington	County Code (7) (STATE USE ONLY)	Name of Abatement Contractor (9) Pernaco Inc.	
Name of Monitoring Firm Hired by Building Owner (8) N/A		Street Address PO Box 329	
Street Address		City, State, Zip Code West Berlin NJ 08091	
City, State, Zip Code		Telephone No. 856-753-9800	License No. 00727
Project Manager for Monitoring Firm	Telephone No.	Name of OSHA Monitor Same	
Start Date (10) 3/9/26	Scheduled Completion Date (11) 3/13/26	Street Address	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Dining Room			x	Plaster Ceiling	224 SF	x			

Name of Registered Waste Hauler Pernaco Inc		NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Hills	
City, State W Berlin NJ		Disposal Date 3/13/26		City, State Morrisville PA 19067	
Completed by Anthony T Perna		Title President	Signature 		Date 2/25/26

2281



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4347014

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

FEB 27 2026

Date of Notification (1) 2/25/2026		Name of Building Owner/Operator (2) ASBESTOS CONTROL & LICENSING						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 647 Ridgewood Avenue		City, State, Zip Code Montclair, NJ 07043				
		Name of Contact		Telephone Number				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)					
Street Address 647 Ridgewood Avenue			Square Foot 2,200	# of Floors 2	Bldg. Age 55+			
City (5) Montclair, NJ 07043			County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Unicorn Contracting Corp.					
Street Address			Street Address 14 Willow Street					
City, State, Zip Code			City, State, Zip Code Bloomfield, NJ 07003					
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-333-9176	License No. 01331				
Start Date (10) 2/27/2026		Scheduled Completion Date (11) 2/27/2026		Name of OSHA Monitor Envirovision Consultants, Inc.				
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8am-4:30pm</u>			Street Address 20-21 Wagaraw Rd., Bldg. 35-E					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf			City, State, Zip Code Fair Lawn, NJ 07410					
			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition					
			<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Formally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
Basement boiler room		X		TSI	15 LF	X		
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844		Cubic Yards of Waste 1+	Name of Registered Landfill Fairless Hills Landfill			
City, State Bloomfield, New Jersey				Disposal Date TBD	City, State Morrisville, PA			
Completed by Blazhe Grozdanov			Title Project Manager	Signature 	Date 2/25/2026			

19-814292493

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

U349407

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Date of Notification (1) 02 / 23 / 25		Name of Building Owner/Operator (2) Princeton University		FEB 27 2026					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address E.A MacMillian Building		ASBESTOS CONTROL & LICENSING					
		City, State, Zip Code Princeton NJ. 08540							
		Name of Contact Eric Emery	Telephone Number 609-258-3432						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Shapiro Walk Tunnel			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address Shapiro Walk & Olden Street			Square Feet 150000 +/-	# of Floors 2	Bldg. Age 112 +/-				
City (5) Princeton		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Vacant						
County (6) Mercer		Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.	ASCM No.	Name of Abatement Contractor (9) USA Environmental Management, Inc.					
Street Address 1253 North hurch Street		Street Address 8436 Enterprise Avenue							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Philadelphia, PA 19153							
Project Manager for Monitoring Firm Michael R. Keehn		Telephone No. 856-840-8800	Telephone No. 215-365-5810	License No. 1156					
Start Date (10) 03 / 05 / 26	Scheduled Completion Date (11) 03 / 06 / 26		Name of OSHA Monitor USA Environmental Management, Inc						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00 AM-5:00PM/ _____ PM- _____ AM			Street Address 8436 Enterprise Avenue						
			City, State, Zip Code Philadelphia, PA 19153						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Tunnel	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	6 LS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tunnel	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos Contaminated soil	15 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler USA Environmental Management, Inc.		NJDEP Waste Hauler ID No. 32610	Cubic Yards of Waste 1 CY	Name of Registered Landfill Tullytown					
City, State Philadelphia, PA		Disposal Date 03/31/2026		City, State Morrisville, PA					
Completed By (Print or Type) James Mscisz	Title Program Manager	Signature FOR J. Mscisz		Date 02-23-26					

3542

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

4349910
RECEIVED
Check 3542

Print Form

FEB 25 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 02/19/2026		Name of Building Owner/Operator (2)								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 150 Worth St								
		City, State, Zip Code Iselin, NJ 08830								
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 150 Worth St		Square Feet 1,159	# of Floors 1							
City (5) Iselin, NJ 08830		Bldg. Age 1948								
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. 201- 466-0166	License No. 02126							
Start Date (10) 03/02/2026	Scheduled Completion Date (11) 03/07/2026	Name of OSHA Monitor								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Attic		X		exhaust duct	8 LF			X	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 03/07/2026		City, State Pen Argyl, PA						
Completed by Lubica Perez		Title Owner		Signature <i>Lubica Perez</i>			Date 02/19/2026			

3541

4346120

Print Form

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

Check 3541
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Date of Notification (1) 02/19/2026		Name of Building Owner/Operator (2)							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 22 Corey St		City, State, Zip Code Fords, NJ 08863					
		Name of Contact		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 22 Corey St			Square Feet 1,156	# of Floors 2	Bldg. Age 1920				
City (5) Fords, NJ 08863		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
County (6) Middlesex		Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) VEL Construction, LLC					
Street Address		Street Address 75 Voorhis Place		City, State, Zip Code Ringwood NJ 07456					
City, State, Zip Code		Telephone No. 201- 466-0166		License No. 02126					
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor					
Start Date (10) 02/20/2026		Scheduled Completion Date (11) 02/27/2026		Street Address					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code		City, State, Zip Code					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		pipe wrap	68 LF	X			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 5		Name of Registered Landfill Grand Central Sanitary Landfill			
City, State Elizabeth, NJ		Disposal Date 02/27/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner		Signature Lubica Perez		Date 02/19/2026			

3540

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

4346118

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Date of Notification (1) 02/19/2026		Name of Building Owner/Operator (2) <p style="text-align: right; color: red;">FEB 25 2026</p>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2 Williams Ave		ASBESTOS CONTROL & LICENSING					
		City, State, Zip Code Middletown Township, NJ 07748							
		Name of Contact		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 2 Williams Ave			Square Feet 1,606	# of Floors 1	Bldg. Age 1939				
City (5) Middletown Township, NJ 07748			Current Use (Prior if being demolished)						
County (6) Monmouth		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC						
Street Address		Street Address 75 Voorhis Place							
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201- 466-0166	License No. 02126					
Start Date (10) 02/21/2026		Scheduled Completion Date (11) 02/28/2026		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address						
			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First floor		X		floor tile	818 SF	X			
Crawl space		X		HEPA vacuum	360 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 02/28/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner		Signature Lubica Perez		Date 02/19/2026			

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

3528

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

434611

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FEB 25 2026

Date of Notification (1) 02/19/2026		Name of Building Owner/Operator (2)								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 101 Hun Rd								
		City, State, Zip Code Princeton, NJ 08540								
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 101 Hun Rd		Square Feet 5,607	# of Floors 2							
City (5) Princeton, NJ 08540		Bldg. Age 1985								
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) 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) 02/20/2026	Scheduled Completion Date (11) 02/27/2026	Name of OSHA Monitor								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Basement		X		floor tile & mastic	542 SF	X				
Basement		X		Cork flooring	462 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 Mercer County Landfill						
City, State Elizabeth, NJ		Disposal Date 02/27/2026		City, State Ewing Township, NJ 08638						
Completed by Lubica Perez		Title Owner		Signature Lubica Perez				Date 02/19/2026		

3539

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

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Date of Notification (1) 02/19/2026		Name of Building Owner/Operator (2) FEB 25 2026							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 69 Nassau St ASBESTOS CONTROL & LICENSING						
	City, State, Zip Code Clark, NJ 07066		Name of Contact Telephone Number						
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 69 Nassau St		Square Feet 1,220	# of Floors 1						
City (5) Clark, NJ 07066		Bldg. Age 1961							
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.		License No. 02126							
Start Date (10) 02/21/2026	Scheduled Completion Date (11) 02/28/2026		Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address City, State, Zip Code						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		floor tile	243 sf	x			
Basement		x		mastic	732 sf	x			
Basement		x		glued down carpet	132 sf	x			
Basement		x		paneling	101 LF	x			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Elizabeth, NJ		Disposal Date 02/28/2026	City, State Pen Argyl, PA						
Completed by Lubica Perez		Title Owner	Signature <i>Lubica Perez</i>		Date 02/19/2026				

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

3538

4346129

Print Form

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

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FEB 25 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 02/19/2026		Name of Building Owner/Operator (2)							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 30 Kings Rd		City, State, Zip Code East Brunswick, NJ 08816					
		Name of Contact		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 30 Kings Rd			Square Feet 2,345	# of Floors 2	Bldg. Age 1966				
City (5) East Brunswick, NJ 08816		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
County (6) Middlesex		Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) VEL Construction, LLC					
Street Address		ASCM No.		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) 02/26/2026		Scheduled Completion Date (11) 03/05/2026		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address					
				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf		<input checked="" type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Full Containment with Negative Pressure					
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure					
				<input type="checkbox"/> Glovebag Procedure					
				<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		floor tile	348 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 03/05/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner		Signature Lubica Perez			Date 02/19/2026		

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

1026

1171819

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

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Date of Notification (1) 2/17/2026		Name of Building Owner/Operator (2) Housing Authority of the City of Bayonne								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 49 Avenue A.								
		City, State, Zip Code Bayonne NJ. 07002								
		Name of Contact John Mahon	Telephone Number 201 988-5146							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Back Bay Gardens		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 535 Avenue A		Square Feet	# of Floors							
City (5) Bayonne		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) NorthEast Management LLC							
Street Address		Street Address 41 Madison Avenue								
City, State, Zip Code		City, State, Zip Code Rochelle Park, NJ 07662								
Project Manager for Monitoring Firm		Telephone No. 201-655-4267	License No. 02008							
Start Date (10) 2/27/2026	Scheduled Completion Date (11) 3/13/2026	Name of OSHA Monitor NorthEast Management LLC								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 41 Madison Avenue								
		City, State, Zip Code Rochelle Park, NJ 07662								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure								
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure								
		<input type="checkbox"/> Glovebag Procedure								
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Throughout			X	Floor Tiles	1,000SF	X				
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill						
City, State Elizabeth, NJ		Disposal Date		City, State Morrisville, PA						
Completed by Sonja Dimovska		Title Owner	Signature <i>S. Dimovska</i>				Date 2/17/2026			

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

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FEB 24 2026

Date of Notification (1) <u>2 / 16 / 2026</u>		Name of Building Owner/Operator (2)	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>33 WEST NEWELL AVE</u>	
		City, State, Zip Code <u>RUTHEFORD, NEW JERSEY 07070</u>	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <u>HOME</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <u>33 WEST NEWELL AVE</u>		Square Feet <u>2,800 SF</u>	# of Floors <u>2</u>
City (5) <u>RUTHEFORD</u>		Bldg. Age <u>1920</u>	
County (6) <u>BERGEN COUNTY</u>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <u>HOME</u>	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <u>TRUE STAR CONTRACTING</u>
Street Address		Street Address <u>54 HEDDEN TERRACE</u>	
City, State, Zip Code		City, State, Zip Code <u>NORTH ARLINGTON, NEW JERSEY 07031</u>	
Project Manager for Monitoring Firm		Telephone No. <u>(201) 790-4530</u>	License No. <u>02047</u>
Start Date (10) <u>2 / 26 / 2026</u>	Scheduled Completion Date (11) <u>3 / 2 / 2026</u>	Name of OSHA Monitor <u>TRUE STAR CONTRACTING</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___ AM- ___ PM/ ___ PM- ___ AM		Street Address <u>54 HEDDEN TERRACE</u>	
		City, State, Zip Code <u>NORTH ARLINGTON, NEW JERSEY 07031</u>	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>BASEMENT</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>THERMAL SYSTEM INSULATION</u>	<u>50 LF</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <u>TRUE STAR CONTRACTING</u>		NJDEP Waste Hauler ID No. <u>0041405</u>	Cubic Yards of Waste <u>1</u>	Name of Registered Landfill <u>CHRIS BRO. LANDFILL</u>	
City, State <u>NORTH ARLINGTON, NEW JERSEY</u>		Disposal Date <u>TBD</u>	City, State <u>EASTON, PA</u>		
Completed By (Print or Type) <u>NESTOR M. AWEZ</u>	Title <u>PROJECT MANAGER</u>	Signature 	Date <u>2/16/2026</u>		

4022

4053510

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

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FEB 25 2020

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 02/17/2026		Name of Building Owner/Operator (2) International Flavors & Fragrances, Inc.		Check No. 4022
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification		Street Address 1515 State Highway 36	
	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Union Beach, New Jersey 07735	
			Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) International Flavors & Fragrances, Inc.		Type of Facility (4)		
Street Address 1515 State Highway 36		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Union Beach, New Jersey 07735		Square Feet 20000	# of Floors 2	Bldg. Age 50+
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Manufacturing Facility		
Name of Monitoring Firm Hired by Building Owner (8) Garden State Environmental		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation	
Street Address 555 South Broad Street		Street Address 246 Union Blvd		
City, State, Zip Code Glen Rock, New Jersey 07452		City, State, Zip Code Totowa, New Jersey 07512		
Project Manager for Monitoring Firm Daniela Mendes		Telephone No. 201-652-1119	Telephone No. 973-225-8400	License No. 01104
Start Date (10) 02/27/2026	Scheduled Completion Date (11) 03/02/2026		Name of OSHA Monitor Iris Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Union, NJ 07083		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF of LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 276			X	Elbows & Joints	35 ea.	X			
Slop sink			X	Elbows & Joints	5 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 March/2026		City, State Waynesburg, Ohio, PA	
Completed by Adriana Olejarova		Title President	Signature 		Date 02/17/2026

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

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

4349941

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Date of Notification (1) 02/20/2026		Name of Building Owner/Operator (2) PARK AVE REALTY INVESTMENTS	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 130 PATRICK AVE	
		City, State, Zip Code EMERSON, NJ 07630	
		Name of Contact	Telephone Number

FEB 25 2026

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 247 BOWERS ST		Square Feet 1500	# of Floors 2
City (5) JERSEY CITY		Bldg. Age +50	
County (6) HUDSON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HOUSE	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) MALCO ENVIRONMENTAL LLC
Street Address		Street Address 24 LINCOLN AVE W	
City, State, Zip Code		City, State, Zip Code CRANFORD, NJ 07016	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-513-3487	License No. 02113
Start Date (10) 03/01/2026	Scheduled Completion Date (11) 03/03/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR		X		TRANSITE BOARDS	500SF	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 2/20/2026

10426 * Emergency *

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

4346470
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Date of Notification (1) 2/20/26		Name of Building Owner/Operator (2) Ocean City Housing Authority								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 635 West Avenue								
		City, State, Zip Code Ocean City NJ 08226								
		Name of Contact Mark Donofrio	Telephone Number 609-949-4723							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Pecks Beach Village Community Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 201 E 4th Street		Square Feet 1000+	# of Floors 1							
City (5) Ocean City NJ 08226		Bldg. Age 35								
County (6) Capemay	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Group Inc		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.							
Street Address PO Box 316		Street Address PO Box 329								
City, State, Zip Code Thorofare NJ 08086		City, State, Zip Code West Berlin NJ 08091								
Project Manager for Monitoring Firm Steven Flanagin		Telephone No. 856-848-0800	Telephone No. 856-753-9800							
Start Date (10) 2/23/26		Scheduled Completion Date (11) 2/27/26	License No. 00727							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor Same								
		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Crawlspace			x	Floor Tile & Mastic	150 SF	x				
Name of Registered Waste Hauler Pernaco Inc		NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste 1	Name of Registered Landfill Cape May County Landfill						
City, State Berlin NJ		Disposal Date 2/27/26	City, State RT 610 Woodbine NJ 08270							
Completed by Anthony T Perna		Title President	Signature 				Date 2/20/26			

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

10427 * Emergency *

Amended Additional Materials
 State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)
 4346470
 CK 10426
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Date of Notification (1) 2/20/26		Name of Building Owner/Operator (2) Ocean City Housing Authority	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 635 West Avenue
			City, State, Zip Code Ocean City NJ 08226
		Name of Contact Mark Donofrio	Telephone Number 609-949-4723

Name of Facility Where Abatement is Taking Place (3) Pecks Beach Village Community Building			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 201 E 4th Street			Square Feet 1000+	# of Floors 1	Bldg. Age 35
City (5) Ocean City NJ 08226			Current Use (Prior if being demolished)		
County (6) Capemay		County Code (7) (STATE USE ONLY)			

Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Group Inc		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.		
Street Address PO Box 316		Street Address PO Box 329		City, State, Zip Code West Berlin NJ 08091	
City, State, Zip Code Thorofare NJ 08086		Telephone No. 856-848-0800	Telephone No. 856-753-9800	License No. 00727	
Project Manager for Monitoring Firm Steven Flanagin		Name of OSHA Monitor Same			
Start Date (10) 2/23/26	Scheduled Completion Date (11) 2/27/26		Street Address		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			City, State, Zip Code		

Scope of Work (Check All That Apply)

≥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
Crawlspace			X	Floor Tile & Mastic	150 SF	X			
Crawlspace			X	Floor Tile & Mastic	+ 500	X			

Name of Registered Waste Hauler Pernaco Inc		NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste 3	Name of Registered Landfill Cape May County Landfill	
City, State Berlin NJ		Disposal Date 2/27/26	City, State RT 610 Woodbine NJ 08270		
Completed by Anthony T Perna		Title President	Signature 		Date 2/20/26

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10425

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

434947

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Date of Notification (1) 2/19/26		Name of Building Owner/Operator (2) FEB 26 2026								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 27 Gardens Ave								
		City, State, Zip Code Berlin NJ 08009								
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 27 Gardens Ave		Square Feet 1000+	# of Floors 2							
City (5) Berlin NJ 08009		Bldg. Age 50+								
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.							
Street Address		Street Address PO Box 329								
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091								
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727							
Start Date (10) 3/2/26	Scheduled Completion Date (11) 3/9/26	Name of OSHA Monitor Same								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Home Owner Occupied		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type					
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure	
Basement			x	Floor Tile & Mastic	300 SF	x				
Name of Registered Waste Hauler Pernaco Inc		NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Hills						
City, State W Berlin NJ		Disposal Date 3/6/26		City, State Morrisville PA 19067						
Completed by Anthony T Perna		Title President	Signature 				Date 2/19/26			

10928

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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) 02/19/2026		Name of Building Owner/Operator (2) FEB 26 2026							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 305 Neck Road							
		City, State, Zip Code Burlington, NJ 08016							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 305 Neck Road		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Burlington	Square Feet 1,456	# of Floors 2	Bldg. Age 74						
County (6) Burlington	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Management & Environmental Consulting Serv		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address PO Box 341		Street Address 623 Cutler Avenue							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Nora Pearce		Telephone No. 609-298-4070	Telephone No. 856-755-0099						
			License No. 00842						
Start Date (10) 03/02/2026	Scheduled Completion Date (11) 03/06/2026		Name of OSHA Monitor EMSL Analytical, Inc.						
Occupancy Status During Abatement (Check Only One)		Street Address 200 Route 130 North							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen			X	Floor Tile	176 SF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill					
City, State Freehold, NJ		Disposal Date 03/06/2026		City, State Morrisville, PA					
Completed by Samantha Brown		Title Operations Coordinator		Signature 			Date 02/19/2026		

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

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FEB 20 2026

Date of Notification (1) 2/13/2026		Name of Building Owner/Operator (2)							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 570 Chestnut St		ASBESTOS CONTROL & LICENSING					
		City, State, Zip Code Kearny, New Jersey 07032							
		Name of Contact 1		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Property			Type of Facility (4)						
Street Address 570 Chestnut St			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Kearny		Square Feet 3,554	# of Floors 3	Bldg. Age 1900					
County (6) Hudson County		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential Property						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) True Star Contracting						
Street Address		Street Address 54 Hedden Terrace							
City, State, Zip Code		City, State, Zip Code North Arlington, New Jersey 07031							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. (201) 790-4530	License No. 02047					
Start Date (10) 2/23/2026	Scheduled Completion Date (11) 2/27/2026		Name of OSHA Monitor True Star Contracting						
Occupancy Status During Abatement (Check Only One)			Street Address 54 Hedden Terrace						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			City, State, Zip Code North Arlington, New Jersey 07031						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Thermal Systems Insulation	120LF	X			
Name of Registered Waste Hauler True Star Contracting		NJDEP Waste Hauler ID No. 0041405	Cubic Yards of Waste 1	Name of Registered Landfill Chrin Brothers Landfill					
City, State North Arlington, New Jersey		Disposal Date TBD		City, State Easton, PA					
Completed by Nestor M. Alvez		Title Project Manager		Signature 		Date 2/13/2026			

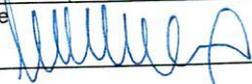
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43499-30

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

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FEB 25 2026

Date of Notification (1) 02/17/2026		Name of Building Owner/Operator (2)							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 391 Union Ave		ASBESTOS CONTROL & LICENSING Name of Contact _____ Telephone Number _____				
			City, State, Zip Code Clifton						
			Name of Contact						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) private house			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 391 Union Ave			Square Feet	# of Floors	Bldg. Age				
City (5) Clifton			Current Use (Prior if being demolished)						
County (6) Passaic		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) MHM Restoration LLC						
Street Address			Street Address 164 Meriline Ave Apt C						
City, State, Zip Code			City, State, Zip Code Woodland Park NJ 07424						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 862-386-8433	License No. 02090					
Start Date (10) 02/26/2026		Scheduled Completion Date (11) 02/30/2026		Name of OSHA Monitor MHM Restoration LLC					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 164 Meriline Ave Apt C						
			City, State, Zip Code Woodland Park NJ 07424						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		*		VAT	70	*			
attic		*		vermiculite	480SF	*			
Name of Registered Waste Hauler MHM Restoration LLC		NJDEP Waste Hauler ID No. 0042035		Cubic Yards of Waste N/A	Name of Registered Landfill Fairless				
City, State Woodland Park NJ				Disposal Date TBD	City, State Morrisville PA				
Completed by Mike Hadzic		Title owner		Signature 			Date 02/17/2026		

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

6368
 CK # 6368

4350111
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PAID
 State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

FEB 26 2026

Date of Notification: 2-18-26 Name of Building Owner/Operator: REUTER CONSTRUCTION ASBESTOS CONTROL & LICENSING

Agencies Notified: EPA DEP DOL DOH DCA Type Notification: Initial Amended Amendment # Emergency including justification Cancellation

Street Address: 959 N. BEECHAM RD City, State, Zip Code: WILLIAMSTOWN NJ 08094 Name of Contact: JON Telephone Number: _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: RESIDENCE Type of Facility: School K-12 Subchapter S Other than K-12 Other (e.g. private & commercial buildings, homes, etc.)

Street Address: 3128 ASBURY AVE Square Feet: 1500 # of Floors: 2 Bldg. Age: 50+

City (5): OCCAN CITY County (6): CAPE MAY County Code: 1505 State: STATE USE ONLY: USE ONLY Current Use (Prior if being demolished): VACANT

Name of Monitoring Firm Hired by Building Owner (8): N/A ASOM No: _____ Name of Abatement Contractor (9): KLEWCO INC

Street Address: 309 S SPRUCE AVE City, State, Zip Code: MAPLE SHADE NJ 08052

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

Start Date (10): 3-1-26 Scheduled Completion Date (11): 3-11-26 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: _____

Scope of Work (Check all that apply): >3 sf or 23 ft >160 sf or 2260 ft Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted "I" and Non-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, PAI, or other miscellaneous	Amount Specified SF or LF	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>3000 SF</u>		<u>X</u>			

Name of Registered Waste Hauler: KLEWCO INC NJDEP Waste Hauler ID No: 17904 City, State: MAPLE SHADE N.J. Name of Registered Landfill: C.M.C. MUA City, State: WOOD BINE NJ

Completed By: MICHAEL KLEWCO Title: PRES Signature: _____ Date: 2-18-26

6368 CK 46368

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

4350118
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FEB 26 2026

Date of Notification (1) 2-18-26		Name of Building Owner/Operator (2) WALNUT GROVE BUILDERS INC								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 23 SHELLBAY AVE								
		City, State, Zip Code CAPE MAY COURT HOUSE								
		Name of Contact _____ Telephone Number _____								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)								
Street Address 23 SHELLBAY AVE		Square Feet 1500	# of Floors 2							
City (5) CAPE MAY COURT HOUSE		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. 856-779-0472	License No. 1371							
Start Date (10) 2-28-26	Scheduled Completion Date (11) 3-10-26	Name of OSHA Monitor N/A								
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____ City, State, Zip Code _____								
Scope of Work (Check all that apply)										
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			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 _____						
City, State MAPLE SHADE N.J 08052		Disposal Date _____		City, State _____						
Completed By MICHAEL KLEMM		Title PRES.	Signature <i>[Signature]</i>			Date 2-18-26				

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

4350119
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FEB 26 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 2/19/26		Name of Building Owner/Operator (2)										
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 234 Ridgewood Ave City, State, Zip Code Villas NJ 08251								
		Name of Contact		Telephone Number								
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3)			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)									
Street Address 234 Ridgewood Ave			Square Feet 1000+	# of Floors 1	Bldg. Age 50+							
City (5) Villas NJ 08251		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) House								
County (6) Cape May		Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.								
Street Address		Name of Abatement Contractor (9) Pernaco Inc.		Street Address PO Box 329								
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091		Telephone No. 856-753-9800								
Project Manager for Monitoring Firm		Telephone No.		License No. 00727								
Start Date (10) 3/2/26		Scheduled Completion Date (11) 3/6/26		Name of OSHA Monitor Same								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address									
			City, State, Zip Code									
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure												
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type				
		Yes	No					N/A	Removal	Repair	Encapsulate	Enclosure
Exterior					Exterior Siding		1000 SF		x			
Name of Registered Waste Hauler Pernaco Inc		NJDEP Waste Hauler ID No. 21787		Cubic Yards of Waste 3		Name of Registered Landfill Cape May County Landfill						
City, State W Berlin NJ		Disposal Date 3/6/26		City, State Woodbine NJ								
Completed by Anthony T Perna		Title President		Signature 		Date 2/19/26						

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

RECEIVED

Date of Notification (1) 2 / 19 /2026		Name of Building Owner/Operator (2) HMH CARRIER CLINIC	
Agencies Notified		Street Address 252 COUNTY ROAD 601	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code BELLE MEAD, NEW JERSEY 08502	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact BRUCE JENSEN	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number 908-297-2919	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> On Hold		
<input type="checkbox"/> DCA	<input type="checkbox"/> EMERGENCY NOTIFICATION		

FEB 26 2026

ASBESTOS CONTROL & LICENSING

Name of Facility Where Abatement is Taking Place (3) HMH CARRIER CLINIC			Type of Facility (4)		
			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
			<input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 252 COUNTY ROAD 601			Square Feet 4,880	# of Floors 1	Bldg. Age 45
City (5) BELLE MEAD	County (6) SOMERSET	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Pharm. Lab. COMMERCIAL		
Name of Monitoring Firm Hired by Building Owner (8) PARTNER ENGINEERING & SCIENCE		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION		
Street Address 611 INDUSTRIAL WAY			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code EATONTOWN, NEW JERSEY 07724			City, State, Zip Code SUFFERN, NEW YORK 10901		

Project Manager for Monitoring Firm MICHELLE NAGY	Telephone Number 732-380-1700	Telephone Number 845-369-7500	License Number 1101
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Expected State Date (10) 3 / 5 /26 Month Day Year	Sched. Completion Date (11) 9 / 30 /26 Month Day Year	Name of OSHA Monitor QUALITY ENVIRONMENTAL
--	--	--

Occupancy Status During Abatement (Check only one)	Street Address 1376 ROUTE 9
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe:	City, State, Zip Code WAPPINGERS FALL, NEW YORK 12590
<input checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 7AM-12 AM	

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

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
1st FLOOR GYM			x	FLOOR TILE & MASTIC	4,880 SF	X			

Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 80	Name of Registered Landfill GRAND CENTRAL SANITARY
City, State NEWARK, NEW JERSEY		Disposal Date 3/10/26-9/30/2026	City, State PLAINFIELD TOWNSHIP, PA
Completed by (Print or Type) BENJAMIN SANCHEZ	Title VICE PRESIDENT, OPERATIONS	Signature 	Date 2-19-26

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Print Form

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

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FEB 26 2026

Date of Notification (1) 02/20/2026		Name of Building Owner/Operator (2)	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 305 Neck Road	
		City, State, Zip Code Burlington, NJ 08016	
		Name of Contact	Telephone Number

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 305 Neck Road		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Burlington		Square Feet 1,456	# of Floors 2	Bldg. Age 74
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) Management & Environmental Consulting Serv		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address PO Box 341		Street Address 623 Cutler Avenue		
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052		
Project Manager for Monitoring Firm Nora Pearse		Telephone No. 609-298-4070	Telephone No. 856-755-0099	License No. 00842
Start Date (10) 03/02/2026	Scheduled Completion Date (11) 03/06/2026		Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 200 Route 130 North		
		City, State, Zip Code Cinnaminson, NJ 08077		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen			X	Floor Tile	176 SF	X			

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill	
City, State Freehold, NJ		Disposal Date 03/06/2026		City, State Morrisville, PA	
Completed by Samantha Brown		Title Operations Coordinator	Signature 	Date 02/20/2026	

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NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)
PAL-Job# 25-1167 Add/Revise Material

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Date of Notification (1) 02/25/2026		Name of Building Owner/Operator (2) New Jersey Performing Arts Center, Inc.		MAR 4 2025								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 24 Rector Street City, State, Zip Code Newark, NJ 07102 Name of Contact Tim Lizura Telephone Number 973-297-5144								
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) New Jersey Performing Arts Center			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)									
Street Address 24 Rector Street			Square Feet	# of Floors	Bldg. Age							
City (5) Newark, NJ			Current Use (Prior if being demolished)									
County (6) Essex		County Code (7) (STATE USE ONLY)										
Name of Monitoring Firm Hired by Building Owner (8) Whitman Company		ASCM No. 00110	Name of Abatement Contractor (9) PAL Environmental Safety Corp. D/B/A PAL Enviro									
Street Address 100 Franklin Square Drive Suite 200			Street Address 11-02 Queens Plaza South									
City, State, Zip Code Somerset, NJ 08873			City, State, Zip Code Long Island City, NY 11101									
Project Manager for Monitoring Firm Mark Costantino		Telephone No. 732-491-1620	Telephone No. 718-349-0900	License No. 00853								
Start Date (10) 02/09/2026		Scheduled Completion Date (11) 08/09/2026		Name of OSHA Monitor Hugo Lascano								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 1602 80th Street City, State, Zip Code North Bergen, NJ 07047									
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure												
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
		Yes	No	N/A					Removal	Repair	Encapsulate	Enclosure
					Please see attached quantity bro							
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 24310		Cubic Yards of Waste 60 Yards		Name of Registered Landfill Minerva Enterprises						
City, State Shirley, NY 11967		Disposal Date 02/16/2026		City, State Waynesburg, OH 44688								
Completed by Ann A. Ali		Title Compliance Admin		Signature 				Date 02/25/2026				

FLOOR	TYPE OF ACM	QUANTITY
SUB BASEMENT	PIPE INSULATION	165 LF
GROUND FLOOR	PIPE INSULATION	180 LF
	ELEVATOR DOOR	21 SF
1ST FLOOR	PIPE INSULATION	230 LF
	RADIATOR INSULATION	220 SF
	DUCT INSULATION	170 SF
	ELEVATOR DOOR	21 SF
2ND FLOOR	PIPE INSULATION	100 LF
	ELEVATOR DOOR	21 SF
3RD FLOOR	BLACK GLUE DOTS	450 SF
	ELEVATOR DOOR	21 SF
ROOF	PIPE INSULATION	10 LF

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

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Rock

Date of Notification (1)

2 / 27 /2026

Agencies Notified

Type Notification

- EPA
- DEP
- DOL
- DOH
- DCA

- Initial Notification
- Amended Notification #1
- Cancellation
- On Hold
- EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)

SETON HALL UNIVERSITY

Street Address

400 SOUTH ORANGE AVENUE

City, State, Zip Code

SOUTH ORANGE, NEW JERSEY 07079

Name of Contact

MIKE WENDT

Telephone Number

862-370-1484

MAR 6 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

SETON HALL UNIVERSITY

Type of Facility (4)

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

Square Feet

of Floors

Bldg. Age

Street Address

400 SOUTH ORANGE AVENUE

City (5)

SOUTH ORANGE

County (6)

ESSEX

County Code (7)

(STATE USE ONLY)

Current Use (Prior if being demolished)

FORMER STEAM TUNNEL

Name of Monitoring Firm Hired by Building Owner (8)

T.T.I.

ASCM No.

3

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

1253 NORTH CHURCH STREET

City, State, Zip Code

MOORESTOWN, NEW JERSEY 08057

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

SCOTT MAGEE

Telephone Number

609-820-9422

Telephone Number

845-369-7500

License Number

1101

EXPECTED START DATE (10): (RESTART)

2 / 26 /26
 Month Day Year

Sched. Completion Date (11)

5 / 26 /26
 Month Day Year

Name of OSHA Monitor

QUALITY ENVIRONMENTAL SOLUTIONS & TECH.

Occupancy Status During Abatement (Check only one)

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe:
- Other - Describe: MONDAY -SATURDAY 7AM-3:30 PM

Street Address

1376 ROUTE 9

City, State, Zip Code

WAPPINGERS FALLS, NY 12590

Scope of Work (Check all that apply)

- Demolition
- Renovation
- >3SF OR LF
- >160 SF OR 260 LF

- Full Containment
- Mini-Encl.
- Glovebag Procedure
- Non-Friable Procedure

WRAP & CUT

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
EXTERIOR STEAM TUNNEL			X	PIPE INSULATION	300 LF	X			

Name of Registered Waste Hauler NEWARK CARTING INC. 369 RAYMON BLVD.	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 30	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
City, State NEWARK, NEW JERSEY 07105	Disposal Date 02/13/26-03/28/26	City, State PLAINFIELD TOWNSHIP, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 2-27-26

202

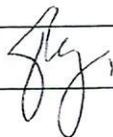
State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

RECEIVED

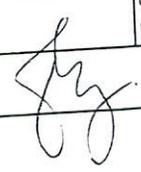
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MAR 6 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 3/03/2026		Name of Building Owner/Operator (2)							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 90 Washington Avenue							
		City, State, Zip Code Irvington, NJ 07111							
		Name of Contact		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)						
Street Address 90 Washington Avenue			Square Foot 1,200	# of Floors 2	Bldg. Age 55+				
City (5) Irvington, NJ 07111			Current Use (Prior if being demolished)						
County (6) Essex		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Unicorn Contracting Corp.					
Street Address			Street Address 14 Willow Street						
City, State, Zip Code			City, State, Zip Code Bloomfield, NJ 07003						
Project Manager for Monitoring Firm		Telephone No.		License No.					
		973-333-9176		01331					
Start Date (10) 3/05/2026		Scheduled Completion Date (11) 3/05/2026		Name of OSHA Monitor Envirovision Consultants, Inc.					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8am-4:30pm</u>			Street Address 20-21 Wagaraw Rd., Bldg. 35-E						
			City, State, Zip Code Fair Lawn, NJ 07410						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure					
<input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Mini-Enclosure					
				<input checked="" type="checkbox"/> Glovebag Procedure					
				<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		TSI	10 LF	X			
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844		Cubic Yards of Waste 1+		Name of Registered Landfill Fairless Hills Landfill			
City, State Bloomfield, New Jersey				Disposal Date TBD		City, State Morrisville, PA			
Completed by Blazhe Grozdanov			Title Project Manager		Signature 		Date 3/03/2026		

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

Date of Notification (1) 03/02/2026		Name of Building Owner/Operator (2)					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> On Hold due to personal reasons <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 90 Washington Avenue					
		City, State, Zip Code Irvington, NJ 07111					
		Name of Contact	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)					
Street Address 90 Washington Avenue		Square Feet: 1,200	# of Floors 2				
City (5) Irvington, NJ 07111		Bldg. Age: 55+					
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Unicorn Contracting Corp.					
Street Address		Street Address 14 Willow street					
City, State, Zip Code		City, State, Zip Code Bloomfield, NJ 07003					
Project Manager for Monitoring Firm		Telephone No. 973-333-9176	License No. 01331				
Start Date (10) 03/05/2026		Name of OSHA Monitor Envirovision Consultants, Inc.					
Scheduled Completion Date (11) 03/05/2026		Street Address 20-21 Wagaraw Rd., Bldg. 35-E					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 am - 04:30 pm		City, State, Zip Code Fair Lawn, NJ 07410					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure (Wrap & Cut) <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Basement	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes: No: N/A: X: : :		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) TSI	Amount (Specify SF or LF) 10 LF	Abatement Type		
					Removal	Repair	Encapsulate
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 5+	Name of Registered Landfill Fairless Hills Landfill			
City, State Bloomfield, New Jersey		Disposal Date TBD	City, State Morrisville, PA		Date: 03/02/2026		
Completed by Blazhe Grozdanov		Title Project Manager	Signature 				

43744

3697141

43744 RECEIVED

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



Name of Building Owner/Operator (2)
ATLANTIC HEALTH SYSTEM

Date of Notification (1)
3 / 3 /2026

Agencies Notified	Type Notification
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> On Hold
<input type="checkbox"/> DCA	<input type="checkbox"/> EMERGENCY NOTIFICATION

Street Address
475 SOUTH STREET

City, State, Zip Code
MORRISTOWN, NEW JERSEY 07960

Name of Contact
VICTOR PENA

Telephone Number
917-596-2158

MAR 6 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
OVERLOOK MEDICAL CENTER

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

Street Address
99 BEAUVOIR AVENUE

Square Feet
400,000

of Floors
8

Bldg. Age
60+

City (5)
SUMMIT

County (6)
UNION

County Code (7)
(STATE USE ONLY)

Current Use (Prior if being demolished)
HOSPITAL

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

ASCM No.
104

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
1600 Route 22 East, Suite 107

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
Union, NJ 07083

City, State, Zip Code
SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm
MIKE RIVERA

Telephone Number
908-632-5450

Telephone Number
845-369-7500

License Number
1101

Expected State Date (10)
3 / 17 /26
Month Day Year

Sched. Completion Date (11)
9 / 30 /26
Month Day Year

Name of OSHA Monitor
QUALITY ENVIRONMENTAL

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

Street Address
1379 US HIGHWAY 9

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

Scope of Work (Check all that apply)

Demolition Renovation

>3SF OR LF >160 SF OR 260 LF

Full Containment
 Mini Enclosure, Tent
 Glovebag Procedure
 Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
4TH FLOOR DIAGNOSTIC IMAGING			X	FLOOR & TILE MASTIC	800 SF	X			

Name of Registered Waste Hauler
NEWARK CARTING

NJDEP Waste Hauler ID No.
913

Cubic Yards of Waste
10

Name of Registered Landfill
GRAND CENTRAL SANITARY

City, State
NEWARK, NEW JERSEY

Disposal Date
3/17/2026-09/30/2026

City, State
PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
VICE PRESIDENT, OPERATIONS

Signature

Date
3-3-26

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

4260901
 RECEIVED

Date of Notification (1)
 3 / 3 /2026

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

Street Address
 252 COUNTY ROAD 601

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

Name of Contact
 BRUCE JENSEN

Telephone Number
 908-297-2919

Agencies Notified

<input checked="" type="checkbox"/>	EPA
<input type="checkbox"/>	DEP
<input checked="" type="checkbox"/>	DOL
<input checked="" type="checkbox"/>	DOH
<input type="checkbox"/>	DCA

Type Notification

<input type="checkbox"/>	Initial Notification
<input checked="" type="checkbox"/>	Amended Notification #1
<input type="checkbox"/>	Cancellation
<input checked="" type="checkbox"/>	On Hold
<input type="checkbox"/>	EMERGENCY NOTIFICATION

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

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

Type of Facility (4)

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

Street Address
 252 COUNTY ROAD 601

Square Feet
 4,880

of Floors
 1

Bldg. Age
 45

City (5)
 BELLE MEAD

County (6)
 SOMERSET

County Code (7) (STATE USE ONLY)

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

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

ASCM No.
 17

Name of Abatement Contractor (9)
 PAR ENVIRONMENTAL CORPORATION

Street Address
 611 INDUSTRIAL WAY

Street Address
 313 SPOOK ROCK ROAD

City, State, Zip Code
 EATONTOWN, NEW JERSEY 07724

City, State, Zip Code
 SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm
 MICHELLE NAGY

Telephone Number
 732-380-1700

Telephone Number
 845-369-7500

License Number
 1101

Expected State Date (10)
 3 / 5 /26

Sched. Completion Date (11)
 9 / 30 /26

Name of OSHA Monitor
 QUALITY ENVIRONMENTAL

Occupancy Status During Abatement (Check only one)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours - Describe:

Other - Describe: MONDAY-FRIDAY 7AM-12 AM

Street Address
 1376 ROUTE 9

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

Scope of Work (Check all that apply)

Demolition

>3SF OR LF

>160 SF OR 260 LF

Renovation

Full Containment

Mini-Enclo.

Glovebag Procedure

Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
1st FLOOR GYM			x	FLOOR TILE & MASTIC	4,880 SF	X			

Name of Registered Waste Hauler
 NEWARK CARTING

NJDEP Waste Hauler ID No.
 913

Cubic Yards of Waste
 80

Name of Registered Landfill
 GRAND CENTRAL SANITARY

City, State
 NEWARK, NEW JERSEY

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

City, State
 PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)
 BENJAMIN SANCHEZ

Title
 VICE PRESIDENT, OPERATIONS

Signature

Date
 3-3-26

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

Date of Notification (1) 2 / 19 /2026		Name of Building Owner/Operator (2) HMH CARRIER CLINIC	
Agencies Notified		Street Address 252 COUNTY ROAD 601	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	City, State, Zip Code BELLE MEAD, NEW JERSEY 08502	
		Name of Contact BRUCE JENSEN	Telephone Number 908-297-2919

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) HMH CARRIER CLINIC			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 252 COUNTY ROAD 601			Square Feet 4,880	# of Floors 1	Bldg. Age 45
City (5) BELLE MEAD	County (6) SOMERSET	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Pharm. Lab. COMMERCIAL		
Name of Monitoring Firm Hired by Building Owner (8) PARTNER ENGINEERING & SCIENCE		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION		
Street Address 611 INDUSTRIAL WAY			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code EATONTOWN, NEW JERSEY 07724			City, State, Zip Code SUFFERN, NEW YORK 10901		

Project Manager for Monitoring Firm MICHELLE NAGY	Telephone Number 732-380-1700	Telephone Number 845-369-7500	License Number 1101
Expected State Date (10) 3 / 5 /26 Month Day Year	Sched. Completion Date (11) 9 / 30 /26 Month Day Year	Name of OSHA Monitor QUALITY ENVIRONMENTAL	

Occupancy Status During Abatement (Check only one)		Street Address 1376 ROUTE 9	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement	<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe:		
<input checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 7AM-12 AM	City, State, Zip Code WAPPINGERS FALL, NEW YORK 12590		

Scope of Work (Check all that apply)

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

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
1st FLOOR GYM			x	FLOOR TILE & MASTIC	4,880 SF	X			

Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 80	Name of Registered Landfill GRAND CENTRAL SANITARY
City, State NEWARK, NEW JERSEY		Disposal Date 3/10/26-9/30/2026	City, State PLAINFIELD TOWNSHIP, PA
Completed by (Print or Type) BENJAMIN SANCHEZ	Title VICE PRESIDENT, OPERATIONS	Signature 	Date 2-19-26

43745

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

3989522

43745
RECEIVED

Date of Notification (1)

3 / 3 / 26

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

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

Name of Building Owner/Operator (2)

RIVERVIEW MEDICAL CENTER DIVISION OF MMHN

Street Address
1 RIVERVIEW PLAZA

City, State, Zip Code
RED BANK, NEW JERSEY 07701

Name of Contact
BRIAN O'NEILL

Telephone Number
848-275-1901

MAR 6 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

RIVERVIEW MEDICAL CENTER

Type of Facility (4)

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

Street Address
1 RIVERVIEW PLAZA

Square Feet
65,000

of Floors
5

Bldg. Age
75+

City (5)
RED BANK

County (6)
MONMOUTH

County Code (7)
(STATE USE ONLY)

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

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

ASCM No.
17

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
64 BROAD STREET

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
MATAWAN, NEW JERSEY 07747

City, State, Zip Code
SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm
THOMAS GEIGER

Telephone Number
732-290-2236

Telephone Number
845-369-7500

License Number
1101

Expected State Date (10)
3 / 17 / 26
Month Day Year

Sched. Completion Date (11)
9 / 30 / 26
Month Day Year

Name of OSHA Monitor
QUALITY ENVIRONMENTAL

Occupancy Status During Abatement (Check only one)

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe:
- Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM

Street Address
1376 ROUTE 9

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

Scope of Work (Check all that apply)

- Demolition
- >3SF OR LF
- >160 SF OR 260 LF

Renovation

- Full Containment
- Mini-Encl ,
- Glovebag Procedure
- Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
1ST FLOOR ED AREA			X	FLOOR MASTIC	6,000 SF	X			
1ST FLOOR ED AREA			X	PIPE INSULATION	200 LF	X			
1ST FLOOR ED AREA			X	WALL TAR MASTIC	1,100 SF	X			

Name of Registered Waste Hauler
NEWARK CARTING

NJDEP Waste Hauler ID No.
913

Cubic Yards of Waste
200

Name of Registered Landfill
GRAND CENTRAL SANITARY LANDFILL

City, State
NEWARK, NJ 07105

Disposal Date
3/17/26-09/30/26

City, State
PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
VICE PRESIDENT, OPERATIONS

Signature

Date
3-3-26

3537

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

PAID

4346114

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Check 3537

MAR 2 2026

ASBESTOS CONTROL & REMEDIATION

Date of Notification (1) 02/19/2026		Name of Building Owner/Operator (2)	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 459 Lyons Rd	
		City, State, Zip Code Basking Ridge, NJ 07920	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)	
Street Address 459 Lyons Rd		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Basking Ridge, NJ 07920		Square Feet 2,180	# of Floors 2
County (6) Somerset		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC
Street Address		Street Address 75 Voorhis Place	
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456	
Project Manager for Monitoring Firm		Telephone No. 201- 466-0166	License No. 02126
Start Date (10) 02/25/2026	Scheduled Completion Date (11) 03/04/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Living Room		x		floor tile	208 SF	x			
Office		x		floor tile	154 SF	x			
Laundry room		x		floor tile	94 SF	x			
Hall, Closet, Hallway closet		x		floor tile	66 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 03/04/2026		City, State Pen Argyl, PA	
Completed by Lubica Perez		Title Owner	Signature Lubica Perez		Date 02/19/2026

3523

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

1350261

RECEIVED Check 3523

Print Form

Date of Notification (1) 02/18/2026		Name of Building Owner/Operator (2) MAR 2 2026							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 122 Dunellen Ave							
		City, State, Zip Code Piscataway, NJ 08854							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 122 Dunellen Ave		Square Feet 1,025	# of Floors 1						
City (5) Piscataway, NJ 08854		Bldg. Age 1963							
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. 201- 466-0166	License No. 02126						
Start Date (10) 02/27/2026	Scheduled Completion Date (11) 03/06/2026	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bedroom 1 & closet 1		x		floor tile	147 SF	x			
Hallway		x		floor tile	142 SF	x			
Kitchen		x		floor tile	244 SF	x			
Bedroom 2 & closet 2		x		floor tile	147 SF	x			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 10	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Elizabeth, NJ		Disposal Date 03/06/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner	Signature Lubica Perez			Date 02/18/2026			

3522

1/020081

Print Form

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

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Check 3522

MAR 2 2026

Date of Notification (1) 02/18/2026		Name of Building Owner/Operator (2) Mathew Brunetta								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 626 River Rd								
		City, State, Zip Code Fair Haven, NJ 07704								
		Name of Contact Mathew Brunetta, G William Group, LLC	Telephone Number 609-227-3150							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 626 River Rd		Square Feet TBD	# of Floors 1							
City (5) Fair Haven, NJ 07704		Bldg. Age TBD								
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. 201- 466-0166	License No. 02126							
Start Date (10) 02/27/2026	Scheduled Completion Date (11) 03/03/2026	Name of OSHA Monitor								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Exterior		x		tar from the chimney	10 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 03/03/2026		City, State Pen Argyl, PA						
Completed by Lubica Perez		Title Owner	Signature Lubica Perez			Date 02/18/2026				

3521

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

4350265

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MAR 2 2026

AIR SERVICE CONTROL & LICENSING

Date of Notification (1) 02/18/2026		Name of Building Owner/Operator (2)								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 16 Beauvoir PI								
		City, State, Zip Code Summit, NJ 07901								
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)								
Street Address 16 Beauvoir PI		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
City (5) Summit, NJ 07901		Square Feet TBD	# of Floors 1							
County (6) Union		County Code (7) (STATE USE ONLY) _____	Bldg. Age 1880							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC							
Street Address		Street Address 75 Voorhis Place								
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456								
Project Manager for Monitoring Firm		Telephone No. 201- 466-0166	License No. 02126							
Start Date (10) 02/27/2026	Scheduled Completion Date (11) 03/06/2026	Name of OSHA Monitor								
Occupancy Status During Abatement (Check Only One)		Street Address								
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Basement		x		pipe insulation	70 LF	x				
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill						
City, State Elizabeth, NJ		Disposal Date 03/06/2026		City, State Pen Argyl, PA						
Completed by Lubica Perez		Title Owner		Signature <i>Lubica Perez</i>			Date 02/18/2026			

3527

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

4346027

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Date of Notification (1) 02/17/2026		Name of Building Owner/Operator (2) <div style="text-align: right; color: red; font-weight: bold;">MAR 2 2026</div>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 6 Druid Hill Rd							
		City, State, Zip Code Summit, NJ 07901							
		Name of Contact		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 6 Druid Hill Rd			Square Feet 3,287	# of Floors 2	Bldg. Age 1927				
City (5) Summit, NJ 07901		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
County (6) Union									
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) 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) 02/18/2026		Scheduled Completion Date (11) 02/23/2026		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____			Street Address						
			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Crawl space		X		pipe insulation	15 LF	X			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Elizabeth, NJ		Disposal Date 02/23/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner	Signature <i>Lubica Perez</i>		Date 02/17/2026				

3520

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

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Date of Notification (1) 02/18/2026		Name of Building Owner/Operator (2) <div style="text-align: right; color: red; font-weight: bold;">MAR 2 2026</div>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 41 Leavitt Ln							
		City, State, Zip Code Princeton, NJ 08540							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 41 Leavitt Ln									
City (5) Princeton, NJ 08540		Square Feet 1,428	# of Floors 1						
		Bldg. Age 1955							
County (6) Mercer		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) VEL Construction, LLC							
Street Address		Street Address 75 Voorhis Place							
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456							
Project Manager for Monitoring Firm		Telephone No. 201- 466-0166	License No. 02126						
Start Date (10) 02/19/2026		Scheduled Completion Date (11) 02/26/2026							
Name of OSHA Monitor									
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Floor tile	47 SF	x			
Basement		x		Mastic	614 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 Mercer County Landfill			
City, State Elizabeth, NJ		Disposal Date 02/26/2026		City, State Ewing Township, NJ 08638					
Completed by Lubica Perez		Title Owner		Signature Lubica Perez		Date 02/18/2026			

3526

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

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MAR 2 2026

Date of Notification (1) 02/17/2026		Name of Building Owner/Operator (2)	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 Mercer Ln	
		City, State, Zip Code Manalapan Township, NJ 07726	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 20 Mercer Ln		Square Feet 1,794	# of Floors 1
City (5) Manalapan Township, NJ 07726		Bldg. Age 1968	
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. 201- 466-0166	License No. 02126
Start Date (10) 02/18/2026	Scheduled Completion Date (11) 02/25/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Dining room/Kitchen		x		floor tile & mastic	350 SF	x			
Closet under stairs		x		floor tile & mastic	30 SF	x			
Laundry room/1st Fl Bathroom		x		floor tile & mastic	110 SF	x			
Hall/Foyer/Office		x		floor tile & mastic	300 SF	x			

Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 10	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Elizabeth, NJ		Disposal Date 02/25/2026		City, State Pen Argyl, PA	
Completed by Lubica Perez		Title Owner	Signature <i>Lubica Perez</i>		Date 02/17/2026

3519

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

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Print Form

MAR 2 2026

Date of Notification (1) 02/17/2026		Name of Building Owner/Operator (2) MAR 2 2026							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 5 Annapolis Dr ASBESTOS CONTROL & LICENSING						
			City, State, Zip Code Manalapan Township, NJ 07726						
			Name of Contact	Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 5 Annapolis Dr			Square Feet 1,600	# of Floors 1	Bldg. Age 1969				
City (5) Manalapan Township, NJ 07726		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
County (6) Monmouth									
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) 02/17/2026		Scheduled Completion Date (11) 02/21/2026		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address						
			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Rec Room		X		tile & mastic	146 SF	X			
Basement bedroom		X		tile & mastic	176 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 02/21/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner	Signature <i>Lubica Perez</i>		Date 02/17/2026				

3518

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

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MAR 2 2026

Date of Notification (1) 02/16/2026		Name of Building Owner/Operator (2)							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 92 Hutton St							
		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		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 92 Hutton St		Square Feet 2,154	# of Floors 2						
City (5) Jersey City, NJ 07307		Bldg. Age 1880							
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) 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) 02/25/2026	Scheduled Completion Date (11) 03/04/2026	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd floor hall		x		floor material	30 SF	x			
Roof		x		roof tar	20 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 03/04/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner	Signature <i>Lubica Perez</i>			Date 02/16/2026			

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4349861

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

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MAR - 5 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1)		Name of Building Owner/Operator (2) Nicole Dang	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 190 Somerset Street	
		City, State, Zip Code North Plainfield, NJ 07060	
		Name of Contact Scott Lieberman	Telephone Number 347-697-0737

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) GM's Collection		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 190 Somerset Street		Square Feet 3200	# of Floors 2
City (5) North Plainfield		Bldg. Age 115 years	
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) Iris Labs	ASCM No.	Name of Abatement Contractor (9) JCR Management Specialist LLC	
Street Address 2333 US 22		Street Address 306 VCictor PI	
City, State, Zip Code Union NJ 07083		City, State, Zip Code Neptune NJ 07753	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 7324031471	License No. 02087

Start Date (10) 3/10/26	Scheduled Completion Date (11) 3/14/26	Name of OSHA Monitor JCR Management Specialist LLC
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Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:	Street Address 306 Victor PI
	City, State, Zip Code Neptune NJ 07753

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st floor store		xx		VAT & mastic	1,038	xx			

Name of Registered Waste Hauler Century Waste	NJDEP Waste Hauler ID No. 482653	Cubic Yards of Waste 20	Name of Registered Landfill Fairless Landfill
City, State Elizabeth NJ	Disposal Date 03/17/26	City, State Morrisville, Pa	

Completed by John C Riley	Title Owner	Signature <i>John Riley</i>	Date 03/02/26
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* Do not use this form for asbestos licensure exempted activities.

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

) 749704 hck # 3805

GAC Project # 060-26

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Date of Notification (1) March 3, 2026		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address BUSCH CAMPUS		Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS	
City (5) PISCATAWAY		City, State, Zip Code PISCATAWAY, NJ 08854	
County (6) MIDDLESEX		Name of Contact MICHAEL F. SMITH, ENV. HEALTH & SAFETY	
County Code (7) (State Use Only)		Telephone Number 848-445-2550	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PSYCHOLOGY, BLDG# 3757		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 4 Bldg. Age: 60+ years	
Current Use (prior if being demolished): ACADEMIC			
Name of Monitoring Firm Hired by Bldg. Owner (8) ATLAS		ASCM No. 00098	
Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.			
Street Address 3 TERRI LANE		Street Address 511 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm JOHN LUTZ		Telephone Number 609-386-8800	
Scheduled Start Date (10) 03/13/2026		Scheduled Completion Date (11) 03/16/2026	
Telephone Number 973-492-0477		License Number 00840	
Name of OSHA Monitor ENVIROVISION, INC.			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Facility Occupied During Abatement <input checked="" type="checkbox"/> Other- Describe: Shift Schedule: 4PM FRI- 5AM DAILY (24 HRS. & WEEKENDS AS NEEDED)		Street Address 20-21 WARGARAW ROAD, BLDG# 35E	
City, State, Zip Code FAIRLAWN, NJ 07410			
Scope of Work (Check all that apply)			
<input type="checkbox"/> > 3 sf or >3 lf <input checked="" type="checkbox"/> > 160 sf or > 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
181 Corridor	<input checked="" type="checkbox"/>	VAT	360 SF
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 5 CY
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Name of Registered Landfill Fairless Landfill / Grand Central Landfill	
Hauler #2) Century Waste Services LLC, Elizabeth, NJ 07201 NJ DEP # NJ-860		Disposal Date 03/16/2026	City, State FL - 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700 GCL- 1963 Pen Argyl Rd. Pan Argyl, Pa 18072
Completed by (Print or Type) RAYMOND C. PEDALINO		Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>
		Date March 3, 2026	

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

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

RECEIVED

GAC Project # 060-26

4212366 Check # 3806

Date of Notification (1) March 3, 2026		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS
			City, State, Zip Code PISCATAWAY, NJ 08854
		Name of Contact MICHAEL F. SMITH, ENV. HEALTH & SAFETY	Telephone Number 848-445-2550
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) DAVISON HALL, BLDG# 8322		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address DOUGLASS CAMPUS		Sq. Feet: N/A # of Floors: 3 Bldg. Age: 60+ years	
City (5) NEW BRUNSWICK	County (6) MIDDLESEX	County Code (7) (State Use Only)	Current Use (prior if being demolished): ACADEMIC
Name of Monitoring Firm Hired by Bldg. Owner (8) ATLAS		ASCM No. 00098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 TERRI LANE		Street Address 511 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm JOHN LUTZ	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 03/13/2026	Scheduled Completion Date (11) 03/16/2026	Name of OSHA Monitor ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Facility Occupied During Abatement <input checked="" type="checkbox"/> Other- Describe: Shift Schedule: 4PM FRI- 5AM DAILY (24 HRS. & WEEKENDS AS NEEDED)		Street Address 20-21 WARGARAW ROAD, BLDG# 35E	
		City, State, Zip Code FAIRLAWN, NJ 07410	
Scope of Work (Check all that apply)			
<input type="checkbox"/> > 3 sf or >3 lf <input checked="" type="checkbox"/> > 160 sf or > 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) 216A	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT	Amount (Specify SF or LF) 720 SF
		Abatement Type <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose	
Name of Reg. Waste Hauler See Hauler Below #1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 10 CY	Name of Registered Landfill Fairless Landfill / Grand Central Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Century Waste Services LLC, Elizabeth, NJ 07201 NJ DEP # NJ-860		Disposal Date 03/16/2026	City, State FL - 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700 GCL- 1963 Pen Argyl Rd. Pan Argyl, Pa 18072
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date March 3, 2026

2744



PAID
State of New Jersey

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

1188551

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MAR - 4 2026

Date of Notification (1) 10/01/25		Name of Building Owner/Operator (2) Capital Health System Inc	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 3100 Princeton Pike, Building 2 floor 3	
		City, State, Zip Code Lawrenceville, NJ 08648	
		Name of Contact Roger Cook	Telephone Number 6034758112

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) St Francis Medical center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 601 Hamilton ave		Square Feet 650,000	# of Floors 9
City (5) Trenton		Bldg. Age 100+	
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Healthcare	

Name of Monitoring Firm Hired by Building Owner (8) Iris Enviromental Laboratories		ASCM No.	Name of Abatement Contractor (9) JCR Management Specialist LLC	
Street Address 2333 Us 22		Street Address 306 Victor PI		
City, State, Zip Code Union NJ 07083		City, State, Zip Code Neptune ,NJ 07753		
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 9734943762	Telephone No. 7327591871	License No. 02087

Start Date (10) 10/15/25	Scheduled Completion Date (11) 05/01/26	Name of OSHA Monitor JCR Management Specialist LLC	
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Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Empty being demolished</u>	Street Address 306 Victor PI
	City, State, Zip Code Neptune NJ 07753

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bldgs Throughout			xx	VAT & Mastic	90390sf	xx			
Bldgs Throughout			XX	Thermal Insulation	55300lf	xx			
Bldgs Throughout			XX	Exterior caulk	11000lf	xx			
Bldgs Throughout			XX	foundation coating	25210lf	xx			

Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. 482653	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless	
City, State Elizabeth ,NJ		Disposal Date Various		City, State Morrisville Pa48265	
Completed by John C Riley		Title President	Signature <i>John Riley</i>		Date 10/03/25



PROPERTY RESTORATION-PRESERVATION-RENOVATIONS-DEMOLITION & CONSTRUCTION MANAGEMENT

C(732)759.1871 O(732)403.1471 Fax (732)631.3054

Please see below ACM locations for the amended notification.

Building A: ACM locations and amounts:

Throughout building fire doors:

- 50

Elevator lobbies

- 40 elevator fire doors

Elevator machine rooms brake pads

- 25 sf

1st Floor Pharmacy safe door

- 1

1st floor PT rm fireproofing gray

- 1500 sf

Throughout building 7th floor & 4th floor ceiling and wall cavities
Block pipe insulation, pipe elbows and tar paper

- 3200lf

Basement storage room, throughout & mechanical room Floor tile & mastic

- 8900sf

3rd floor patient wing & 1st floor rooms floor tile and mastic

- 6800sf

4th floor W- wing storage rm and entire floor- floor tile and mastic

- 7000sf

8th floor mechanical room roof and hatch

- Hatch gasket 12 lf
- EPDM roof penetration 4200sf.

Building B: ACM locations and amounts:

306 Victor Place Neptune, NJ 07753
 NJHIC #13VH10969200
 MBE# A0216-11
 SBE# A2016-12



NAT-F243653-1

NJ Lead Certification #00749
 NJ Asbestos License # 02087
 NY Asbestos License #4884964
 PA Asbestos Certification #C1196A



PROPERTY RESTORATION-PRESERVATION-RENOVATIONS-DEMOLITION & CONSTRUCTION MANAGEMENT

C(732)759.1871 O(732)403.1471 Fax (732)631.3054 ☐

Throughout building fire doors:

- 50

Elevator lobbies

- 24 elevator fire doors

Elevator machine rooms brake pads

- 25 sf

Basement throughout and 1st floor hallways - floor tile and mastic

- 9640sf

4th floor cardio wing - floor tile and mastic

- 4100sf

Building C: ACM locations and amounts:

Throughout building fire doors:

- 24

Elevator lobbies

- 8 elevator fire doors

Elevator machine rooms brake pads

- 10 sf

1st & 2nd flr & basement floor tile and mastic

- 40000 sf

Exterior foundation black coating and vapor barrier

- 9000sf

Building D: ACM locations and amounts:

Throughout building fire doors:

- 8

Elevator lobbies

- 8 elevator fire doors

306 Victor Place Neptune, NJ 07753
 NJHIC #13VH10969200
 MBE# A0216-11
 SBE# A2016-12



NJ Lead Certification #00749
 NJ Asbestos License # 02087
 NY Asbestos License #4884964
 PA Asbestos Certification #C1196A



PROPERTY RESTORATION-PRESERVATION-RENOVATIONS-DEMOLITION & CONSTRUCTION MANAGEMENT

C(732)759.1871 O(732)403.1471 Fax (732)631.3054 ☐

Elevator machine rooms brake pads

- 10 sf

Ground floor throughout 2nd and 3rd floor & 3rd flr laundry rm - floor tile and mastic

- 10900sf

Building E: ACM locations and amounts:

Ground floor, floor tile and mastic

- 150sf

Building F: ACM locations and amounts:

Throughout the Building Fire doors

- 6

Exterior Foundation coating (black)

- 3510 sq ft

Exterior Ground Floor Incinerator duct and chimney, waterproof mastic (black)

- 120 sq ft

Boiler Room

- Boiler insulation — 1,540 sq ft
- Block pipe insulation — 470 linear ft
- Corrugated pipe insulation — 40 linear ft

Second Floor Laundry Building

- Floor tile and mastic — 180 sq ft

Second Floor Laundry Building (Upper Roof)

306 Victor Place Neptune, NJ 07753
 NJHIC #13VH10969200
 MBE# A0216-11
 SBE# A2016-12



NJ Lead Certification #00749
 NJ Asbestos License # 02087
 NY Asbestos License #4884964
 PA Asbestos Certification #C1196A



PROPERTY RESTORATION-PRESERVATION-RENOVATIONS-DEMOLITION & CONSTRUCTION MANAGEMENT

C(732)759.1871 O(732)403.1471 Fax (732)631.3054 ☐

- Exterior duct flashing — 30 linear ft

Building G: ACM locations and amounts:

Throughout building fire doors:

- 32

Elevator lobbies

- 6 elevator fire doors

Elevator machine rooms brake pads

- 10 sf

Basement — Library Storage Room (First Floor) Floor tile and mastic

- 5,400 sq ft

Basement — Clinical Learning Lab Floor tile and mastic

- 715 sq ft

Auditorium Under carpet, floor tile and mastic, Under floor , hardwood vapor barrier (black)

- 5,400 sq ft
- 4,100 sq ft

Kitchen Floor tile and mastic

- 5,400 sq ft

Classroom Floor tile and mastic

- 5,400 sq ft

Exterior Windows Caulk and window glazing

- 5,170 lf

Fourth Floor, Throughout Entire Floor Floor tile and mastic

- 7,000 sq ft

306 Victor Place Neptune, NJ 07753
 NJHIC #13VH10969200
 MBE# A0216-11
 SBE# A2016-12



NJ Lead Certification #00749
 NJ Asbestos License # 02087
 NY Asbestos License #4884964
 PA Asbestos Certification #C1196A



PROPERTY RESTORATION-PRESERVATION-RENOVATIONS-DEMOLITION & CONSTRUCTION MANAGEMENT

C(732)759.1871 O(732)403.1471 Fax (732)631.3054 ☐

Old Main Building: ACM locations and amounts:

Throughout building fire doors:

- 24

Elevator lobbies

- 2 elevator fire doors

Elevator machine rooms brake pads

- 5sf

Ground floor hallway, outside waiting room – Floor tile and mastic

- 300 sq ft

Exterior windows throughout – Caulk, black

- 4000 linear ft

Fourth floor, west roof stairwell – Exterior flashing

- 20 linear ft

Ground floor hallway, waiting room, nurse, recruiting office, and fourth floor cardiac wing – Flooring

- 3760 sq ft.



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

4349914
 Btk # 1886

Date of Notification (1) 2/11/2026		Name of Building Owner/Operator (2)	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 839 Brookside Ave.	
		City, State, Zip Code Keyport, NJ 07735	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 839 Brookside Ave.		Square Feet 1,432	# of Floors 2	Bldg. Age 1930
City (5) Keyport, NJ 07735		Current Use (Prior if being demolished)		
County (6) Monmouth	County Code (7) (STATE USE ONLY)			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) DANVIC CONTRACTING LLC	
Street Address		Street Address 240 South 5th St.		
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07206		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 908-906-4123	License No. 01355
Start Date (10) 2/22/2026	Scheduled Completion Date (11) 2/24/2026	Name of OSHA Monitor Iris Environmental Laboratories, Inc.		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West		
		City, State, Zip Code Union, NJ 07083		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) 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
Crawlspace			X	Pipe Insulation	100 LF	X			

Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill	
City, State Elizabeth, NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed by Jeymy Donnays		Title Owner	Signature <i>Jeymy Donnays</i>		Date 2/11/2026

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

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

4346073
 RECEIVED # 1891
 FEB 25 2026
 ASBESTOS CONTROL & LICENSING

1891

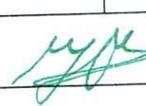
Date of Notification (1) 2/18/2026		Name of Building Owner/Operator (2) XXXXXXXXXX								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1461 Brookside Dr.								
		City, State, Zip Code Union, NJ 07083								
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 1461 Brookside Dr.		Square Feet 1,800	# of Floors 2							
City (5) Union, NJ 07083		Bldg. Age 1939								
County (6) Union		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) DANVIC CONTRACTING LLC							
Street Address		Street Address 240 South 5th St.								
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07206								
Project Manager for Monitoring Firm		Telephone No. 908-906-4123	License No. 01355							
Start Date (10) 2/21/2026	Scheduled Completion Date (11) 2/24/2026	Name of OSHA Monitor Iris Environmental Laboratories, Inc.								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIED		Street Address 2333 Route 22 West								
		City, State, Zip Code Union, NJ 07083								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Basement			X	Pipe Insulation	50 LF	X				
Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill						
City, State Elizabeth, NJ		Disposal Date TBD		City, State Morrisville, PA						
Completed by Jeymy Donneys		Title Owner	Signature <i>Jeymy Donneys</i>				Date 2/18/2026			

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

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

4349912

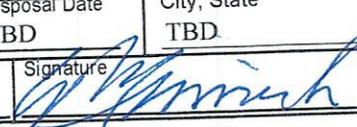
Handwritten initials/signature

Date Notification: 02/10/26		Name of Building owner		RECEIVED					
Agency Notified EPA DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH	Type Notification <input checked="" type="checkbox"/> Initial Amended # Emergency (including Justification) Extended	street Address: 1 Juniper St		FEB 20 2006 NJ CONTROL & LICENSING					
		City, State, Zip Metuchen NJ 08840							
		Name of Contact:							
Name of Facility Where Abatement is Taking Place House		Type of Facility (4) School (K-12) Subchapter 8 (Other than (K-12)) <input checked="" type="checkbox"/> Residential							
Street Address 1 Juniper St		Square Feet 2000	# of Floors 02	Bldg. Age 45					
City Metuchen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
County (6) Middlesex		Name of Monitoring Firm Hired by Building Owner		Name of Abatement Contractor (9) CVK Contracting LLC					
ASCM No.		Street		Street Address: 269 Walker St. Apt 6					
Name of Monitoring Firm Hired by Building Owner		City, State, Zip		City, State, Zip Code Fairview, NJ 07022					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-641-5400					
Start Date 02/20/26		Scheduled completion Data 02/23/26		License No 02044					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours -Describe/Facility closed during the abatement after school hours		Other		Name of OSHA firm Emsl Analytical inc					
		Street Address 1056 Stelton Rd STE 5							
		City, State, Zip Code Piscataway, NJ 08854							
Scope of Work (Check all apply)									
<input type="checkbox"/> > 3 sf or > 3 x <input type="checkbox"/> xx > 160 sf or > 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini Closure Glovebag Procedure Non - Exempted (*) and Non- Friable procedure					
Location of		Is Location Normally		Abatement Type					
Asbestos-Containing material (ACM) TO BE ABATED IN Facility (13)		Used Solely by Maintenance/ Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, Surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF) 98 LF		Enclosure	
Pipe insulation in basement		X		Thermal Systems Insulation		X			
Name of registered Waste Hauler Tri- State Transfer		NJDEP Waste Huler 19954		Cubic Yards of Waste TBD		Name of Registered Landfield MINERVA ENTREPRICE INC			
City, State Bronx NY		Disposal Date 02/25/26		City, WAYNESBURG OHIO					
Completed by Gustavo Ordon		Title President		Signature 		02/11/26			

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

4349911
RECEIVED

417

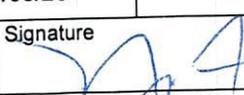
Date of Notification (1) <u>2/10/2026</u>		Name of Building Owner/Operator (2) <u>Feb 20 2026</u>								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>121 W. 4th St</u>								
		City, State, Zip Code <u>Bayonne, NJ 07002</u>								
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) <u>Residence</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)								
Street Address <u>121 W. 44th St</u>		Square Feet <u>2700 SF</u>	# of Floors <u>4</u>							
City (s) <u>Bayonne, NJ 07002</u>		Bldg. Age <u>65</u>								
County (6) <u>Hudson</u>		Current Use (Prior if being demolished) <u>Residence</u>								
Name of Monitoring Firm Hired by Building Owner (8) <u>Eru-Ken Consulting, LLC</u>		ASCM No.	Name of Abatement Contractor (9) <u>AEi2, LLC</u>							
Street Address		Street Address <u>PO Box 499</u>								
City, State, Zip Code		City, State, Zip Code <u>Hammonton, NJ 08037</u>								
Project Manager for Monitoring Firm		Telephone No. <u>609-481-2122</u>	License No. <u>00689</u>							
Start Date (10) <u>2/21/26</u>	Scheduled Completion Date (11) <u>02/23/26</u>									
Name of OSHA Monitor <u>AEi2, LLC</u>		Street Address <u>PO Box 499</u>								
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code <u>Hammonton, NJ 08037</u>								
Scope of Work (Check all that apply)										
<input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <u>42 LF</u>	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure	
<u>Basement</u>			<u>X</u>	<u>Pipe</u>		<u>X</u>				
Name of Registered Waste Hauler <u>TBD</u>		NJDEP Waste Hauler ID No. <u>TBD</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>TBD</u>						
City, State <u>TBD, NJ</u>		Disposal Date <u>TBD</u>		City, State <u>TBD</u>						
Completed By <u>Wm. Minnick</u>		Title <u>Program Mgr.</u>	Signature 				Date <u>2/09/26</u>			

50136

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

4349884

RECEIVED

Date of Notification (1) <u>02</u> / <u>16</u> / <u>26</u>		Name of Building Owner/Operator (2) 50136							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 133 Wabash Avenue							
		City, State, Zip Code Clifton, NJ 07011							
		Name of Contact		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 1128 Skiff Way Drive			Square Feet 1700	# of Floors 1	Bldg. Age 80				
City (5) Forked River		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Residence					
County (6) Ocean		Name of Abatement Contractor (9) Guardian Contracting, Inc.							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.							
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm		Telephone No. 732-349-9932		License No. 00624					
Start Date (10) <u>02</u> / <u>27</u> / <u>26</u>		Scheduled Completion Date (11) <u>03</u> / <u>03</u> / <u>26</u>		Name of OSHA Monitor E.M.S.L. Analytical					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM			Street Address 1056 Stelton						
			City, State, Zip Code Piscataway, New Jersey 08854						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1700 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
garage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos floor tile	175 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill				
City, State Toms River, New Jersey		Disposal Date 03/03/26		City, State Morrisville, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 2/16/26			

4583

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

4349908 RECEIVED
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Date of Notification (1) 2-14-2026		Name of Building Owner/Operator (2) Jones Development Group							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address P.O. Box 6051 City, State, Zip Code Hoboken, NJ 07030 Name of Contact _____ Telephone Number _____						
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 325 Grand Street		Square Feet 2500	# of Floors 4						
City (5) Hoboken, NJ 07030		Bldg. Age 65+							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm (8) _____		ASCM No. _____	Name of Abatement Contractor (9) Green Environmental Services						
Street Address _____		Street Address 235 Virginia Avenue							
City, State, Zip Code _____		City, State, Zip Code Jersey City, NJ 07304							
Project Manager for Monitoring Firm _____		Telephone No. 201-333-8855	License No. 01174						
Start Date (10) 2-24-2026	Scheduled Completion Date (11) 3-4-2026	Name of OSHA Monitor Green Environmental Services							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 235 Virginia Avenue City, State, Zip Code Jersey City, NJ 07304							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof		X		Roofing Material	1585 SF	X			
Living room -Unit 3R & 3L		X		Vinyl Floor Tile	180 SF Each	X			
1st Floor Unit 1R		X		Stairs	360 SF	X			
Exterior				Transite	525 SF	X			
Name of Registered Waste Hauler Green Environmental Services		NJDEP Waste Hauler ID No. 0034889		Cubic Yards of Waste 10	Name of Registered Landfill Fairless Landfill				
City, State Jersey City, NJ				Disposal Date 3-4-2026		City, State Morrisville, PA			
Completed by Liliana Serrano		Title Office Assistant		Signature 		Date 2-14-2026			

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

3831

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

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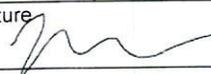
Date of Notification (1) 05/19/2025		Name of Building Owner/Operator (2) <div style="text-align: right; color: red;">FEB 20 2025</div>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 25 RAINIER ROAD City, State, Zip Code FANWOOD NEW JERSEY 07023					
			Name of Contact _____ Telephone Number _____					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) 25 RAINIER ROAD		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 25 RAINIER ROAD		Square Feet 5000	# of Floors 2					
City (5) FANWOOD NEW JERSEY 07023		Bldg. Age 1940+						
County (6) UNION	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) ONE FAMILY HOUSE						
Name of Monitoring Firm Hired by Building Owner (8) COMMERCIAL LAB ENTERPRISES D		ASCM No. _____	Name of Abatement Contractor (9) CPC ENVIRONMENTAL SERVICES CORP.					
Street Address 270 SWINTON AVENUE		Street Address 142 NORTH 13TH STREET						
City, State, Zip Code BRONX NY 10462		City, State, Zip Code NEWARK NJ 07107						
Project Manager for Monitoring Firm VICTOR ESCALONA		Telephone No. 9177314588	Telephone No. 9733902416					
		License No. 01335						
Start Date (10) 05/28/2025	Scheduled Completion Date (11) 05/30/2025	Name of OSHA Monitor COMMERCIAL LAB ENTERPRISES						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 270 SWINTON AVENUE						
		City, State, Zip Code BRONX NY 10462						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
BASEMENT OFFICE & SUB OFFICE		X	FLOOR TILES	193	X			
Name of Registered Waste Hauler NEWARK CARTING INC		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste 2	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL				
City, State P O BOX 5670 NEWARK NJ 07105			Disposal Date _____	City, State PEN ARGYL PA 18072				
Completed by CHIKA ONWUKAIFE		Title PRESIDENT	Signature 		Date 05/19/2025			

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

4346034

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FEB 19 2026

Date of Notification (1) 2/15/2026		Name of Building Owner/Operator (2)							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 33 Mead St. City, State, Zip Code Newark, NJ, 07106		Telephone Number _____				
			Name of Contact						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Single Family Residence			Type of Facility (4)						
Street Address 33 Mead st			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Newark		Square Feet unknown	# of Floors 2	Bldg. Age unknown					
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) 2/25/2026	Scheduled Completion Date (11) 2/26/2026		Name of OSHA Monitor John Kim						
Occupancy Status During Abatement (Check Only One)			Street Address 254 Ridgewood Ave						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			City, State, Zip Code Glen Ridge NJ 07028						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen			X	Drywall	300 SF	X			
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. NJ860	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central					
City, State Elizabeth, NJ		Disposal Date		City, State Pen Argyl					
Completed by John Kim		Title President	Signature 		Date 2/15/2026				

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

4349907

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FEB 19 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 02/16/2026		Name of Building Owner/Operator (2)	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 16 TULIP ST	
		City, State, Zip Code CRANFORD TWP, NJ 07016	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 16 TULIP ST		Square Feet 2679	# of Floors 2
City (5) CRANFORD TWP		Bldg. Age 1953	
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) N/A	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Abated	
Street Address		Street Address 111 Clark Place	
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07206	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 908-372-8375	License No. 02019

Start Date (10) 02/26/2026	Scheduled Completion Date (11) 03/08/2026	Name of OSHA Monitor Ryan Passos	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 111 Clark Place	
		City, State, Zip Code Elizabeth NJ 07206	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd Floor			X	Asbestos VAT 9" x 9"	700 S.F	X			
1st Floor (3 bedrooms)			X	Asbestos VAT 9" x 9"	450 S.F	X			

Name of Registered Waste Hauler Abated	NJDEP Waste Hauler ID No. 0038720	Cubic Yards of Waste 8	Name of Registered Landfill Fairless Hills (WM)
City, State Elizabeth, NJ	Disposal Date 03/08/2026	City, State Morrisville PA	
Completed by RYAN PASSOS	Title PRESIDENT	Signature 	Date 02/16/2026

11880

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

4349905
CK# 4880
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Date of Notification (1) 2/12/2026		Name of Building Owner/Operator (2)	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1739 Sharpless Rd.	
		City, State, Zip Code Meadowbrook, PA 215-805-3432	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Vacant Residential Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 5107 Winchester Ave.		Square Feet 3977	# of Floors 3	Bldg. Age 100+
City (5) Ventnor	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Unoccupied		
County (6) Atlantic	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) 2/21/2026	Scheduled Completion Date (11) 3/14/2026	Name of OSHA Monitor		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address		
		City, State, Zip Code		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior			X	asbestos shingles	3500 sf	X			

Name of Registered Waste Hauler American Demolition Corp		NJDEP Waste Hauler ID No. 16473	Cubic Yards of Waste	Name of Registered Landfill ACUA	
City, State Egg Harbor Twp., NJ		Disposal Date TBD	City, State Pleasantville		
Completed by Jannie Truehart		Title Project Manager	Signature 	Date 2/12/2026	

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

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

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0907

Date of Notification (1) 12/21/2025 check #0907		Name of Building Owner/Operator (2)	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 258 KINGSLAND AVE	
		City, State, Zip Code LYNDHURST NJ 07071	
		Name of Contact	Telephone Number

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ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 258 KINGSLAND AVE		Square Feet 50X100	# of Floors 2FL
City (5) LYNDHURST NJ, 07071.		Bldg. Age 50+	
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) UNOCCUPAID	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ALL SOLUTIONS CONTRACTING INC
Street Address		Street Address 24 CHURCH ST	
City, State, Zip Code		City, State, Zip Code ELMWOOD PARK NJ 07407	
Project Manager for Monitoring Firm		Telephone No. 2018739418	License No. 01301
Start Date (10) 12/23/2025	Scheduled Completion Date (11) 12/24/202	Name of OSHA Monitor ALL SOLUTIONS CONTRACTING INC	

Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:30AM TO 4:30 PM	Street Address 24 CHURCH ST
	City, State, Zip Code ELMWOOD PARK NJ 07407

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT			X	PIPE INSULATION	100LF	X			
1FL			X	PIPE INSULATION	6LF	X			

Name of Registered Waste Hauler ATLANTIC CARTING		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TDB	Name of Registered Landfill GRAND CENTRAL	
City, State PEN ARGYL PA 18072		Disposal Date TDB		City, State PEN ARGYL PA 18072	
Completed by LUIS ARCILA		Title PRESIDENT	Signature 		Date 12/21/2025

8134

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

RECEIVED

MAR 10 2026

Date of Notification (1) 12/22/2025		Name of Building Owner/Operator (2) Matts Construction								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 14 Irene Ct								
		City, State, Zip Code Lakewood NJ 08701								
		Name of Contact _____ Telephone Number _____								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 1221 Medina Rd		Square Feet	# of Floors							
City (5) Lakewood		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) 03/05/2026	Scheduled Completion Date (11) 03/05/2026	Name of OSHA Monitor AAA Lead Professionals								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 White Dove Court								
		City, State, Zip Code Lakewood, NJ, 08701								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Exterior				Siding	1500SF	<input checked="" type="checkbox"/>				
Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No. 35103	Cubic Yards of Waste 5	Name of Registered Landfill IESI						
City, State Lakewood, NJ		Disposal Date 03/05/2026		City, State BETHLEHEM, PA						
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature 				Date 12/22/2025			

1492

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

4336799
RECEIVED

MAR - 6 2025

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/12/2025		Name of Building Owner/Operator (2)								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 228 5th 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) house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 228 5th Street,		Square Feet N/A	# of Floors N/A							
City (5) Jersey City NJ, 07302		Bldg. Age N/A								
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) house								
Name of Monitoring Firm Hired by Building Owner (8) 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) 12/15/2025	Scheduled Completion Date (11) 1/10/2026	Name of OSHA Monitor D&S Abatement Company LLC								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>non-occupied</u>		Street Address 329 Parish Dr								
		City, State, Zip Code Wayne, NJ 07470								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
thought basement to 3rd floor		X		plaster	9000	X				
Name of Registered Waste Hauler D&S Abatement Company LLC		NJDEP Waste Hauler ID No. 0036309	Cubic Yards of Waste TBD	Name of Registered Landfill TRRF						
City, State Wayne NJ		Disposal Date TBD		City, State Tullytown, PA						
Completed by Dejan Antic Dopsaj		Title President	Signature <i>Dejan Antic Dopsaj</i>				Date 12/12/2025			

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

2091

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

4349735

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Date of Notification (1) 3/2/2026		Name of Building Owner/Operator (2)	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address	
		City, State, Zip Code Wyckoff NJ 07481	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Single Family Residence		Type of Facility (4)	
Street Address 431 Goffle Road		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Wyckoff	Square Feet unknown	# of Floors 2	Bldg. Age unknown
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm (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) 3/5/2026	Scheduled Completion Date (11) 3/6/2026	Name of OSHA Monitor John Kim	
Occupancy Status During Abatement (Check Only One)		Street Address 254 Ridgewood Ave	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Glen Ridge NJ 07028	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Elbows	5 LF	X			

Name of Registered Waste Hauler Century Waste	NJDEP Waste Hauler ID No. NJ860	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central
City, State Elizabeth, NJ	Disposal Date	City, State Pen Argyl	
Completed by John Kim	Title President	Signature 	Date 3/2/2026

4843

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

4347524

Print Form

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MAR - 4 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 2/27/26		Name of Building Owner/Operator (2)	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 221 Graphic Blvd.	
		City, State, Zip Code New Milford, NJ 07646	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 221 Graphic Blvd.		Square Feet 1900	# of Floors 2
City (5) New Milford		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) 3/2/26	Scheduled Completion Date (11) 3/5/26	Name of OSHA Monitor Same As Above		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address		
		City, State, Zip Code		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Living Room		X		VAT	243 SF	X			

Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 3 YD	Name of Registered Landfill Chrin Brothers Sanitary Landfill	
City, State Pompton Lakes, NJ		Disposal Date TBD	City, State Easton, PA		
Completed by Richard Cristofol	Title President	Signature 		Date 2/27/26	

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

4349887

RECEIVED



FEB 17 2006

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 2/14/26		Name of Building Owner/Operator (2)	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 14 W. River Styx Road	
		City, State, Zip Code Hopatcong, New Jersey	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 14 W. River Styx Road		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Hopatcong		Square Feet 2500	# of Floors 1	Bldg. Age 60+
County (6) Sussex	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. 7322941757	License No. 00029
Start Date (10) 2/23/26	Scheduled Completion Date (11) 3/3/26	Name of OSHA Monitor		
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-7pm		Street Address		
		City, State, Zip Code		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior			x	siding	2000 sf	x			
den			x	floor tile with mastic	225 sf	x			
living and bedroom			x	floor tile	650 sf	x			

Name of Registered Waste Hauler Ace Insulation Co., Inc		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 4	Name of Registered Landfill Chrins	
City, State Colts Neck, New Jersey		Disposal Date 3/3/26		City, State Easton, PA	
Completed by Bree McGuire	Title Secretary Treasurer	Signature 		Date 2/14/26	

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

2/349904
4349904
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Date of Notification (1)
1/30/26

Name of Building Owner/Operator (2)

Agencies Notified

[] EPA
[] DEP
[X] DOL
[X] DOH
[] DCA

Type Notification

[X] Initial Notification
[] Amended Notification
[] EMERGENCY
[] Cancellation

Street Address
330 Hartford Rd

City, State, Zip Code
South Orange, NJ, 07079

FEB 17 2026

Name of Contact

Telephone Number

PL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Type of Facility (4)

Street Address

330 Hartford Rd

City

South Orange

County
Essex

County Code (7)
(STATE USE ONLY)

[] 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)
N/A

ASCM No.

Name of Abatement Contractor (9)
AZTECH MANAGEMENT, Inc.

Street Address

86 Christopher St.

City, State, Zip Code

Montclair, NJ 07042

Project Manager for Monitoring Firm
N/A

Telephone Number
N/A

Telephone Number
(973) 744-8800

License Number
00371

Scheduled Start Date (10)
02 13 26
Month Day Year

Sched. Completion Date (11)
02 14 26
Month Day Year

Name of OSHA Monitor
N/A

Occupancy Status During Abatement (Check only one)

[X] Facility Closed/Vacated During Entire Period of Abatement

[] Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»

[] Other - Describe: «Other Occupancy Descript»

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
[X] Glovebag Procedure
[] Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E	
Basement			X	Pipe Insulation	150 LF	X				

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No.
17040

Cubic Yards of Waste 1.5

Name of Registered Landfill
Tri - State

City, State
Montclair, NJ 07042

Disposal Date
02/15/25

City, State
Bronx, NY, 10474

Completed By (Print or Type)
Constantine Vivian

Title
President

Signature
Constantine Vivian

Date
1/30/26

330 Hartford Rd

264

RECEIVED



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

4/34416

RECEIVED

Date of Notification (1) 02/11/2026 FEB 17 2026		Name of Building Owner/Operator (2)										
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DER <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 9 Carriage Way FEB 17 2026								
		City, State, Zip Code Cinnaminson, NJ 08077		ASBESTOS CONTROL & LICENSING								
		Name of Contact		Telephone Number								
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) Private Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)									
Street Address 9 Carriage Way			Square Feet 3,047	# of Floors 2	Bldg. Age 59							
City (5) Cinnaminson		County (6) Burlington		County Code (7) (STATE USE ONLY)								
Name of Monitoring Firm Hired by Building Owner (8) FINOG Environmental		ASCM No.	Name of Abatement Contractor (9) ELCON Environmental									
Street Address 617 Stokes Road, Suite 4-318			Street Address 150 Glenwood Drive									
City, State, Zip Code Medford, NJ 08055			City, State, Zip Code Washington Crossing, PA 18977									
Project Manager for Monitoring Firm Mark Rubnitz		Telephone No. 1-888-715-2211	Telephone No. 215-313-7427	License No. 02081								
Start Date (10) 02/11/2026		Scheduled Completion Date (11) 02/14/2026		Name of OSHA Monitor Same								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address									
			City, State, Zip Code									
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure												
Location of Asbestos-Containing Material (ACM) In Facility (13) TO BE ABATED		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
		Yes	No	N/A					Removal	Repair	Encapsulate	Enclosure
Basement				x	Vinyl Floor Tile & associated mastic		560 SF		x			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. SW2117		Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprise							
City, State New Castle, DE				Disposal Date TBD		City, State Waynesburg, OH						
Completed by Andre Gosek			Title Project Manager		Signature 			Date 02/11/2026				

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

4349900

1512

Date of Notification (1) 02/16/2026		Name of Building Owner/Operator (2) RECEIVED								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1580 Lemoine Ave		City, State, Zip Code Fort Lee NJ, 07024						
		Name of Contact		Telephone Number						
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) house			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 570 Winterburn Grove			Square Feet N/A	# of Floors N/A	Bldg. Age N/A					
City (5) Cliffside Park			Current Use (Prior if being demolished) house							
County (6) Bergen		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) 02/26/2026		Scheduled Completion Date (11) 03/10/2026		Name of OSHA Monitor D&S Abatement Company LLC						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: non-occupied			Street Address 329 Parish Dr							
			City, State, Zip Code Wayne, NJ 07470							
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
2nd floor		x		Plaster	1800	x				
Name of Registered Waste Hauler D&S Abatement Company LLC		NJDEP Waste Hauler ID No. 0036309	Cubic Yards of Waste TBD	Name of Registered Landfill TRRF						
City, State Wayne NJ			Disposal Date TBD	City, State Tullytown, PA						
Completed by Dejan Antic Dopsaj		Title President		Signature 		Date 02/16/2026				

285

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

4350035

Date of Notification (1) 3/6/26		Name of Building Owner/Operator (2) RECEIVED								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 216 Reichelt Rd								
		City, State, Zip Code New Milford NJ 07646								
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 216 Reichelt Rd		Square Feet	# of Floors							
City (5) New Milford		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)		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. 732-289-7360	License No. 02010							
Start Date (10) 3/8/26	Scheduled Completion Date (11) 3/14/26	Name of OSHA Monitor Chris Weber								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2208B Hamilton Blvd								
		City, State, Zip Code South Plainfield, NJ 07080								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Basement		X		VAT	630SF	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 3/8/26			

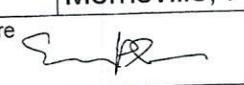
* Do not use this form for asbestos licensure exempted activities.

4190

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

RECEIVED

MAR - 9 2026

Date of Notification (1) 2 / 25 / 26		Name of Building Owner/Operator (2)								
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 34 Oak Lane								
		City, State, Zip Code Verona, NJ 07044								
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)								
Street Address 34 Oak Lane		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)								
City (5) Verona		Square Feet 1681	# of Floors 2							
County (6) Essex		County Code (7) (STATE USE ONLY)	Bldg. Age 71							
Name of Monitoring Firm Hired by Building Owner (8) AZ Solution Consulting		ASCM No.	Name of Abatement Contractor (9) Brick Industries, Inc.							
Street Address 27 Susquehanna Ave		Street Address PO Box 915								
City, State, Zip Code Rochelle Park, NJ 07662		City, State, Zip Code Brick, NJ 08723								
Project Manager for Monitoring Firm Aleksander Zivanov		Telephone No. 347-612-1572	Telephone No. 7328997499							
Start Date (10) 2 / 26 / 26		Scheduled Completion Date (11) 2 / 27 / 26	License No. 01196							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___AM-___PM/___PM-___AM		Name of OSHA Monitor AZ Solution Consulting								
		Street Address 27 Susquehanna Ave								
		City, State, Zip Code Rochelle Park, NJ 07662								
Scope of Work (Check all that apply)										
<input type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile	355SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	355SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler Brick Industries, Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill						
City, State Brick, NJ		Disposal Date 3/2/26	City, State Morrisville, PA							
Completed By (Print or Type) Eric Plackis		Title President	Signature 				Date 2/25/26			

ASBESTOS CONTROL & LICENSING

4196

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

RECEIVED

Date of Notification (1) 3 / 3 / 26		Name of Building Owner/Operator (2)	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 12 Crestwood Ave	
		City, State, Zip Code Blackwood, NJ 08012	
		Name of Contact	Telephone Number

MAR - 9 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION		
Name of Facility Where Abatement is Taking Place (3) 12 Crestwood Ave		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)
Street Address 12 Crestwood Ave	City (5) Blackwood	Square Feet 2100
County (6) Camden	County Code (7)(STATE USE ONLY)	# of Floors 1
Name of Monitoring Firm Hired by Building Owner (8) AZ Solution Consulting	ASCM No.	Bldg. Age 71
Street Address 27 Susquehanna Ave	City, State, Zip Code Rochelle Park, NJ 07662	Current Use (Prior if being demolished) Home
Project Manager for Monitoring Firm Aleksander Zivanov	Telephone No. 347-612-1572	Name of Abatement Contractor (9) Brick Industries, Inc.
Start Date (10) 3 / 4 / 26	Scheduled Completion Date (11) 3 / 6 / 26	Street Address PO Box 915
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___AM-___PM/___PM-___AM	Telephone No. 7328997499	City, State, Zip Code Brick, NJ 08723
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		License No. 01196
Name of OSHA Monitor AZ Solution Consulting		Street Address 27 Susquehanna Ave
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Rochelle Park, NJ 07662

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile	2000SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Brick Industries, Inc.	NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill
City, State Brick, NJ	Disposal Date 3/7/26	City, State Morrisville, PA	
Completed By (Print or Type) Eric Plackis	Title President	Signature 	Date 3/3/26

4193



PAID

State of New Jersey

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

RECEIVED

MAR - 9 2026

Date of Notification (1) 2 / 26 / 26		Name of Building Owner/Operator (2)								
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 128 Forest Road								
		City, State, Zip Code Brick, NJ 08724								
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)								
Street Address 128 Forest Road		Square Feet 1692	# of Floors 2							
City (5) Brick, NJ 08724		Bldg. Age 66								
County (6) Ocean	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Home								
Name of Monitoring Firm Hired by Building Owner (8) AZ Solution Consulting		ASCM No.	Name of Abatement Contractor (9) Brick Industries, Inc.							
Street Address 27 Susquehanna Ave		Street Address PO Box 915								
City, State, Zip Code Rochelle Park, NJ 07662		City, State, Zip Code Brick, NJ 08723								
Project Manager for Monitoring Firm Aleksander Zivanov		Telephone No. 347-612-1572	Telephone No. 7328997499							
			License No. 01196							
Start Date (10) 2 / 27 / 26	Scheduled Completion Date (11) 2 / 28 / 26	Name of OSHA Monitor AZ Solution Consulting								
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___AM-___PM/___PM-___AM		Street Address 27 Susquehanna Ave								
		City, State, Zip Code Rochelle Park, NJ 07662								
Scope of Work (Check all that apply)										
<input type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Lower level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile	400SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lower level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mastic	400SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler Brick Industries, Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill						
City, State Brick, NJ		Disposal Date 3/2/26	City, State Morrisville, PA							
Completed By (Print or Type) Eric Plackis		Title President	Signature 				Date 2/26/26			

ASBESTOS CONTROL & LICENSING

4827

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

4346314-

RECEIVED

FEB 20 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 2/18/26		Name of Building Owner/Operator (2)							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 48 N. Vivyen St.							
		City, State, Zip Code Bergenfield, NJ 07621							
		Name of Contact		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 48 N. Vivyen St.			Square Feet 2200	# of Floors 2	Bldg. Age 60 +/-				
City (5) Bergenfield		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residential Home					
County (6) Bergen									
Name of Monitoring Firm 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) 2/19/26		Scheduled Completion Date (11) 2/22/26		Name of OSHA Monitor Same As Above					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M			Street Address						
			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		VAT	603 SF	x			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 5 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 2/18/26			

13590

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

B & G Project # 2026-31

Check # **13590**

PAID

MAR - 9 2026

Date of Notification (1) 03/02/2026		Name of Building Owner/Operator (2)	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	167 Summit Avenue	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Upper Montclair, NJ 07043	ASBESTOS CONTROL & LICENSING
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

Name of Facility Where Abatement is Taking Place (3)			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K-12)		
167 Summit Avenue			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
City (5)			<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Upper Montclair, NJ 07043			Square Feet	# of Floors	Bldg. Age

County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) residential
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Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
		B & G Restoration, Inc.
Street Address		Street Address
		1234 Route 23
City, State, Zip Code		City, State, Zip Code
		Butler, NJ 07405
Project Manager for Monitoring Firm	Telephone No.	Telephone No. License No.
		973-696-6869 00378

Start Date (10) 03/04/2026	Scheduled Completion Date (11) 03/05/2026	Name of OSHA Monitor B & G Restoration, Inc.
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Occupancy Status During Abatement (Check Only One)	Street Address
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement	1234 Route 23
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours	City, State, Zip Code
<input type="checkbox"/> Other - Describe: _____	Butler, NJ 07405

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

Location of Asbestos-Containing Material (ACM) In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			X	pipe insulation	15 LF	X			

Name of Registered Waste Hauler B & G Restoration Inc.	NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 1/2	Name of Registered Landfill Grand Central Landfill
City, State Butler, NJ	Disposal Date 03/05/2026	City, State Pen Argyl, PA	
Completed by Gordana Luna	Title Secretary / Treasurer	Signature <i>Gordana Luna</i>	Date 03/02/2026

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

43 47111
CIRCULAR 4015 08544

4461
Pg. 1

Date of Notification (1)
3 / 2 / 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

MAR - 6 2026

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University-Guyot Hall

Street Address
106A Guyot Lane

City (5)
Princeton

County (6)
MERCER

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 B'dg. Age
63

Current Use (Prior if being demolished)
Dining/Dormitory

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

City, State, Zip Code
Moorestown, NJ 08057

Street Address
1123 BEAVER STREET

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)
3 / 16 / 26

Scheduled Completion Date (11)
8 / 31 / 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-3:30PM / 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 Renovation
 ≥160 sf or ≥260 lf 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
1959 Wing B Level	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings(wrap and cut)	48 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1959 Wing B Level	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lab Counter tops	350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1959 Wing B Level	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite fume hood liner	125 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1959 Wing B Level	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire doors	6 ea	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler
Bristol Environmental

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill
Fairless Landfill

City, State
Bristol, PA

Disposal Date

City, State
MORRISVILLE, PA 19067

Completed By (Print or Type)
Brian Scafiro

Title
Estimator

Signature
Brian Scafiro

Date
3/2/26

ASB-41 MAY 11 **B525023**

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

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

CHECK # 46015

Date of Notification (1) <u>3</u> / <u>2</u> / <u>26</u>		Name of Building Owner/Operator (2) Princeton University-Facilities Operations	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address MacMillan Building, Elm Drive
			City, State, Zip Code Princeton, NJ 08544
			Name of Contact Eric Emery

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University-Guyot Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 106A Guyot Lane		Square Feet	# of Floors
City (5) Princeton			Bldg. Age 63

County (6) MERCER	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Dining/Dormitory
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Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc	ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC
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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
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Project Manager for Monitoring Firm Michael Keehn	Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 02121
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Start Date (10) <u>3</u> / <u>16</u> / <u>26</u>	Scheduled Completion Date (11) <u>8</u> / <u>31</u> / <u>26</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC
---	--	---

Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM / _____PM-_____AM	Street Address 1123 BEAVER STREET
	City, State, Zip Code BRISTOL, PA 19007

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1959 Wing Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wall Flashing	310 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1963 Wing Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings(wrap and cut)	1158 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1963 Wing Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window sills	782 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1963 Wing-Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Windows Caulk and Glazing	6,900 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Bristol Environmental	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill
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City, State Bristol, PA	Disposal Date	City, State MORRISVILLE, PA 19067
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Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature <i>Brian Scafiro</i>	Date 3/2/26
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Pg. 3

Check # 4615

Date of Notification (1) <u>3</u> / <u>2</u> / <u>26</u>		Name of Building Owner/Operator (2) Princeton University-Facilities Operations							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address MacMillan Building, Elm Drive							
		City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Eric Emery		Telephone Number 609-258-3432					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University-Guyot Hall			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 106A Guyot Lane			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) Dining/Dormitory					
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) <u>3</u> / <u>16</u> / <u>26</u>		Scheduled Completion Date (11) <u>8</u> / <u>31</u> / <u>26</u>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM /____PM-____AM			Street Address 1123 BEAVER STREET						
			City, State, Zip Code BRISTOL, PA 19007						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure					
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Mini-Enclosure					
				<input type="checkbox"/> Glovebag Procedure					
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1963 Wing-1 st floor 154	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Glue dots	35 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1963 Wing-Mezzanine M60VES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	40SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1963 Wing Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Waterproofing	1,890 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1963 Wing Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roof flashing	850 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Bristol Environemtal		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill					
City, State Bristol, PA		Disposal Date		City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature <i>Brian Scafiro</i>		Date 3/2/26			

ASB-41 MAY 11 **8825023**

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

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

CHECK # 4615

Date of Notification (1) <u>3</u> / <u>2</u> / <u>26</u>		Name of Building Owner/Operator (2) Princeton University-Facilities Operations							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address MacMillan Building, Elm Drive						
			City, State, Zip Code Princeton, NJ 08544						
			Name of Contact Eric Emery		Telephone Number 609-258-3432				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University-Guyot Hall				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 106A Guyot Lane				Square Feet	# of Floors				
City (5) Princeton				Bldg. Age 63					
County (6) MERCER		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Dining/Dormitory					
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) <u>3</u> / <u>16</u> / <u>26</u>		Scheduled Completion Date (11) <u>8</u> / <u>31</u> / <u>26</u>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00AM-3:30PM</u> / <u> </u> PM - <u> </u> AM			Street Address 1123 BEAVER STREET						
			City, State, Zip Code BRISTOL, PA 19007						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1963 Wing Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite	45 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1979 Wing 1st floor hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	1,387 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1979 Wing 1st floor 174 & 175	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Glue dots	115 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1979 Wing Mezzanine Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	2,750 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Bristol Environmental		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill				
City, State Bristol, PA				Disposal Date	City, State MORRISVILLE, PA 19067				
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature <i>Brian Scafiro</i>		Date <i>3/2/26</i>			

ASB-41 MAY 11 BS25023

* 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)**

Pg. 5

check #4615

Date of Notification (1) <u>3</u> / <u>2</u> / <u>26</u>		Name of Building Owner/Operator (2) Princeton University-Facilities Operations	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address MacMillan Building, Elm Drive	
		City, State, Zip Code Princeton, NJ 08544	
		Name of Contact Eric Emery	Telephone Number 609-258-3432

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University-Guyot Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 106A Guyot Lane		Square Feet	# of Floors
City (5) Princeton		Bldg. Age 63	
County (6) MERCER	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Dining/Dormitory	

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) <u>3</u> / <u>16</u> / <u>26</u>	Scheduled Completion Date (11) <u>8</u> / <u>31</u> / <u>26</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM / _____ PM - _____ AM		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1979 Wing Mezzanine 183CLO	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	105 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Pipe Tunnels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe insulation(wrap and cut)	1300 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Bristol Environmental	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill
City, State Bristol, PA		Disposal Date	City, State MORRISVILLE, PA 19067

Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature <i>Brian Scafiro</i>	Date 3/2/26
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ASB-41
MAY 11 *BS2503*

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

2029

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

1188875

RECEIVED

Date of Notification (1) 02/27/2026		Name of Building Owner/Operator (2) First Presbyterian church of Maywood	
Agencies Notified	Type Notification	Street Address 401 Maywood Avenue,	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Maywood, NJ 07607	
		Name of Contact Johnny Montalvo	Telephone Number 973-768-9999

MAR - 9 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) First Presbyterian church of Maywood		Type of Facility (4)		
Street Address 401 Maywood Avenue, Maywood, NJ 07607		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Maywood	Square Feet 5,000	# of Floors 3	Bldg. Age 100	
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Building Owner (8) IRIS Environmental Services	ASCM No.	Name of Abatement Contractor (9) Acme Professional Services Corp	
Street Address 2333 Route 22 West		Street Address 170 Kinnelon Rd, Suite 32	
City, State, Zip Code Union NJ 07083		City, State, Zip Code Kinnelon, NJ 07405	
Project Manager for Monitoring Firm Rick Eustaquio	Telephone No. 908-206-0073	Telephone No. 973-938-5266	License No. 02003

Start Date (10) 03/02/2026	Scheduled Completion Date (11) 03/06/2026	Name of OSHA Monitor Arsenije Adamov	
Occupancy Status During Abatement (Check Only One)		Street Address 170 Kinnelon Rd, Suite 32	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Kinnelon, NJ 07405	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bowling Alley		✓		Pipe and Fitting Insulation	24 LF	✓			
Basement Bowling Alley		✓		Ceiling & Wall Plaster	150 SF	✓			
1st floor Stage area		✓		Ceiling & Wall Plaster	150 SF	✓			

Name of Registered Waste Hauler Acme Professional Services Corp	NJDEP Waste Hauler ID No. 0038176	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill!
City, State Kinnelon, NJ	Disposal Date 03/07/2026	City, State Morrisville, PA	
Completed by Samantha Zamora	Title Project Coordinator	Signature <i>Samantha Zamora</i>	Date 02/27/2026

4799

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

1180269

Print Form

Date of Notification (1) 02/18/2026		Check #4799		Name of Building Owner/Operator (2) St. Nicholas Church		RECEIVED	
Agencies Notified		Type Notification		Street Address 122 Ferry Street		FEB 26 2026	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Jersey City NJ 07307		Name of Contact Mike	
				Telephone Number 973-219-0214		ASBESTOS CONTROL & LICENSING	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) St. Nicholas Church - Basement		Type of Facility (4)	
Street Address 122 Ferry Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Jersey City NJ		Square Feet 30,000+	# of Floors 3
County (6) Hudson		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. N/a	Name of Abatement Contractor (9) EA Services
Street Address N/a		Street Address 530 Church Street	
City, State, Zip Code N/a		City, State, Zip Code Ridgefield NJ 07657	
Project Manager for Monitoring Firm N/a		Telephone No. N/a	Telephone No. 201-295-1700
Start Date (10) 02/21/2026		Scheduled Completion Date (11) 02/22/2026	License No. 01074
Name of OSHA Monitor Same as above		Occupancy Status During Abatement (Check Only One)	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 9am		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						Removal	Repair	Encapsulate	Enclosure
Basement		x		Pipe Insulation	6 LF	x			

Name of Registered Waste Hauler EA Services Corporaton		NJDEP Waste Hauler ID No. 107086	Cubic Yards of Waste tbd	Name of Registered Landfill Minerva Entreprise	
City, State Ridgefield NJ 07657		Disposal Date tbd		City, State Waynesburg, OH	
Completed by Marisabel Toribio		Title Cierical	Signature <i>Marisabel Toribio</i>		Date 02/18/2026

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

393 9094

4801



RECEIVED

FEB 26 2026

ASBESTOS & LICENSING

Date of Notification (1) 2/19/2026		Check #4801		Name of Building Owner/Operator (2) Holy Trinity School					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 336 First Street City, State, Zip Code Westfield, NJ Name of Contact Michael Petrillo Telephone Number 908-233-0484					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Holy Trinity School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 336 First Street			Square Feet 70,000	# of Floors 2	Bldg. Age 50+				
City (5) Westfield		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) 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) 2/20/2026		Scheduled Completion Date (11) 3/3/26		Name of OSHA Monitor Same as above					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 11:00 AM			Street Address						
			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement storage closet		X		Pipe Insulation	6 LF	X			
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 Marisabel Toribio		Title Clerical		Signature <i>Marisabel</i>			Date 2/19/26		

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

4346341

283

Date of Notification (1) 2/20/26		Name of Building Owner/Operator (2) PAID Pierce Memorial Presbyterian		RECEIVED								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4112 Allaire Rd								
		City, State, Zip Code Wall Township, NJ 07727		FEB 25 2026								
		Name of Contact Mike Donato		Telephone Number 732-864-4033								
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) Church			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)									
Street Address 4112 Allaire Rd			Square Feet	# of Floors	Bldg. Age							
City (5) Wall Township			Current Use (Prior if being demolished)									
County (6) Monmouth 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) 2/20/26		Scheduled Completion Date (11) 2/25/26		Name of OSHA Monitor Chris Weber								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 2208B Hamilton Blvd									
			City, State, Zip Code South Plainfield, NJ 07080									
Scope of Work (Check All That Apply)												
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf		<input type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Full Containment with Negative Pressure								
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure								
				<input type="checkbox"/> Glovebag Procedure								
				<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
		Yes	No	N/A					Removal	Repair	Encapsulate	Enclosure
Basement			x		VAT		1,200SF		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 2/20/26						

7014

1181448 RECEIVED

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

Date of Notification (1)
 2-11-26

Name of Building Owner/Operator (2)
 Capital Health Regional Medical Center

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

Type Notification
 Initial
 Amended
 Emergency (including justification)
 Cancellation

Street Address
 750 Brunswick Ave

City, State, Zip Code
 Trenton NJ 08638

Name of Contact
 Glen

Telephone Number
 609 346 1257

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
 Capital Health

Street Address
 750 Brunswick Ave

City (5)
 Trenton

County (6)
 Mercer

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

Square Feet
 60000

of Floors
 4

Build. Age
 200yrs

County Code (7)
 (STATE USE ONLY)

Current Use (Print if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
 Management Environmental Services

Street Address
 PO Box 341

City, State, Zip Code
 Chesterfield NJ 08815

ASCM No.

Name of Abatement Contractor (9)
 Air Ice Abatement Contractors LLC

Street Address
 1212 Burlington Ave

City, State, Zip Code
 Newfield NJ 08845

Project Manager for Monitoring Firm
 Billy W

Telephone No.
 609 915 1140

Telephone No.
 609 346 5916

License No.
 01070

Start Date (10)
 2-15-26

Scheduled Completion Date (11)
 3-30-26

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)

≥ 5 sf or ≥ 1 lf
 ≥ 160 sf or ≥ 160 lf

Renovation
 Demolition

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

Location of Asbestos-Containing Material (ACM) In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure	
3 Floor				Ceiling/Walls	400 LF					✓
2 Floor				Ceiling Walls Pipe	400 LF					✓
1 Floor				Ceiling Wall RR	400 LF					✓
9 Floor Elect Rm				ceil 5' x 6' plates	160 LF					✓

Name of Registered Waste Hauler
 Horizon Waste

NUDEP Waste Hauler (7) No.
 TBI

Cubic Yards of Waste
 TBI

Name of Registered Landfill
 Medco

State
 NJ

Address
 1319 Calhoun St Trenton NJ

Disposal Date
 TBI

City, State
 Trenton NJ

Signature
 [Signature]

Date
 2-11-26

* Do not use this form for asbestos licensure exempted activities

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

8878

11 98148
RECEIVED

Date of Notification (1) 2/12/26 Type Notification		Name of Building Owner / Operator (2) ANG Terminal Ave LLC			
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation		Street Address 55 Mayfield Ave		FEB 19 2026
			City, State & Zip Code Edison, NJ 08837		ASBESTOS CONTROL & LICENSING
			Name of Contact Ankit Gupta		Telephone Number 732-207-7325
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Vacant Building			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 133 Terminal Ave			Square Feet 10,000	# of Floors 1	Bldg. Age 70+
City (5) Clark	County (6) Union	County Code (7)	Current Use (Prior if being demolished) Commercial		
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) 2/25/26	Scheduled Completion Date (11) 3/2/26		Name of OSHA Monitor Global Abatement Services, LLC		
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> 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		<input checked="" type="checkbox"/> Renovation		Full Containment with Negative Pressure	
Large Project				Mini-Enclosure	
<input checked="" type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM				<input checked="" type="checkbox"/> Glovebag Procedure	
Quantity is ≥ 160 SF or ≥ 260 LF ACM				Other:	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)	
Main Floor	N/A	Pipe insulation	2,400LF	Removal	
Name of Registered Waste Hauler Freehold Carting		NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 40	Name of Registered Landfill Fairless Hills	
City, State Freehold, NJ		Disposal Date 3/3/26	City, State Fairless Hill, PA		
Completed By (Print or Type) Dominick Tringali	Title President	Signature <i>Dominick Tringali</i>		Date 2/12/26	

304

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

4349904

RECEIVED

Date of Notification (1) 2-13-2026		Name of Building Owner/Operator (2) Jeff Kessler	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 460 Getty Ave.	
		City, State, Zip Code Clifton, NJ 07011	
		Name of Contact Jeff Kessler	
		Telephone Number (973) 632-1427	

FEB 19 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Commercial Facility		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 12 Main St.		Square Feet 42772	# of Floors 3
City (5) Belleville, NJ		Bldg. Age 1942	
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Industrial Facility	
Name of Monitoring Firm Hired by Building Owner (8) Vertex		ASCM No 114208	Name of Abatement Contractor (9) General Contracting Group
Street Address W, 3322 US-22 Suite 907, Branchburg, NJ 08876		Street Address 54 Old Chimney Road	
City, State, Zip Code Bronx, NY 104		City, State, Zip Code Upper Saddle River, NJ 07458	
Project Manager for Monitoring Firm Kevin Seise		Telephone No. 2019237155	Telephone No. 551-308-5069
			License No. 02086
Start Date (10) 2/23/26	Scheduled Completion Date (11) 2/24/26	Name of OSHA Monitor General Contracting Group	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 54 Old Chimney Road	
		City, State, Zip Code Upper Saddle River, NJ 07458	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
3rd Floor		X		Mastic on plywood	900 SF	X			

Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste	Name of Registered Landfill Grand Central	
City, State 623 Dowd Ave Elizabeth, NJ			Disposal Date	City, State Pen Argyl Pa	
Completed by Seamus Schofield		Title President	Signature 		Date 1/13/26

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

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

4344707
 RECEIVED

Date of Notification (1) January 24, 2026		Name of Building Owner/Operator (2) ARX OPP Zone, LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 6401 Delilah Rd, Block 301, Lot 2	
		City, State, Zip Code Egg Harbor, NJ 08234	
		Name of Contact Kyle Hoehe	Telephone Number 848-333-2238

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former Restaurant and Bar		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 6415 Delilah Road, Egg Harbor NJ 08234		Square Feet 10,000	# of Floors 2
City (5) Egg Harbor		Bldg. Age 50	
County (6) Atlantic County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Private School	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Graham-Tech Environmental Service, LLC	
Street Address		Street Address 958 Jackson Rd.	
City, State, Zip Code		City, State, Zip Code Mays Landing, NJ 08330	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609-547-5198	License No. 01158

Start Date (10) 02/01/2026	Scheduled Completion Date (11) 03/15/2026	Name of OSHA Monitor Graham-Tech Environmental Service, LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 958 Jackson Rd.	
		City, State, Zip Code Mays Landing, NJ 08330	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Store Area		X		red 12x12 Floor Tile	1,250SqFt	X		X	
Throughout Roof		X		Built up Roofing	7,600SqFt	X			
Store Area		X		Mastic	1,250SqFt	X		X	

Name of Registered Waste Hauler Graham-Tech Environmental Service, LLC	NJDEP Waste Hauler ID No. 0034500	Cubic Yards of Waste 30	Name of Registered Landfill Atlantic City Land fill
City, State Mays Landing, NJ 08330		Disposal Date	City, State Atlantic City NJ
Completed by Vernice Graham	Title Spouse	Signature 	Date 01-23-26 11/25/2025

4011

3937597

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

Date of Notification (1) 2/09/2026		Name of Building Owner/Operator (2) Hunterdon Medical Center		Check No. 4011 RECEIVED
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 2100 Wescott Drive	
			City, State, Zip Code Flemington, New Jersey 08822	
			Name of Contact Bob Williams	Telephone Number 201-445-7700

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Hunterdon Medical Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 2100 Wescott Drive		Square Feet 30000	# of Floors 4	Bldg. Age 50+
City (5) Flemington, New Jersey 08822		Current Use (Prior if being demolished) Health Center		
County (6) Hunterdon	County Code (7) (STATE USE ONLY)	Name of Abatement Contractor (9) Lilich Corporation		
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates		ASCM No. 0004	Street Address 246 Union Boulevard	
Street Address 3 Crosswicks Street		City, State, Zip Code Totowa, New Jersey 07512		
City, State, Zip Code Bordentown, New Jersey 08505		Telephone No. 609-298-5520	Telephone No. 973-225-8400	License No. 01104
Project Manager for Monitoring Firm Douglas Ferry	Start Date (10) 2/20/2026	Scheduled Completion Date (11) 2/23/2026	Name of OSHA Monitor Iris Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West		
		City, State, Zip Code Union, NJ 07083		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Pharmacy Office		X		Elbows	10 each	X			
Basement Office		X		Vat & Mastic	504 SF	X			

Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 10	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Elizabeth, New Jersey		Disposal Date February/2026	City, State 1963 Pen Argyl Rd, Pen Argyl, PA 18027		
Completed by Adriana Olejarova		Title President	Signature 	Date 2/09/2026	

11941

PAID 4349593 Check 11941 RECEIVED

Print Form

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

Date of Notification (1) FEB 13, 2026		Name of Building Owner/Operator (2) BILL SEARCH								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 80 HOLMES MILL ROAD								
		City, State, Zip Code CREAM RIDGE, NJ 08514								
		Name of Contact BILL SEARCH	Telephone Number 609-647-2227							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) COW MILKING BARN (VACANT DEMO)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 10 HOLMES MILL ROAD		Square Feet 3680	# of Floors 1							
City (5) CREAM RIDGE, NJ 08514		Bldg. Age 80+-								
County (6) MONMOUTH	County Code (7) <i>(STATE USE ONLY)</i> _____	Current Use (Prior if being demolished) OLD BARN								
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 EGYPT, 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) 2/23/26	Scheduled Completion Date (11) 2/27/26	Name of OSHA Monitor EPC TECHNOLOGIES INC								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address P.O. BOX 337								
		City, State, Zip Code NEW EGYPT, NJ 08533								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A	Removal	Repair		Encapsulate	Enclosure		
MAIN ROOF (EXTERIOR)			XXX	CEMENT ROOFING SHINGLES	4800 SF	XXXX				
Name of Registered Waste Hauler EPC TECHNOLOGIES INC		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 20	Name of Registered Landfill FAIRLESS LANDFILL						
City, State NEW EGYPT, NJ 08533		Disposal Date 2/23/26	City, State MORRISVILLE, PA							
Completed by STEVE SCHENKER	Title PRESIDENT	Signature <i>Steve Schenker</i>	Date 2/13/26							

4952

PAID

437-6322

Print Form

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

HMD 25-207

FEB 24 2021

Date of Notification (1) 2/18/2026		Name of Building Owner/Operator (2) Mediterranean Towers West Ck#4956										
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> 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. 10C		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)										
Street Address 555 North Avenue		Square Feet 120,000SF+	# of Floors 26									
City (5) Fort Lee, NJ		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) 2/24/2026	Scheduled Completion Date (11) 2/25/2026	Name of OSHA Monitor Hazmat Diagnostic, LLC										
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> 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)												
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition										
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)				Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A	Popcorn Ceiling	70 SF	Removal	Repair		Encapsulate	Enclosure		
Apt. 10 C-Bathrooms			X					X				
Name of Registered Waste Hauler Hazmat Diagnostic, LLC/ Century Waste		NJDEP Waste Hauler ID No. 0035440/32797	Cubic Yards of Waste TBD	Name of Registered Landfill WM Grand Central Landfill								
City, State Bloomingdale, NJ/ Elizabeth, NJ			Disposal Date TBD	City, State Pen Argyl, PA								
Completed by Deni Naumovski		Title President	Signature <i>Deni Naumovski</i>		Date 2/18/2026							

MO
55/1005/12/2005



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

3941812

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 2/16/2026		Name of Building Owner/Operator (2) Paulsboro Refining Company							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 800 Billingsport Rd.							
		City, State, Zip Code Paulsboro NJ 08066							
		Name of Contact Ravi Jarecha	Telephone Number 732-567-8659						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Paulsboro Refining Company		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 800 Billingsport Rd.		Square Feet	# of Floors						
City (5) Paulsboro NJ 08066		Bldg. Age							
County (6) Gloucester County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) 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. 856-693-3752	License No. 01009						
Start Date (10) 3-1-2026	Scheduled Completion Date (11) 3-30-2026	Name of OSHA Monitor Total Environmental Solutions							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>Restricted Area Around Containment</u>		Street Address 1005 Saint Georges Lane							
		City, State, Zip Code Landenberg PA 19350							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Furf-2 Piping		x		4" 190# Steam	70 LF	x			
Name of Registered Waste Hauler Waste Master		NJDEP Waste Hauler ID No. 00234246	Cubic Yards of Waste <10	Name of Registered Landfill Gloucester County Solid Waste					
City, State New Castle DE			Disposal Date	City, State Swedesboro NJ					
Completed by Michael Lucidi		Title Site Lead	Signature <i>Michael Lucidi</i>			Date 2/16/2026			

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

Check # 11941

4349593

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ASBESTOS CONTROL & LICENSING

Moved Completion Date Due to Snow Weather and Wet Ground

Date of Notification (1) initial 2/13/26 & now 2/26/26		Name of Building Owner/Operator (2) BILL SEARCH	
Agencies Notified	Type Notification	Street Address 80 HOLMES MILL ROAD	
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code CREAM RIDGE, NJ 08514	
		Name of Contact BILL SEARCH	Telephone Number 609-647-2227

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) COW MILKING BARN (VACANT DEMO)		Type of Facility (4)	
Street Address 10 HOLMES MILL ROAD		<input type="checkbox"/> School (K-12)	<input type="checkbox"/> Subchapter 8 (Other than K-12)
City (5) CREAM RIDGE, NJ 08514		<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
County (6) MONMOUTH	County Code (7) (STATE USE ONLY)	Square Feet 3680	# of Floors 1
Name of Monitoring Firm Hired by Building Owner (8) EPC TECHNOLOGIES, INC		Current Use (Prior if being demolished) OLD BARN	

Name of Abatement Contractor (9) EPC TECHNOLOGIES, INC		ASCM No. N/A	
Street Address P.O. BOX 337		Name of OSHA Monitor EPC TECHNOLOGIES, INC	
City, State, Zip Code NEW EGYPT, NJ 08533		Telephone No. 609-744-6384	
Project Manager for Monitoring Firm STEVE SCHENKER		Telephone No. 609-744-6384	License No. 00394

Start Date (10) 2/23/26	Scheduled Completion Date (11) NEW COMPLETION 3/27/26	Name of OSHA Monitor EPC TECHNOLOGIES, INC	
Occupancy Status During Abatement (Check Only One)		Street Address P.O. BOX 337	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code NEW EGYPT, NJ 08533	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			
Other - Describe:			

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
MAIN ROOF (EXTERIOR)			XXX	CEMENT ROOFING SHINGLES	4800 SF	XXX			

Name of Registered Waste Hauler EPC TECHNOLOGIES, INC		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 20	Name of Registered Landfill FAIRLESS LANDFILL	
City, State NEW EGYPT, NJ 08533		Disposal Date BY 3/27/26		City, State MORRISVILLE	
Completed by STEVE SCHENKER		Title PRESIDENT	Signature		Date 2/26/26

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

1818



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Date of Notification (1) 2/09/2026		Name of Building Owner/Operator Hackensack Public Schools School	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended #1 <input type="checkbox"/> Emergency notification (including justification) <input type="checkbox"/> Cancelled	
Street Address 191 Second Street		FEB 17 2026	
City, State, Zip Code Hackensack		Name of Contact Servet Kazazi	
		Telephone Number 201-646-0390	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Fanny Hillers Elementary School		Type of Facility (4)x <input checked="" type="checkbox"/> School (K-12) Subchapter 8 <input type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 56 Longview Ave		Sq. Feet: Approximately 205,000 SF # of Floors: 2 Bldg. Age: 79 years	
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 19380		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) 3/27/2026	Scheduled Completion Date 4/02/2026	Name of OSHA Monitoring BL Contracting Inc	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Monday- Saturday 7 am- 4pm		Street Address 5 Marguerite Lane	
		City, State, Zip Code Towaco NJ 07082	
Source of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> X ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Wrap & Cut Procedure <input type="checkbox"/> Full Containment <input type="checkbox"/> Tent & Glove-bag Procedure <input type="checkbox"/> 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)
Boiler Room Tunnel Underneath Stairs	<input checked="" type="checkbox"/>	Asbestos Pipe Insulation	511 LF
Boiler Room Tunnel	<input checked="" type="checkbox"/>	Asbestos Debris	200 LF
Name of Reg. Waste Hauler BL Contracting Inc		NJDEP Waste Hauler ID # 0036784	Cubic Yards of Waste 10
		Name of Registered Landfill T.R.R.F	
		Disposal Date 4/15/2025	City, State Tully town, PA
Completed by (Print or Type) Nedo Vasilic	Title Project Manager	Signature <i>Nedo Vasilic</i>	Date 2/09/2026

13593

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

B & G Project # 2026-40

Check # 13593

Date of Notification (1) 03/06/2026		Name of Building Owner/Operator (2) South Orange/ Maplewood School District	
Agencies Notified	Type Notification	Street Address	City, State, Zip Code
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	525 Academy Street	
		Name of Contact	Telephone Number
		Eric Burnside, Bus Admin / Bd Sec.	973-762-5600 ext. 1801

MAR - 9 2026

ASBESTOS CONTROL & LICENSING

Name of Facility Where Abatement is Taking Place (3) Columbia High School NON-SUB 8		Type of Facility (4)	
Street Address 17 Parker Avenue		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Maplewood	Square Feet 50,000+	# of Floors 3	Bldg. Age 50+
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) High School	

Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants Inc.	ASCM No. 0057	Name of Abatement Contractor (9) B & G Restoration, Inc.
Street Address PO 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. License No. 973-696-6869 00378

Start Date (10) 03/07/2026	Scheduled Completion Date (11) 03/09/2026	Name of OSHA Monitor B & G Restoration, Inc.
Occupancy Status During Abatement (Check Only One)		Street Address 1234 Route 23
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 am		City, State, Zip Code Butler, NJ 07405

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Cafeteria		X		Ceiling & wall plaster	20 SF	X			

Name of Registered Waste Hauler B & G Restoration Inc.	NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Landfill
City, State Butler, NJ	Disposal Date 03/09/2026	City, State Pen Argyl, PA	
Completed by Gordana Luna	Title Secretary / Treasurer	Signature <i>Gordana Luna</i>	Date 03/06/2026

4162

43502490

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

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Date of Notification (1) <u>03</u> / <u>04</u> / <u>26</u>		Name of Building Owner/Operator (2) Township of Irvington <i>check # 4162</i>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Civic Square							
		City, State, Zip Code Irvington NJ 07111							
		Name of Contact Rachel Sostarich	Telephone Number 973-399-6697						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Coit St Firehouse Firestation 2		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 85 Coit Street		Square Feet 4,256	# of Floors 2						
City (5) Irvington		Bldg. Age 50+							
County (6) Essex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.						
Street Address 617 Stokes Road #4-318		Street Address 70 Stacy Haines Road Suite 4							
City, State, Zip Code Medford NJ 08055		City, State, Zip Code Lumberton NJ 08048							
Project Manager for Monitoring Firm Rebecca Rubnitz		Telephone No. 856-596-9994	Telephone No. 609-702-0400						
		License No. 00862							
Start Date (10) <u>03</u> / <u>16</u> / <u>26</u>	Scheduled Completion Date (11) <u>03</u> / <u>16</u> / <u>26</u>	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 U.S. Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <i>tented</i> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 10 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe insulation		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Asbestos and Mold Services Corp		NJDEP Waste Hauler ID No. 0035680	Cubic Yards of Waste 80	Name of Registered Landfill Fairless Hills					
City, State Lumberton, NJ		Disposal Date 10/10/25	City, State Morrisville, PA						
Completed By (Print or Type) Jennifer Burns	Title Office Assistant	Signature <i>J Burns</i>		Date 3/4/20					

MAR - 9 2026

ASBESTOS CONTROL & LICENSING

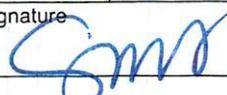
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 2 / 24 / 26		Name of Building Owner/Operator (2) PSEG / Job #2507-6468		Check #17772								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 284 North Park Street City, State, Zip Code East Orange, NJ J								
			Name of Contact Mike Bastidas	Telephone Number 908-206-6947								
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) PSEG Orange Gas HQ Main Building			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)									
Street Address 284 North Park Street			Square Feet	# of Floors	Bldg. Age							
City (5) East Orange		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Headquarters Building								
County (6) Essex		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) 2 / 25 / 26		Scheduled Completion Date (11) 2 / 27 / 26		Name of OSHA Monitor IATL								
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM			Street Address 9000 Commerce Pkwy. Suite B									
			City, State, Zip Code Mount Laurel, NJ 08054									
Scope of Work (Check all that apply)												
<input type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
		Yes	No	N/A					Removal	Repair	Encapsulate	Enclosure
Welding Shop Restroom		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sanitary Vent Pipe		12 LF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Veolia ES			NJDEP Waste Hauler ID No. 000151	Cubic Yards of Waste 20	Name of Registered Landfill Fairless Landfill							
City, State Flanders, NJ			Disposal Date 2/27/26		City, State Morrisville, PA							
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 2-24-26						

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

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FEB 19 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 2 / 12 / 26		Name of Building Owner/Operator (2) Ewing Township BOE / Job #2508-6485 Check #17769							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2099 Pennington Rd.							
		City, State, Zip Code Ewing, NJ 08618							
		Name of Contact Business Admin	Telephone Number 609-538-9800						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Gusz Building		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 220 Ewingville Rd.		Square Feet	# of Floors						
City (5) Ewing		Bldg. Age							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Educational Building							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.	ASCM No. 00030	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 120 North Warren Street		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 Rollie Jones	Telephone No. 609-392-4200	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 2 / 23 / 26	Scheduled Completion Date (11) 3 / 13 / 26	Name of OSHA Monitor IATL							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 9000 Commerce Parkway Suite B							
		City, State, Zip Code Mount Laurel, NJ 08054							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <i>& wrap / cut</i> <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SEE ATTACHED TABLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill						
City, State Lumberton, NJ		Disposal Date 3/13/26	City, State Morrisville, PA						
Completed By (Print or Type) Gwen Trumbetti	Title Operations Coordinator	Signature <i>Gwen Trumbetti</i>		Date 2-12-26					

Table 1 – Base Bid Asbestos Abatement Scope of Work
Gusz Building
220 Ewingville Road
Ewing, New Jersey

Location	Material	Asbestos Content	Quantity	Removal Method
Rooms 116-118	Threshold Caulk/Glue	3% Chrysotile	8 LF	Non-Friable
Rooms 108-113	Tar Coating on Metal Decking	5% Chrysotile	1,000 SF	Non-Friable
Rooms 108-113	Cementitious Decking Material	None Detected (30% Vermiculite)	1,000 SF	Wet Methods
Storage 116	Compressed Paper Pipe Insulation	3% Chrysotile	10 LF	Glove Bag Method
Exterior	Window Caulk	6% Chrysotile	140 LF	Non-Friable
Exterior	Air Conditioner Caulk	15% Chrysotile	12 LF	Non-Friable

SF – Square Feet

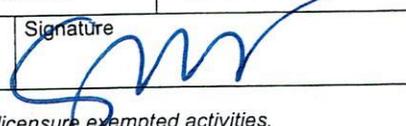
Table 2 – Add Alternate 1 Asbestos Abatement Scope of Work
Gusz Building
220 Ewingville Road
Ewing, New Jersey

Location	Material	Asbestos Content	Quantity	Removal Method
Boiler Room Hallway and Storage Room 132	Pipe with Compressed Paper Pipe Insulation	3% Chrysotile	100 LF	Wrap and Cut

SF – Square Feet

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

4347358
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Date of Notification (1) <u>2</u> / <u>17</u> / <u>26</u>		Name of Building Owner/Operator (2) Transcontinental Gas Pipe Line		FEB 20 2026 Job # 2602-6539 Check#17771					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 315 Cold Soil Rd.							
		City, State, Zip Code Princeton, NJ 08540							
			Name of Contact Kevin Schmidt		Telephone Number 610-755-8956				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Williams/Transco Dig #540				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 849 St. George Avenue									
City (5) Woodbridge		Square Feet	# of Floors	Bldg. Age					
County (6) Middlesex		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Gas Pipe Line					
Name of Monitoring Firm Hired by Building Owner (8) NA		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 609-265-2107	License No. 00529					
Start Date (10) <u>2</u> / <u>26</u> / <u>26</u>		Scheduled Completion Date (11) <u>2</u> / <u>27</u> / <u>26</u>		Name of OSHA Monitor IATL Analytical					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM			Street Address 9000 Commerce Parkway Suite B						
			City, State, Zip Code Mt Laurel, NJ 08054						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior #540 Dig	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Coal Tar Wrap- 20" Line	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 12	Name of Registered Landfill Fairless Landfill					
City, State Lumberton, NJ		Disposal Date 2/27/26	City, State Morrisville, PA 19067						
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator	Signature 		Date 2-17-26				

17764

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

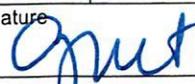
4349613
RECEIVED

Date of Notification (1) <u>2</u> / <u>12</u> / <u>26</u>		Name of Building Owner/Operator (2) Atlantic City Electric / Job #2511-6514 Check #17766	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 5100 Harding Highway	
		City, State, Zip Code Mays Landing, NJ 08330	
		Name of Contact Chris Cusmano	Telephone Number 847-921-8879

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) ACE Penny Run Home Demolition		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 14 South Stumpy Rd.		Square Feet	# of Floors
City (5) Penns Grove		Bldg. Age	
County (6) Salem	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8) M.E.C.S.		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.
Street Address PO Box 341		Street Address 30 Maple Ave. PO Box 25	
City, State, Zip Code Crosswicks, NJ 08515		City, State, Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm Chris Paonessa		Telephone No. 609-298-4070	License No. 00529
Start Date (10) <u>2</u> / <u>23</u> / <u>26</u>		Scheduled Completion Date (11) <u>2</u> / <u>25</u> / <u>26</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Name of OSHA Monitor IATL	
Street Address 9000 Commerce Pkwy B		City, State, Zip Code Mount Laurel, NJ 08054	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition			

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
Dining Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & Mastic	64 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Bedroom 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Caulk	2 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sink undercoat mastic	4 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 12	Name of Registered Landfill Fairless LANDfill	
City, State Lumberton, NJ		Disposal Date 2/25/26	City, State Morrisville, PA		
Completed By (Print or Type) Gwen Trumbetti	Title Operations Coordinator	Signature 		Date 2-12-26	

13574

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

B & G Project # 2026-23

Check # 13574
RECEIVED

Date of Notification (1) 02/13/2026		Name of Building Owner/Operator (2) Township of Nutley								
Agencies Notified	Type Notification	Street Address 1 Kennedy Drive								
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Nutley, NJ 07110								
		Name of Contact Eleni Pettas, RMC, CMC	Telephone Number (973) 284-4951 x2229							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Town Hall Commissioner Chambers		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 1 Kennedy Drive		Square Feet	# of Floors							
City (5) Nutley, NJ 07110		Bldg. Age								
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) commissioner chambers								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.							
Street Address		Street Address 1234 Route 23								
City, State, Zip Code		City, State, Zip Code Butler, NJ 07405								
Project Manager for Monitoring Firm		Telephone No. 973-696-6869	License No. 00378							
Start Date (10) 02/23/2026	Scheduled Completion Date (11) 02/27/2026	Name of OSHA Monitor B & G Restoration, Inc.								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>occupied</u>		Street Address 1234 Route 23								
		City, State, Zip Code Butler, NJ 07405								
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Wrap and Cut <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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		
Commissioner chamber room		X		VAT & mastic	175 SF	X				
stairwell #2 landing		X		VAT & mastic	40 SF	X				
Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 2	Name of Registered Landfill Grand Central Landfill						
City, State Butler, NJ		Disposal Date 02/27/2026		City, State Pen Argyl, PA						
Completed by Gordana Luna		Title Secretary / Treasurer	Signature Gordana Luna		Date 02/13/2026					

FEB 20 2026

ASBESTOS CONTROL & LICENSING

2015

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

CHECK # 2055

PAID

RECEIVED

Date of Notification (1) 02/20/2026		Name of Building Owner/Operator (2) TAMERLANE PRESERVATION ASSOCIATES LLC										
Agencies Notified	Type Notification	Street Address 4 DENNY ROAD, SUITE 1										
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code WILMINGTON, DE 19809										
		Name of Contact KURTIS EGAN	Telephone Number 717-394-0799									
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) TAMERLANE APARTMENTS-BUILDING H		Type of Facility (4)										
Street Address 501 CHEWS LANDING ROAD		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)										
City (5) SICKLERVILLE	Square Feet 9600	# of Floors 2	Bldg. Age 50+									
County (6) CAMDEN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RESIDENTIAL										
Name of Monitoring Firm Hired by Building Owner (8) SEM INC.		ASCM No.	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.									
Street Address 1634 S DELAWARE STREET		Street Address 570 CLEMS RUN										
City, State, Zip Code PAULSBORO NJ 08066		City, State, Zip Code MULLICA HILL NJ 08062										
Project Manager for Monitoring Firm ED KEEGAN		Telephone No. 856-423-5711	Telephone No. 610-304-4676									
			License No. 01145									
Start Date (10) 03/03/2026	Scheduled Completion Date (11) 06/30/2026	Name of OSHA Monitor EMSL										
Occupancy Status During Abatement (Check Only One)		Street Address 200 RT. 130 NORTH										
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code CINNAMINSON NJ 08077										
Scope of Work (Check All That Apply)												
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition										
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure												
Location of Asbestos-Containing Material (ACM) In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	Abatement Type					
	Yes	No	N/A	Removal	Repair		Encapsulate	Enclosure				
BUILDING H - UNITS 228 TO 243			X	FLOOR TILE/MASTIC	120 SF P/U	X						
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL		NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 40	Name of Registered Landfill MINERVA LANDFILL								
City, State MULLICA HILL NJ		Disposal Date 06/30/2026		City, State WAYNESBURG OH								
Completed by RON SWANSON		Title GENERAL MANAGER	Signature <i>Ron Swanson</i>		Date 02/20/2026							

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

CHECK # 2054
 RECEIVED

425084 4256869

2054

Date of Notification (1) 02/20/2026		Name of Building Owner/Operator (2) TAMERLANE PRESERVATION ASSOCIATES LLC	
Agencies Notified	Type Notification	Street Address 4 DENNY ROAD, SUITE 1	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code WILMINGTON, DE 19809	
		Name of Contact KURTIS EGAN	Telephone Number 717-394-0799

FEB 26 2026

ASBESTOS CONTROL & LICENSING

Name of Facility Where Abatement is Taking Place (3) TAMERLANE APARTMENTS-BUILDING D			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 501 CHEWS LANDING ROAD			Square Feet 9600	# of Floors 2	Bldg. Age 50+
City (5) SICKLERVILLE			Current Use (Prior if being demolished) RESIDENTIAL		
County (6) CAMDEN		County Code (7) (STATE USE ONLY) _____	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.		
Name of Monitoring Firm Hired by Building Owner (8) SEM INC.		ASCM No. _____	Street Address 570 CLEMS RUN		
Street Address 1634 S DELAWARE STREET		City, State, Zip Code MULLICA HILL NJ 08062			
City, State, Zip Code PAULSBORO NJ 08066		Telephone No. 856-423-5711	Telephone No. 610-304-4676	License No. 01145	
Project Manager for Monitoring Firm ED KEEGAN		Name of OSHA Monitor EMSL			
Start Date (10) 03/03/2026		Scheduled Completion Date (11) 06/30/2026		Street Address 200 RT. 130 NORTH	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			City, State, Zip Code CINNAMINSON NJ 08077		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BUILDING D - UNITS 133 TO 144			X	FLOOR TILE/MASTIC	120 SF P/U	X			

Name of Registered Waste Hauler ASSURED ENVIRONMENTAL		NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 40	Name of Registered Landfill MINERVA LANDFILL	
City, State MULLICA HILL NJ		Disposal Date 06/30/2026		City, State WAYNESBURG OH	
Completed by RON SWANSON		Title GENERAL MANAGER	Signature <i>Ron Swanson</i>		Date 02/20/2026

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

2053

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

725 4864
CHECK # 2053
 RECEIVED

Date of Notification (1) 02/20/2026		Name of Building Owner/Operator (2) TAMERLANE PRESERVATION ASSOCIATES LLC								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4 DENNY ROAD, SUITE 1		City, State, Zip Code WILMINGTON, DE 19809						
		Name of Contact KURTIS EGAN		Telephone Number 717-394-0799						
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) TAMERLANE APARTMENTS-BUILDING C			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 501 CHEWS LANDING ROAD			Square Feet 9600	# of Floors 2	Bldg. Age 50+					
City (5) SICKLERVILLE			Current Use (Prior if being demolished) RESIDENTIAL							
County (6) CAMDEN		County Code (7) (STATE USE ONLY) _____		Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.						
Name of Monitoring Firm Hired by Building Owner (8) SEM INC.		ASCM No. _____		Street Address 570 CLEMS RUN						
Street Address 1634 S DELAWARE STREET		City, State, Zip Code MULLICA HILL NJ 08062								
City, State, Zip Code PAULSBORO NJ 08066		Telephone No. 856-423-5711		Telephone No. 610-304-4676						
Project Manager for Monitoring Firm ED KEEGAN		License No. 01145		Name of OSHA Monitor EMSL						
Start Date (10) 03/03/2026		Scheduled Completion Date (11) 06/30/2026		Name of OSHA Monitor EMSL						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 200 RT. 130 NORTH							
			City, State, Zip Code CINNAMINSON NJ 08077							
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
BUILDING C - UNITS 121 TO 132			X	FLOOR TILE/MASTIC	120 SF P/U	X				
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL		NJDEP Waste Hauler ID No. 0034895		Cubic Yards of Waste 40	Name of Registered Landfill MINERVA LANDFILL					
City, State MULLICA HILL NJ		Disposal Date 06/30/2026		City, State WAYNESBURG OH						
Completed by RON SWANSON		Title GENERAL MANAGER		Signature <i>Ron Swanson</i>		Date 02/20/2026				

13585

1187678

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

B & G Project # 2026-22

Check # 13585
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Date of Notification (1) 02/24/2026		Name of Building Owner/Operator (2) The Rumson Country Day School								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation								
Street Address 35 Bellevue Avenue		City, State, Zip Code Rumson, NJ 07760								
Name of Contact Michael Mannino		Telephone Number 732-842-0527								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) The Rumson Country Day School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 35 Bellevue Avenue		Square Feet	# of Floors							
City (5) Rumson, NJ 07760		Bldg. Age								
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Private School								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.							
Street Address		Street Address 1234 Route 23								
City, State, Zip Code		City, State, Zip Code Butler, NJ 07405								
Project Manager for Monitoring Firm		Telephone No. 973-696-6869	License No. 00378							
Start Date (10) 03/06/2026	Scheduled Completion Date (11) 03/13/2026	Name of OSHA Monitor B & G Restoration, Inc.								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 03/06 2:00p-10:30p and 03/07-03/12 7am-3:30pm		Street Address 1234 Route 23								
		City, State, Zip Code Butler, NJ 07405								
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Wrap and Cut <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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		
1928 North Tower Staircase			X	VAT & mastic	198 SF	X				
Room 210 Faculty kitchenette area			X	VAT & mastic	135 SF	X				
Kitchen staircase			X	VAT & mastic	40 SF	X				
Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Landfill						
City, State Butler, NJ		Disposal Date 03/13/2026		City, State Pen Argyl, PA						
Completed by Gordana Luna		Title Secretary / Treasurer	Signature Gordana Luna		Date 02/24/2026					

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MD
5506-109322

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

3694021

Date of Notification (1) 02/20/2026		Name of Building Owner/Operator (2) Hudson County Community College		RECEIVED MAR - 2 2026 ASBESTOS CONTROL & LICENSING
Agencies Notified	Type Notification	Street Address 26 Journal Square 14th Floor		
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Jersey City, NJ.07306 Name of Contact IYA Ashmyan Telephone Number 201-360-4693		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) HCCC-J BUILDING		Type of Facility (4)	
Street Address 2 Enos Place		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Jersey City		Square Feet 10,000	# of Floors 4
County (6) Hudson		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Community College
Name of Monitoring Firm Hired by Building Owner (8) Garden State Environmental		ASCM No. _____	Name of Abatement Contractor (9) EHW ABATEMENT LLC
Street Address 555 so Broad Street ,SUITE K		Street Address 89 FRANKLIN STREET	
City, State, Zip Code Glen Rock, NEW JERSEY.07452		City, State, Zip Code PATERSON, NJ.07524	
Project Manager for Monitoring Firm Jane Boogaert		Telephone No. 973-333-5144	License No. 01274
Start Date (10) 03/06/2026	Scheduled Completion Date (11) 03/09/2026	Name of OSHA Monitor EHW ABATEMENT LLC	
Occupancy Status During Abatement (Check Only One)		Street Address 89 FRANKLIN STREET	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code PATERSON, NJ.07524	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR WALL		X		EXTERIOR WALL TAR	15 SF	X			

Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Hauler ID No. 0037095	Cubic Yards of Waste N/A	Name of Registered Landfill TRI STATE TRANSFER	
City, State PATERSON, NJ		Disposal Date TBT		City, State BRONX, NY	
Completed by Victor Espiritu		Title PROJECT MANAGER	Signature 		Date 02/20/2026

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064720



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

1976471

Print Form

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MAR - 2 2026

Date of Notification (1) 02-23-2026		Name of Building Owner/Operator (2) Saint Cecilia Parish		
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 55 W. Demarest Ave.		
		City, State, Zip Code Englewood, NJ 07631		ASBESTOS CONTROL & LICENSING
		Name of Contact Ryan Anderson		Telephone Number (630) 324-5302

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Commercial Building		Type of Facility (4)		
Street Address 55 W Demarest Ave.		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes etc.)		
City (5) Englewood		Square Feet	# of Floors 3	Bldg. Age
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)

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

Start Date (10) 03-04-2026	Scheduled Completion Date (11) 03-30-2026	Name of OSHA Monitor Delfa Contracting LLC		
Occupancy Status During Abatement (Check Only One)		Street Address 1119 East Grand St		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00am- 5:00 pm		City, State, Zip Code Elizabeth, NJ 07201		

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥150 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) In Facility (13) <u>TO BE ABATED</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st floor		X		VAT	3,500 SF	X			
2nd Floor		X		VAT	3,500 SF	X			
3rd Floor		X		VAT	4,200 SF	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 03-17-26		City, State Tullytown, PA	
Completed by Jaime Delgado		Title Project Manager	Signature 		Date 02-23-26

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8881

4349592

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

RECKI 8801

Date of Notification (1) 2/25/26 Type Notification		Name of Building Owner / Operator (2) Archer Church			
Agencies Notified EPA DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	Emergency Notification <input checked="" type="checkbox"/> Initial Notification Amended Notification Cancellation	Street Address 37 E. Allendale Ave			
		City, State & Zip Code Allendale, NJ 07401			
		Name of Contact Nancy Cauwenberghs		Telephone Number 201-314-1586	
		ASBESTOS CONTROL & LICENSING			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Church Basement			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 37 E. Allendale Ave			Square Feet 6,000	# of Floors 2	
City (5) Allendale	County (6) Bergen	County Code (7)	Bldg. Age 80+		
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) 3/7/26	Scheduled Completion Date (11) 3/8/26		Name of OSHA Monitor Global Abatement Services, LLC		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: 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		<input checked="" type="checkbox"/> Renovation		Full Containment with Negative Pressure	
Large Project				Mini-Enclosure	
<input checked="" type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM				<input checked="" type="checkbox"/> Glovebag Procedure	
<input checked="" type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM				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)	
Boiler Room	N/A	Pipe insulation	40LF	Removal	
Name of Registered Waste Hauler Freehold Carting		NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 5	Name of Registered Landfill Fairless Hills	
City, State Freehold, NJ		Disposal Date 3/9/26	City, State Fairless Hill, PA		
Completed By (Print or Type) Dominick Tringali	Title President	Signature <i>Dominick Tringali</i>		Date 2/25/26	

2052

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

21256049
CHECK # 2052

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MAR - 2 2026

Date of Notification (1) 02/20/2026		Name of Building Owner/Operator (2) TAMERLANE PRESERVATION ASSOCIATES LLC								
Agencies Notified	Type Notification	Street Address 4 DENNY ROAD, SUITE 1								
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code WILMINGTON, DE 19809								
		Name of Contact KURTIS EGAN	Telephone Number 717-394-0799							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) TAMERLANE APARTMENTS-BUILDING B		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 501 CHEWS LANDING ROAD		Square Feet 9600	# of Floors 2							
City (5) SICKLERVILLE		Bldg. Age 50+								
County (6) CAMDEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENTIAL								
Name of Monitoring Firm Hired by Building Owner (8) SEM INC.		ASCM No.	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.							
Street Address 1634 S DELAWARE STREET		Street Address 570 CLEMS RUN								
City, State, Zip Code PAULSBORO NJ 08066		City, State, Zip Code MULLICA HILL NJ 08062								
Project Manager for Monitoring Firm ED KEEGAN		Telephone No. 856-423-5711	Telephone No. 610-304-4676							
Start Date (10) 03/02/2026		Scheduled Completion Date (11) 06/30/2026	Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 200 RT. 130 NORTH								
		City, State, Zip Code CINNAMINSON NJ 08077								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type					
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure	
BUILDING B - UNITS 109 TO 120			X	FLOOR TILE/MASTIC	120 SF P/U	X				
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL		NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 40	Name of Registered Landfill MINERVA LANDFILL						
City, State MULLICA HILL NJ		Disposal Date 06/30/2026		City, State WAYNESBURG OH						
Completed by RON SWANSON		Title GENERAL MANAGER	Signature <i>Russell Swanson</i>				Date 02/20/2026			

1085

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

4349584

CK #1085

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MAR - 2 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 2 / 20 / 26		Name of Building Owner/Operator (2) Newark Studios							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DOLWD <input type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5.23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Riverfront Plaza							
		City, State, Zip Code Newark, NJ 07102							
		Name of Contact James Hancik	Telephone Number (732) 867-9810						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Newark Studios		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 741-811 Frelinghuysen Avenue		Square Feet	# of Floors						
City (5) Newark		Bldg. Age							
County (6) Essex County	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting		ASCM No.	Name of Abatement Contractor (9) JVN Restoration Inc						
Street Address 1600 Route 22 East, Suite #107		Street Address 6233 Amboy Road							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Staten Island NY 10309							
Project Manager for Monitoring Firm Tom Gulya		Telephone No. (908) 688-7800	Telephone No. 718-605-6256						
		License No. 00774							
Start Date (10) 03 / 02 / 26	Scheduled Completion Date (11) 03 / 02 / 27	Name of OSHA Monitor Testor Tech							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8AM-____PM/4PM-____AM		Street Address 10-59 Jackson Avenue							
		City, State, Zip Code LIC NY 11101							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 9008 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Ground Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Piping		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. NJ-860	Cubic Yards of Waste 160	Name of Registered Landfill IESI					
City, State Newark, NJ		Disposal Date 3/15/2026		City, State Bethlehem, PA					
Completed By (Print or Type) Ruben Diaz III		Title Project Manager	Signature 		Date 2/20				

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

75-1189
CK# 1086

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Date of Notification (1) <u>2</u> / <u>27</u> / <u>26</u>		Name of Building Owner/Operator (2) Newark Studios							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DOLWD <input type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Riverfront Plaza							
		City, State, Zip Code Newark, NJ 07102							
		Name of Contact James Hancik	Telephone Number (732) 867-9810						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Newark Studios		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 741-811 Frelinghuysen Avenue		Square Feet	# of Floors						
City (5) Newark		Bldg. Age							
County (6) Essex County	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting	ASCM No.	Name of Abatement Contractor (9) JVN Restoration Inc							
Street Address 1600 Route 22 East, Suite #107		Street Address 6233 Amboy Road							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Staten Island NY 10309							
Project Manager for Monitoring Firm Tom Gulya	Telephone No. (908) 688-7800	Telephone No. 718-605-6256	License No. 00774						
Start Date (10) <u>03</u> / <u>09</u> / <u>26</u>	Scheduled Completion Date (11) <u>03</u> / <u>02</u> / <u>27</u>	Name of OSHA Monitor Testor Tech							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>8</u> AM- <u> </u> PM/ <u>4</u> PM- <u> </u> AM		Street Address 10-59 Jackson Avenue							
		City, State, Zip Code LIC NY 11101							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Ground Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Piping	9008 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. NJ-860	Cubic Yards of Waste 160	Name of Registered Landfill IESI					
City, State Newark, NJ		Disposal Date 3/15/2026		City, State Bethlehem, PA					
Completed By (Print or Type) Ruben Diaz III		Title Project Manager		Signature 			Date 2/27		

MAR - 3 2026

ASBESTOS CONTROL & LICENSING

433(68)8

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

RECEIVED

Date of Notification (1) Rev #1 <u>2</u> / <u>20</u> / <u>2026</u>		Name of Building Owner/Operator (2) Hakim International Trading and Larketing, Inc. and Hakim Enterprises, LLC						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5.23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <u>2/20/26</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 37 Hunting Dr						
		City, State, Zip Code Dumont, NJ 07628						
		Name of Contact Joseph Hakim	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Block 1573 Lot 1.02 -- Site of Former Warehouse		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 533 Whitehead Rd		Square Feet	# of Floors Bldg. Age 50+					
City (5) Hamilton, NJ 08619		Current Use (Prior if being demolished)						
County (6) Mercer		County Code (7)(STATE USE ONLY)						
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					
Change of Completion Date	Start Date (10) 12 / 19 / 2025	Scheduled Completion Date (11) 4 / 30 / 2026	Name of OSHA Monitor CES					
	Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00</u> AM- <u>3:30</u> PM/ ___PM- ___AM		Street Address 1121 N. Bethlehem Pike - Suite 60 City, State, Zip Code Spring House, PA 19477					
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 800 Tons	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Site of Former Warehouse	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 Trenton, NJ		Disposal Date		City, State Morrisville, PA 19067				
Completed By (Print or Type) Patricia Visco		Title Office Manager	Signature 		Date 2/19/2026			

ASBESTOS CONTROL & LICENSING

Change of Completion Date

1143

PAID

4260901

Date of Notification (1) 2-26-26		Name of Building Owner/Operator (2) DELL MEADE CARRIER CLINIC						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 252 COUNTY RD. 601						
		City, State, Zip Code BELLE MEADE						
		Name of Contact KEVIN PISCAYNE	Telephone Number 201-781-0133					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) HACKENSACK MERIDIAN HOSPITAL CARRIER CLINIC		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 252 COUNTY RD. 601		Square Feet N/A	# of Floors 1					
City (5) BELLE MEADE		Bldg. Age N/A						
County (6) SOMERSET	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) WASTE WATER PLANT						
Name of Monitoring Firm Hired by Building Owner (8) TIGER ENVIRONMENTAL		ASCM No.	Name of Abatement Contractor (9) FRYMAR CONSTRUCTION					
Street Address 234 20 TH AVE		Street Address 107 PRESERVIC LN.						
City, State, Zip Code BRICK TOWNSHIP NJ 08724		City, State, Zip Code N. WALES PA 19454						
Project Manager for Monitoring Firm KELLEY WALTON		Telephone No. 732-948-9458	License No. 01276					
Start Date (10) 2-27-26	Scheduled Completion Date (11) 2-28-26		Name of OSHA Monitor KELLY WALTON					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 234 20 TH AVE						
		City, State, Zip Code BRICK TOWNSHIP NJ 08724						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
WASTE WATER BLDG.			DRYWALL	90 SF	<input checked="" type="checkbox"/>			
			WINDOW GLAZING	30 LF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler FRYMAR CONSTRUCTION		NJDEP Waste Hauler ID No. 0036759	Cubic Yards of Waste 1	Name of Registered Landfill WESTERN BERK LF				
City, State N. WALES PA		Disposal Date N/A	City, State BIRDSBORO PA					
Completed by FRAN DUA	Title VP	Signature 		Date 2-26-26				

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

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Date of Notification (1) FEBRUARY 5, 2026		Name of Building Owner/Operator (2) ST. JOSEPH'S HEALTH	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 703 MAIN STREET	
		City, State, Zip Code PATERSON NJ 07503	
		Name of Contact MILTON FERNANDEZ	Telephone Number 347-465-0630

FEB 20 2026

ASBESTOS CONTROL & LICENSING

Name of Facility Where Abatement is Taking Place (3) ST JOSEPH'S HOSPITAL- EMERGENCY DEPARTMENT		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 703 MAIN STREET		Square Feet 183,000	# of Floors 5
City (5) PATERSON		Bldg. Age 1867	
County (6) PASSAIC	County Code (7) <i>(STATE USE ONLY)</i> _____	Current Use (Prior if being demolished) HOSPITAL	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Checkmark Industrial	
Street Address		Street Address 54 Morgan Dr	
City, State, Zip Code		City, State, Zip Code Sparta NJ 07871	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-570-2645	License No. 01334

Start Date (10) 2/23/2026	Scheduled Completion Date (11) 3/2/2026	Name of OSHA Monitor Checkmark Industrial	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 54 Morgan Dr	
		City, State, Zip Code Sparta NJ 07871	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EMERGENCY ROOM AREA		X		PIPE ELBOWS	50 ELBOWS	X			

Name of Registered Waste Hauler WESTPHAL WASTE	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 5	Name of Registered Landfill FAIRLESS LANDFILL	
City, State RIDGEWOOD PARK NJ	Disposal Date	City, State MORRISVILLE PA		
Completed by Corey Stankovic	Title CEO	Signature <i>Corey Stankovic</i>	Date 2/5/2026	

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

Mock

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

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FEB 19 2026

ENVIRONMENTAL CONTROL & LICENSING

Date of Notification (1) 2 / 12 / 26		Name of Building Owner/Operator (2) PSE&G Southern Electrical Headquarter Job#2601-6530 Check #							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 300 New Albany Road							
		City, State, Zip Code Moorestown, NJ 08057							
		Name of Contact Nadia Holzer	Telephone Number 732-570-7897						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G Camden Switch Yard		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 7272 North Crescent Blvd.		Square Feet	# of Floors						
City (5) Pennsauken		Bldg. Age							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Switch Yard							
Name of Monitoring Firm Hired by Building Owner (8) Matrix New World	ASCM No.	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 Matthew Sheldon	Telephone No. 732-670-4492	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 1 / 22 / 26	Scheduled Completion Date (11) 2 / 17 / 26	Name of OSHA Monitor IATL							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___AM-___PM/___PM-___AM		Street Address 9000 Commerce Pkwy. Suite B							
		City, State, Zip Code Mount Laurel, NJ 08054							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 300 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Circuit Rack	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cable sock insulation	300 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Veolia ES	NJDEP Waste Hauler ID No. 000151	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill						
City, State Flanders, NJ		Disposal Date 2/17/26	City, State Morrisville, PA						
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 	Date 2-12-26						

2090

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

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RECEIVED

Date of Notification (1) 2/24/2026		Name of Building Owner/Operator (2)	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 241 Jefferson Ave	
		City, State, Zip Code Paramus NJ 07652	
		Name of Contact	Telephone Number

MAR - 2 2026

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Single Family Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 17 Skyview Terr		Square Feet unknown	# of Floors 2
City (5) Morris Plains		Bldg. Age unknown	
County (6) Morris	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. 908-270-8556	License No. 02109
Start Date (10) 3/5/2026	Scheduled Completion Date (11) 3/6/2026	Name of OSHA Monitor John Kim	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 254 Ridgewood Ave	
		City, State, Zip Code Glen Ridge NJ 07028	

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. NJ860	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central	
City, State Elizabeth, NJ		Disposal Date		City, State Pen Argyl	
Completed by John Kim		Title President	Signature 		Date

13587

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

B & G Project # 2026-33

Check # 13587

RECEIVED

Date of Notification (1) 02/27/2026	Name of Building Owner/Operator (2) <u>PAID</u>
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Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 51 Winding Way City, State, Zip Code Byram Township, NJ 07821 Name of Contact Telephone Number	MAR - 3 2026 ASBESTOS CONTROL & LICENSING
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FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Street Address 51 Winding Way City (5) Byram Township, NJ 07821	Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	Square Feet	# of Floors	Bldg. Age
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County (6) Sussex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) residential
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Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code	ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc. Street Address 1234 Route 23 City, State, Zip Code Butler, NJ 07405
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Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-696-6869	License No. 00378
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Start Date (10) 03/09/2026	Scheduled Completion Date (11) 03/11/2026	Name of OSHA Monitor B & G Restoration, Inc.
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Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____	Street Address 1234 Route 23 City, State, Zip Code Butler, NJ 07405
--	--

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
lower level family room & office			X	VAT & mastic	350 SF	X			

Name of Registered Waste Hauler B & G Restoration Inc.	NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Landfill
--	---	----------------------------------	--

City, State Butler, NJ	Disposal Date 03/12/2026	City, State Pen Argyl, PA
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Completed by Gordana Luna	Title Secretary / Treasurer	Signature <i>Gordana Luna</i>	Date 02/27/2026
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4800

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

Date of Notification (1) 2/19/2026		Check #4800		Name of Building Owner/Operator (2) RECEIVED	
Agencies Notified		Type Notification		Street Address 50 Dey Street	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Jersey City, NJ 07306	
				Name of Contact	
				Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 50 Dey Street			Type of Facility (4)		
			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Jersey City		Square Feet 20,000	# of Floors 7	Bldg. Age 50+	
County (6) HUDSON		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Commercial - Storage	
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) 2/27/2026		Scheduled Completion Date (11) 3/3/26		Name of OSHA Monitor Same as above	
Occupancy Status During Abatement (Check Only One)			Street Address		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 AM			City, State, Zip Code		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
6th floor (construction area)		X		Pipe Insulation	50 LF	X			

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 Marisabel Toribio		Title Clerical	Signature <i>Marisabel Toribio</i>		Date 2/19/26

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

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

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RECEIVED

6756 300599

Date of Notification (1) February 19, 2026		Name of Building Owner/Operator (2)							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 320 WEST MAIN STREET City, State, Zip Code BOONTON NJ 07005 Name of Contact _____ Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) N/A			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 320 WEST MAIN STREET			Square Feet 900	# of Floors 2	Bldg. Age 1880				
City (5) BOONTON		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) residential					
County (6) MORRIS		Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____		Name of Abatement Contractor (9) Checkmark Industrial					
Street Address			Street Address 54 Morgan Dr						
City, State, Zip Code			City, State, Zip Code Sparta NJ 07871						
Project Manager for Monitoring Firm		Telephone No. _____		Telephone No. 973-570-2645	License No. 01334				
Start Date (10) 3/4/2026		Scheduled Completion Date (11) 3/18/2026		Name of OSHA Monitor Checkmark Industrial					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 54 Morgan Dr City, State, Zip Code Sparta NJ 07871						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First and Second Floor		X		plaster walls and ceiling	2500 SF	X			
Name of Registered Waste Hauler Westphal Waste Services		NJDEP Waste Hauler ID No. _____		Cubic Yards of Waste 40	Name of Registered Landfill FAIRLESS				
City, State Ridgewood Park NJ				Disposal Date _____	City, State MORRISVILLE PA				
Completed by Corey Stankovic			Title CEO		Signature 		Date 2/19/2026		

4187

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

4346008
RECEIVED

Date of Notification (1) 2 / 13 / 26		Name of Building Owner/Operator (2) MAR - 4 2026							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 21 Morningside Ave							
		City, State, Zip Code North Haledon, NJ 07508							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 21 Morningside Ave		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
City (5) North Haledon	Square Feet 2298	# of Floors 2	Bldg. Age 71						
County (6) Passaic	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) AZ Solution Consulting		Name of Abatement Contractor (9) Brick Industries, Inc.							
Street Address 27 Susquehanna Ave		Street Address PO Box 915							
City, State, Zip Code Rochelle Park, NJ 07662		City, State, Zip Code Brick, NJ 08723							
Project Manager for Monitoring Firm Aleksander Zivanov		Telephone No. 347-612-1572	Telephone No. 7328997499						
		License No. 01196							
Start Date (10) 2 / 16 / 26	Scheduled Completion Date (11) 2 / 18 / 26	Name of OSHA Monitor AZ Solution Consulting							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___AM-___PM/___PM-___AM		Street Address 27 Susquehanna Ave							
		City, State, Zip Code Rochelle Park, NJ 07662							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile	897SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mastic	897SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Brick Industries, Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill					
City, State Brick, NJ		Disposal Date 2/19/26	City, State Morrisville, PA						
Completed By (Print or Type) Eric Plackis		Title President	Signature 			Date 2/13/26			

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

11894



PAID

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

4346082

CK #11894/ED

Print Form

Date of Notification (1) 2/20/2026		Name of Building Owner/Operator (2) MAR - 2 2026								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4 S. 31st. Street Ave.								
		City, State, Zip Code Longport, NJ 08403								
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Vacant Residential Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 1802 Atlantic Ave.		Square Feet 1707	# of Floors 2							
City (5) Longport		Bldg. Age 30+								
County (6) Atlantic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Unoccupied								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) American Demolition Corp.							
Street Address		Street Address 2 English Lane								
City, State, Zip Code		City, State, Zip Code Egg Harbor Twp., NJ 08234								
Project Manager for Monitoring Firm		Telephone No. 609-926-7373	License No. 02056							
Start Date (10) 2/23/2026	Scheduled Completion Date (11) 2/27/2026	Name of OSHA Monitor								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure								
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure								
		<input type="checkbox"/> Glovebag Procedure								
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
exterior			X	asbestos shingles	1000 sf	X				
Name of Registered Waste Hauler American Demolition Corp		NJDEP Waste Hauler ID No. 16473	Cubic Yards of Waste	Name of Registered Landfill ACUA						
City, State Egg Harbor Twp., NJ			Disposal Date TBD	City, State Pleasantville						
Completed by Jannie Truehart		Title Project Manager	Signature <i>Jannie Truehart</i>			Date 2/12/2026				

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

4842

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

4349321

Print Form

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MAR - 4 2026

ASBESTOS CONTROL & LICENSING
 RECEIVED

MAR - 2 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 2/25/26		Name of Building Owner/Operator (2)							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 14 Northland Ln.		City, State, Zip Code Aberdeen, NJ 07747					
		Name of Contact		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 14 Northland Ln.		Square Feet 1700	# of Floors 2	Bldg. Age 60 +/-					
City (5) Aberdeen	County (6) Monmouth	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) 2/26/26	Scheduled Completion Date (11) 3/1/26		Name of OSHA Monitor Same As Above						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M			Street Address						
			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) 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
Playroom		x		VAT	175 SF	x			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 3 YD	Name of Registered Landfill Chrin Brothers Sanitary Landfill					
City, State Pompton Lakes, NJ		Disposal Date TBD		City, State Easton, PA					
Completed by Richard Cristofol		Title President	Signature 	Date 2/25/26					

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

289

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

4349322

Date of Notification (1) 2/26/26		Name of Building Owner/Operator (2) <div style="text-align: right; font-size: 2em; color: blue;">RECEIVED</div>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 751 4th St City, State, Zip Code Lyndhurst, NJ 07071		MAR - 2 2026				
			Name of Contact Telephone Number		ICENSING				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 751 4th St			Square Feet	# of Floors	Bldg. Age				
City (5) Lyndhurst			Current Use (Prior if being demolished)						
County (6) Bergen 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) 2/27/26	Scheduled Completion Date (11) 3/5/26		Name of OSHA Monitor Chris Weber						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 2208B Hamilton Blvd City, State, Zip Code South Plainfield, NJ 07080						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 950SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor		x		Plaster		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 2/26/26				

8035

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

4349605

RECEIVED

Date of Notification (1) 02/18/2026		Name of Building Owner/Operator (2)	
Agencies Notified	Type Notification	Street Address	FEB 26 2026 ASBESTOS CONTROL & LICENSING
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	2802 Burgundy Dr	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Cinnaminson, NJ 08077	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)	
Street Address 2802 Burgundy Dr		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Cinnaminson		Square Feet	# of Floors
County (6) Burlington		Bldg. Age	
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)	
Street Address			AAA Lead Professionals	
City, State, Zip Code			Street Address	
			6 White Dove Court	
Project Manager for Monitoring Firm		Telephone No.	Telephone No.	License No.
			732-719-5649	1200

Start Date (10) 02/27/20226	Scheduled Completion Date (11) 03/03/2026	Name of OSHA Monitor AAA Lead Professionals	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		6 White Dove Court	
		City, State, Zip Code	
		Lakewood, NJ, 08701	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Interior				Floor Tile	550SF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No. 35103	Cubic Yards of Waste 3	Name of Registered Landfill IESI	
City, State Lakewood, NJ		Disposal Date 03/03/2026	City, State BETHLEHEM, PA		
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature 		Date 02/18/2026

8039

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

4347606
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Print Form

FEB 26 2026

Date of Notification (1) 02/18/2026		Name of Building Owner/Operator (2) MCEF Construction	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 496 East County Line Rd	
		City, State, Zip Code Lakewood NJ 08701	
		Name of Contact	Telephone Number

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)	
Street Address 611 Apollo Ct		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Lakewood		Square Feet	# of Floors
County (6) Ocean		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA Lead Professionals
Street Address		Street Address 6 White Dove Court	
City, State, Zip Code		City, State, Zip Code Lakewood, NJ, 08701	
Project Manager for Monitoring Firm		Telephone No.	License No. 1200
Start Date (10) 03/02/2026	Scheduled Completion Date (11) 03/02/2026	Name of OSHA Monitor AAA Lead Professionals	
Occupancy Status During Abatement (Check Only One)		Street Address 6 White Dove Court	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		City, State, Zip Code Lakewood, NJ, 08701	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior				Siding	1500 SF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No. 35103	Cubic Yards of Waste 5	Name of Registered Landfill IESI	
City, State Lakewood, NJ		Disposal Date 03/02/2026		City, State BETHLEHEM, PA	
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature 		Date 02/18/2026

rock

4342719

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

Date of Notification (1) <u>02</u> / <u>10</u> / <u>26</u>		Name of Building Owner/Operator (2) Collinson Home Improvement								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 479 Euclid Avenue								
		City, State, Zip Code Manasquan, NJ 08736								
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)								
Street Address 70 Pearce Avenue		Square Feet 1100	# of Floors 1							
City (5) Manasquan		Bldg. Age 75								
County (6) Monmouth	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence								
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.								
Street Address		Street Address 1889 Route 9, Unit 61								
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755								
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-349-9932	License No. 00624							
Start Date (10) <u>02</u> / <u>16</u> / <u>26</u>	Scheduled Completion Date (11) <u>02</u> / <u>26</u> / <u>26</u>	Name of OSHA Monitor E.M.S.L. Analytical								
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___AM-___PM/___PM-___AM		Street Address 1056 Stelton								
		City, State, Zip Code Piscataway, New Jersey 08854								
Scope of Work (Check all that apply)										
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1100 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill						
City, State Toms River, New Jersey		Disposal Date 02/26/26	City, State Morrisville, Pennsylvania							
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 				Date 2/10/26				

4794

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

4346074

PAID

RECEIVED

Date of Notification (1) 02 / 09 / 26		Name of Building Owner/Operator (2) CHECK#4794	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2041 Lentz Avenue	
		City, State, Zip Code Union, NJ 07083	
		Name of Contact	Telephone Number

FEB 12 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 2041 Lentz Avenue		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
City (5) Union		Square Feet 2,500	# of Floors 2
County (6) UNION		Current Use (Prior if being demolished) Residence	

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) 02 / 19 / 26	Scheduled Completion Date (11) 02 / 22 / 25	Name of OSHA Monitor Same as above	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 9:00AM -____PM/____PM-____AM		Street Address	
		City, State, Zip Code	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Loose Floor Tile (no mastic)	700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 <i>Marisabel Toribio</i>	Date 2/9/26

4163

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

4344520

Date of Notification (1) 2 / 3 / 26		Name of Building Owner/Operator (2) RECEIVED							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 298B Sharon Way City, State, Zip Code Monroe, NJ 08831							
		Name of Contact Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 298B Sharon Way		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 298B Sharon Way		Square Feet 1374	# of Floors 2						
City (5) Monroe		Bldg. Age 56							
County (6) Middlesex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) AZ Solution Consulting		ASCM No.	Name of Abatement Contractor (9) Brick Industries, Inc.						
Street Address 27 Susquehanna Ave		Street Address PO Box 915							
City, State, Zip Code Rochelle Park, NJ 07662		City, State, Zip Code Brick, NJ 08723							
Project Manager for Monitoring Firm Aleksander Zivanov		Telephone No. 347-612-1572	Telephone No. 7328997499						
License No. 01196		Name of OSHA Monitor AZ Solution Consulting							
Start Date (10) 2 / 4 / 26	Scheduled Completion Date (11) 2 / 7 / 26	Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___AM-___PM/___PM-___AM							
Street Address 27 Susquehanna Ave		City, State, Zip Code Rochelle Park, NJ 07662							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile	1300SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mastic	1300SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Brick Industries, Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill					
City, State Brick, NJ		Disposal Date 2/8/26	City, State Morrisville, PA						
Completed By (Print or Type) Eric Plackis		Title President	Signature 			Date 2/3/26			

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

4341372

0135

RECEIVED

Date of Notification: 01/07/26		Name of Building owner				
Agency Notified EPA DEP X DOL X DOH	Type Notification Initial Amended # X Emergency (including Justification) Extended	Street Address: 105 Line Road City, State, Zip Code Trenton, NJ 08690 Name of Contact: _____ PHONE: _____				
Name of Facility Where Abatement is Taking Place House		Type of Facility (4) School (K-12) Subchapter 8 (Other than (K-12)) X Residential				
Street Address 105 Line Road		Square Feet 2000	# of Floors 02			
City Trenton		Bldg. Age 45				
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)				
Name of Monitoring Firm Hired by Building Owner	ASCM No.	Name of Abatement Contractor (9) CVK Contracting LLC				
Street		Street Address: 269 Walker St. Apt 6				
City, State, Zip		City, State, Zip Code Fairview, NJ 07022				
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-641-5400	License No 02044			
Start Date 01/07/26	Scheduled completion Date 01/09/26	Name of OSHA firm Emsl Analytical inc				
Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours -Describe/Facility closed during the abatement after school hours		Street Address 1056 Stelton Rd STE 5				
Other		City, State, Zip Code Piscataway, NJ 08854				
Scope of Work (Check all apply) <input type="checkbox"/> > 3 sf or > 3 x <input checked="" type="checkbox"/> xx > 160 sf or > 260 lf <input checked="" type="checkbox"/> X Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Closure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non - Exempted (*) and Non- Friable procedure						
Location of	Is Location Normally	Description of	Amount (Specify SF or LF)	Abatement Type		
				Removal	Repair	Encapsulate
Asbestos-Containing material (ACM) TO BE ABATED IN Facility (13)	Used Solely by Maintenance/Custodial Staff? (12)	Asbestos Containing Material (ACM) (i.e., thermal systems insulation, Surfacing, VAT, or other miscellaneous)				
	Ye s	No	N/ A			
Floor tiles in kitchen		X		VAT	108 SF	X
Ceiling drywall in kitchen				ACM	120 SF	
Name of registered Waste Hauler Tri- State Transfer	NJDEP Waste Huler 19954	Cubic Yards of Waste TBD	Name of Registered Landfield MINERVA ENTREPRICE INC			
City, State Bronx NY	Disposal Date 01/20/26		City, WAYNESBURG OHIO			
Completed by Gustavo Ordon	Title President	Signature 		01/07/26		

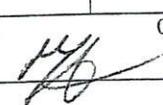
ASBESTOS CONTROL & LICENSING

Cancelled

4343121

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

RECEIVED

Date of Notification: 01/30/26		Name of Building owner						
Agency Notified EPA DEP X DOL X DOH	Type Notification Initial Amended # Emergency (including Justification) X Cancellation	Street Address: 5 Cecil Lane Place						
		City, State, Zip Code West Orange NJ 07052						
		Name of Contact:	PHONE: ASBESTOS CONTROL & LICENSING					
Name of Facility Where Abatement is Taking Place House		Type of Facility (4) School (K-12) Subchapter 8 (Other than (K-12) X Residential						
Street Address 5 Cecil Lane Place		Square Feet 2000	# of Floors 02					
City West Orange		Bldg. Age 45						
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner	ASCM No.	Name of Abatement Contractor (9) CVK Contracting LLC						
Street		Street Address: 269 Walker St. Apt 6						
City, State, Zip		City, State, Zip Code Fairview, NJ 07022						
Project Manager for Monitoring Fir	Telephone No.	Telephone No. 973-641-5400	License No 02044					
Start Date 01/29/26	Scheduled completion Data 01/30/26	Name of OSHA firm Emsl Analytical inc						
Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours -Describe/Facility closed during the abatement after school hours		Street Address 1056 Stelton Rd STE 5						
		City, State, Zip Code Piscataway, NJ 08854						
Scope of Work (Check all apply) <input type="checkbox"/> > 3 sf or > 3 x <input checked="" type="checkbox"/> xx > 160 sf or > 260 lf <input checked="" type="checkbox"/> X Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> X Mini Closure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non - Exempted (*) and Non- Friable procedure								
Location of	Is Location Normally			Description of	Amount (Specify SF or LF)	Abatement Type		
	Ye s	No	N/ A			Removal	Repair	Encapsulate
Asbestos-Containing material (ACM) TO BE ABATED IN Facility (13)	Used Solely by Maintenance/ Custodial Staff? (12)			Asbestos Containing Material (ACM) (i.e., thermal systems insulation, Surfacing, VAT, or other miscellaneous)				
Pipe insulation in basement		X		Thermal systems insulation	37 LF	X		
Name of registered Waste Hauler Tri- State Transfer		NJDEP Waste Huler 19954	Cubic Yards of Waste TBD	Name of Registered Landfield MINERVA ENTREPRICE INC				
City, State Bronx NY		Disposal Date 02/04/26		City, WAYNESBURG OHIO				
Completed by Gustavo Ordon	Title President	Signature 		01/29/26				

0159

4344705

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

PAID

RECEIVED

Date of Notification: 02/04/26

Agency Notified EPA DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH	Type Notification Initial Amended # <input checked="" type="checkbox"/> Emergency (including Justification) Extended	Street Address: 12 New St City, State, Zip Bayonne NJ 07002 Name of Contact: _____	PHONE: _____
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FEB 20 2026

OS CONTROL & LICENSING

Name of Facility Where Abatement is Taking Place House	Type of Facility (4) School (K-12) Subchapter 8 (Other than (K-12)) <input checked="" type="checkbox"/> Residential		
Street Address 12 New St City Bayonne	Square Feet 2000	# of Floors 02	Bldg. Age 45
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner	ASCM No.	Name of Abatement Contractor (9) CVK Contracting LLC	

Street	Street Address: 269 Walker St. Apt 6	
City, State, Zip	City, State, Zip Code Fairview, NJ 07022	
Project Manager for Monitoring Firm	Telephone No. 973-641-5400	License No. 02044
Start Date 02/05/26	Scheduled completion Date 02/08/26	Name of OSHA firm Emsl Analytical inc

Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours -Describe/Facility closed during the abatement after school hours	Other	Street Address 1056 Stelton Rd STE 5 City, State, Zip Code Piscataway, NJ 08854
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Scope of Work (Check all apply)

Full Containment with Negative Pressure
 Mini Closure
 Glovebag Procedure
 Non - Exempted (*) and Non- Friable procedure

> 3 sf or > 3 x
 xx > 160 sf or > 260 lf

Renovation
 Demolition

Location of Asbestos-Containing material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, Surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Ye s	No	N/ A			Removal	Repair	Encapsulate	Enclosure
Second floor wall lower area		X		ACM	40 SF	X			
Kitchen Area				ACM	120 SF				

Name of registered Waste Hauler Tri- State Transfer	NJDEP Waste Huler 19954	Cubic Yards of Waste TBD	Name of Registered Landfield MINERVA ENTREPRICE INC
City, State Bronx NY	Disposal Date 02/18/26	City, WAYNESBURG OHIO	
Completed by Gustavo Ordon	Title President	Signature 	02/04/26

1067

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

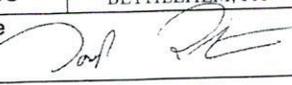
4349624
RECEIVED

Date of Notification (1) FEBRUARY 3, 2026		Name of Building Owner/Operator (2)								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 45 PROSPECT HILLS AVE								
		City, State, Zip Code SUMMIT NJ 07901								
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) N/A		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 45 PROSPECT HILLS AVE		Square Feet 3200	# of Floors 2							
City (5) SUMMIT		Bldg. Age 1928								
County (6) UNION	County Code (7) <i>(STATE USE ONLY)</i> _____	Current Use (Prior if being demolished) residential								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Checkmark Industrial							
Street Address		Street Address 54 Morgan Dr								
City, State, Zip Code		City, State, Zip Code Sparta NJ 07871								
Project Manager for Monitoring Firm		Telephone No. 973-570-2645	License No. 01334							
Start Date (10) 2/18/2026	Scheduled Completion Date (11) 2/26/2026	Name of OSHA Monitor Checkmark Industrial								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 54 Morgan Dr								
		City, State, Zip Code Sparta NJ 07871								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
GARAGE AND BASEMENT		X		PIPE CHASES	280 LF	X				
GARAGE AND BASEMENT		X		DUCT INSULATION	190 SF	X				
EXTERIOR		X		WINDOW GLAZING	216 LF	X				
Name of Registered Waste Hauler WESTPHAL WASTE SERVICES		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 30	Name of Registered Landfill FAIRLESS						
City, State RIDGEWOOD PARK NJ		Disposal Date		City, State MORRISVILLE PA						
Completed by Corey Stankovic		Title CEO	Signature <i>Corey Stankovic</i>				Date			

8030

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

43476ds.
RECEIVED

Date of Notification (1) 02/16/2026		Name of Building Owner/Operator (2) Optima Builders		FEB 20 2026					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 8 Trudy Lane		ASBESTOS CONTROL & LICENSING				
			City, State, Zip Code Lakewood, NJ 08701						
			Name of Contact _____ Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 17 Albany Ave			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) 02/26/2026		Scheduled Completion Date (11) 03/02/2026		Name of OSHA Monitor AAA Lead Professionals					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____			Street Address 6 White Dove Court						
			City, State, Zip Code Lakewood, NJ, 08701						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 1500SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior				Siding	1500SF	<input checked="" type="checkbox"/>			
Interior				Floor Tile	500	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No 35103	Cubic Yards of Waste 7	Name of Registered Landfill IESI					
City, State Lakewood, NJ		Disposal Date 03/02/2026		City, State BETHLEHEM, PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature 		Date 02/16/2026				

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

13574

4082338

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

B & G Project # 2026-27

Check # 13576

RECEIVED

Date of Notification (1) 02/13/2026		Name of Building Owner/Operator (2)	
Agencies Notified	Type Notification	Street Address 84 High Street	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Glen Ridge, NJ 07028	
		Name of Contact	Telephone Number

FEB 20 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 3 Hyde Road		Type of Facility (4)	
Street Address 3 Hyde Road		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Bloomfield, NJ 07003		Square Feet	# of Floors
County (6) Essex		Current Use (Prior if being demolished) residential	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address		Street Address 1234 Route 23	
City, State, Zip Code		City, State, Zip Code Butler, NJ 07405	
Project Manager for Monitoring Firm		Telephone No. 973-696-6869	License No. 00378
Start Date (10) 01/22/2026	Scheduled Completion Date (11) 01/23/2026	Name of OSHA Monitor B & G Restoration, Inc.	

Occupancy Status During Abatement (Check Only One)	Street Address 1234 Route 23
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____	City, State, Zip Code Butler, NJ 07405

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			X	VAT & mastic	40 SF	X			

Name of Registered Waste Hauler B & G Restoration Inc.	NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Landfill
City, State Butler, NJ		Disposal Date 02/26/2026	City, State Pen Argyl, PA
Completed by Gordana Luna	Title Secretary / Treasurer	Signature Gordana Luna	Date 02/13/2026

13575

4349620

13575

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

B & G Project # 2026-24

Check #

PAID

Date of Notification (1) 02/13/2026		Name of Building Owner/Operator (2)							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 429 Clifton Boulevard City, State, Zip Code Clifton, NJ 07013 Name of Contact Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Street Address 429 Clifton Boulevard City (5) Clifton, NJ 07013			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age						
County (6) Passaic		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) residential					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) B & G Restoration, Inc.					
Street Address		Street Address 1234 Route 23							
City, State, Zip Code		City, State, Zip Code Butler, NJ 07405							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-696-6869 License No. 00378					
Start Date (10) 02/24/2026		Scheduled Completion Date (11) 02/25/2026		Name of OSHA Monitor B & G Restoration, Inc.					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 1234 Route 23 City, State, Zip Code Butler, NJ 07405						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Wrap and Cut <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
boiler room & laundry room		X		pipe insulation	6 LF	X			
boiler room & laundry room		X		pipe substrate	35 LF			X	
Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563		Cubic Yards of Waste 1		Name of Registered Landfill Grand Central Landfill			
City, State Butler, NJ		Disposal Date 02/25/2026		City, State Pen Argyl, PA					
Completed by Gordana Luna		Title Secretary / Treasurer		Signature Gordana Luna		Date 02/13/2026			

ASBESTOS CONTROL & LICENSING

FEB 20 2026

7994

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

4349618

Print Form

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FEB 17 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 02/11/2026		Name of Building Owner/Operator (2)					
Agencies Notified	Type Notification	Street Address 30 Marsac Pl					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark NJ 07106					
		Name of Contact	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 30 MARSAC PL		Square Feet	# of Floors				
City (5) Newark		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) 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) 02/24/2026	Scheduled Completion Date (11) 02/24/2026	Name of OSHA Monitor AAA Lead Professionals					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 White Dove Court					
		City, State, Zip Code Lakewood, NJ, 08701					
Scope of Work (Check All That Apply)							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Abatement Type			
	Yes	No	N/A	Removal	Repair	Encapsulate	Enclosure
Interior				✓			
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 02/24/2026	City, State BETHELHEM, PA				
Completed by JOSEPH PERLSTEIN	Title OWNER	Signature 	Date 02/11/2026				

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8027

4371421

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

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Date of Notification (1) 02/16/2026		Name of Building Owner/Operator (2) MCEF Construction								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 496 East County Line RD								
		City, State, Zip Code Lakewood NJ 08701								
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 304 East 7th st		Square Feet	# of Floors							
City (5) Lakewood		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. 732-719-5649	License No. 1200							
Start Date (10) 02/25/2026	Scheduled Completion Date (11) 02/25/2026	Name of OSHA Monitor AAA Lead Professionals								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 White Dove Court								
		City, State, Zip Code Lakewood, NJ, 08701								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure								
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure								
		<input type="checkbox"/> Glovebag Procedure								
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Interior				Flooring	30 SF	<input checked="" type="checkbox"/>				
Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No 35103	Cubic Yards of Waste 4	Name of Registered Landfill IESI						
City, State Lakewood, NJ		Disposal Date 02/25/2026		City, State BETHLEHEM, PA						
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature 				Date 02/16/2026			

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8024

4347626

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

RECEIVED

FEB 20 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 02/16/2026		Name of Building Owner/Operator (2)							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 108 Thornbury Ave		City, State, Zip Code Glen Rock NJ 07452					
		Name of Contact		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 108 Thornbury Ave			Square Feet	# of Floors	Bldg. Age				
City (5) Glen Rock			Current Use (Prior if being demolished)						
County (6) Bergen		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) 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) 02/26/2026		Scheduled Completion Date (11) 02/26/2026		Name of OSHA Monitor AAA Lead Professionals					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____			Street Address 6 White Dove Court						
			City, State, Zip Code Lakewood, NJ, 08701						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Interior				Flooring & Mastic	150 SF	<input checked="" type="checkbox"/>			
Interior				Duct insulation	70 LF				
Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No. 35103		Cubic Yards of Waste 4	Name of Registered Landfill TEST				
City, State Lakewood, NJ				Disposal Date 02/26/2026	City, State BETHLEHEM, PA				
Completed by JOSEPH PERLSTEIN			Title OWNER	Signature 		Date 02/16/2026			

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0160

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4344706

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

RECEIVED

Date of Notification: 02/05/26		Name of Building owner				
Agency Notified EPA DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH	Type Notification Initial Amended # <input checked="" type="checkbox"/> Emergency (including Justification) Extended	Street Address: 128 Church Road City, State, Zip Milford, NJ 08848 Name of Contact: _____ PHONE. _____				
Name of Facility Where Abatement is Taking Place House		Type of Facility (4) School (K-12) Subchapter 8 (Other than (K-12)) <input checked="" type="checkbox"/> Residential				
Street Address 128 Church Road		Square Feet 2000	# of Floors 02			
City Milford		Bldg. Age 45				
County (6) Hunterdon	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)			
Name of Monitoring Firm Hired by Building Owner		ASCM No.	Name of Abatement Contractor (9) CVK Contracting LLC			
Street		Street Address: 269 Walker St. Apt 6				
City, State, Zip		City, State, Zip Code Fairview, NJ 07022				
Project Manager for Monitoring Fir		Telephone No. 973-641-5400	License No 02044			
Start Date 02/06/26	Scheduled completion Data 02/07/26		Name of OSHA firm Emsl Analytical inc			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours -Describe/Facility closed during the abatement after school hours		Street Address 1056 Stelton Rd STE 5 City, State, Zip Code Piscataway, NJ 08854				
Scope of Work (Check all apply) <input type="checkbox"/> > 3 sf or > 3 x <input checked="" type="checkbox"/> xx > 160 sf or > 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini Closure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non - Exempted (*) and Non- Friable procedure						
Location of	Is Location Normally	Description of	Amount (Specify SF or LF)	Abatement Type		
				Removal	Repair	Encapsulate
Asbestos-Containing material (ACM) TO BE ABATED IN Facility (13)	Used Solely by Maintenance/Custodial Staff? (12) Ye s	Asbestos Containing Material (ACM) (i.e., thermal systems insulation, Surfacing, VAT, or other miscellaneous)				
Pipe insulation in basement	No X	Thermal Systems Insulation	15 LF	X		
Name of registered Waste Hauler Tri- State Transfer		NJDEP Waste Huler 19954	Cubic Yards of Waste TBD	Name of Registered Landfield MINERVA ENTREPRICE INC		
City, State Bronx NY		Disposal Date 02/18/26		City, WAYNESBURG OHIO		
Completed by Gustavo Ordon		Title President	Signature _____ 02/05/26			

CONTROL & LICENSING

0157

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4344523

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

RECEIVED

Date of Notification: 01/30/26		Name of Building owner	
Agency Notified EPA DEP X DOL X DOH	Type Notification Initial Amended # X Emergency (including Justification) Extended	Street Address: 44 Vernon terrace City, State, Zip Bloomfield NJ 07003 Name of Contact:	FEB 20 2026 ASBESTOS CONTROL & LICENSING
Name of Facility Where Abatement is Taking Place House		Type of Facility (4) School (K-12) Subchapter 8 (Other than (K-12) X Residential	
Street Address 44 Vernon Terrace		Square Feet 2000	# of Floors 02
City Bloomfield		Bldg. Age 45	Current Use (Prior if being demolished)
County (6) Essex	County Code (7) (STATE USE ONLY)		
Name of Monitoring Firm Hired by Building Owner		ASCM No.	Name of Abatement Contractor (9) CVK Contracting LLC
Street		Street Address: 269 Walker St. Apt 6	
City, State, Zip		City, State, Zip Code Fairview, NJ 07022	
Project Manager for Monitoring Firm		Telephone No. 973-641-5400	License No 02044
Start Date 01/30/26	Scheduled completion Date 02/02/26	Name of OSHA firm Emsl Analytical inc	
Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours -Describe/Facility closed during the abatement after school hours		Street Address 1056 Stelton Rd STE 5 City, State, Zip Code Piscataway, NJ 08854	
Scope of Work (Check all apply) > 3 sf or > 3 x xx > 160 sf or > 260 lf		Full Containment with Negative Pressure x Mini Closure Glovebag Procedure Non-Exempted (*) and Non-Friable procedure	
X Renovation Demolition			
Location of	Is Location Normally	Description of	Abatement Type
Asbestos-Containing material (ACM) TO BE ABATED IN Facility (13)	Used Solely by Maintenance/ Custodial Staff? (12)	Asbestos Containing Material (ACM) (i.e., thermal systems insulation, Surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) Removal Repair Encapsulate Enclosure
	Ye s	No	N/ A
Basement pipe insulation	X	Thermal system insulation	76 lf X
Name of registered Waste Hauler Tri- State Transfer		NJDEP Waste Huler 19954	Cubic Yards of Waste TBD Name of Registered Landfield MINERVA ENTREPRICE INC
City, State Bronx NY		Disposal Date 02/09/26	City, WAYNESBURG OHIO
Completed by Gustavo Ordon		Title President	Signature 01/30/26

1624

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

43495
1624
RECEIVED

Date of Notification (1)
2/10/2026

Name of Building Owner/Operator (2)
Private property

Street Address
425 69th Street

City, State, Zip Code
Guttenberg NJ

Name of Contact _____ Telephone Number _____

ASBESTOS CONTROL & LICENSING

FEB 17 2026

Agencies Notified

<input checked="" type="checkbox"/>	EPA	<input checked="" type="checkbox"/>	Initial
<input checked="" type="checkbox"/>	DEP	<input type="checkbox"/>	Amended
<input checked="" type="checkbox"/>	DOL	<input type="checkbox"/>	Amendment # _____
<input checked="" type="checkbox"/>	DOH	<input type="checkbox"/>	Emergency (including justification)
<input checked="" type="checkbox"/>	DCA	<input type="checkbox"/>	Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Private Property

Street Address
425 69th Street

City (5)
Guttenberg NJ

County (6)
Hudson County

County Code (7)
(STATE USE ONLY) _____

Type of Facility (4)

<input type="checkbox"/>	School (K-12)
<input type="checkbox"/>	Subchapter 8 (Other than K-12)
<input checked="" type="checkbox"/>	Other (i.e. private & commercial buildings, homes, etc.)

Square Feet
3000 SF

of Floors
1 floor

Bldg. Age
+50

Current Use (Prior if being demolished) _____

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

ASCM No.
N/A

Name of Abatement Contractor (9)
ACM Solutions Services LLC

Street Address
1435 51st Street

City, State, Zip Code
North Bergen NJ 07047

Project Manager for Monitoring Firm
N/A

Telephone No.
201-552-9685

License No.
01384

Start Date (10)
2/20/2026

Scheduled Completion Date (11)
2/29/2026

Name of OSHA Monitor
Hillman Counseling

Street Address
1620 Route 22 East

City, State, Zip Code
Union NJ 07803

Occupancy Status During Abatement (Check Only One)

<input checked="" type="checkbox"/>	Facility Closed/Vacated During Entire Period of Abatement
<input type="checkbox"/>	Abatement Performed Outside of Normal Facility Hours
<input checked="" type="checkbox"/>	Other - Describe: 7:00 AM to 4:00 PM

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Main roof			x	Roof Flashing	260 LF	x			

Name of Registered Waste Hauler
Ropvic transport

NJDEP Waste Hauler ID No.
20785

Cubic Yards of Waste _____

Name of Registered Landfill
Blythe Township Landfill

City, State
60 Riverdale Rd Riverdale NJ

Disposal Date _____

City, State
1061 Burma Rd New Philadelphia NJ

Completed by
Galo Zumba

Title
Principal

Signature
Galo Zumba

Date
2/10/2026

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

4349615
1625
RECEIVED

Date of Notification (1)
2/10/2026

Name of Building Owner/Operator (2)
Private property

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

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

Street Address
427 69th Street

City, State, Zip Code
Guttenberg NJ

Name of Contact
Telephone Number

FEB 17 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Private Property

Street Address
427 69th Street

City (5)
Guttenberg NJ

County (6)
Hudson County

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
3000 SF

of Floors
1 floor

Bldg. Age
+50

Current Use (Prior if being demolished)

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

ASCM No.
N/A

Name of Abatement Contractor (9)
ACM Solutions Services LLC

Street Address
1435 51st Street

City, State, Zip Code
North Bergen NJ 07047

Project Manager for Monitoring Firm
N/A

Telephone No.
201-552-9685

License No.
01384

Start Date (10)
2/22/2026

Scheduled Completion Date (11)
2/29/2026

Name of OSHA Monitor
Hillman Consulting

Occupancy Status During Abatement (Check Only One)
 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours
 Other - Describe: 7:00 AM to 4:00 PM

Street Address
1620 Route 22 East

City, State, Zip Code
Union NJ 07803

Scope of Work (Check All That Apply)

≥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
Main roof			X	Roof Flashing	260 LF	X			

Name of Registered Waste Hauler
Ropvic transport

NJDEP Waste Hauler ID No.
20785

Cubic Yards of Waste

Name of Registered Landfill
Blythe Township Landfill

City, State
60 Riverdale Rd Riverdale NJ

Disposal Date

City, State
1061 Burma Rd New Philadelphia NJ

Completed by
Galo Zumba

Title
Principal

Signature
Galo Zumba

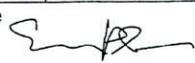
Date
2/10/2026

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

4346391

4189

Date of Notification (1) 2 / 20 / 26		Name of Building Owner/Operator (2) PAID		RECEIVED					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 743 Murray St City, State, Zip Code Elizabeth, NJ 07202 Name of Contact Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 743 Murray St			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
City (5) Elizabeth		Square Feet 1842	# of Floors 2	Bldg. Age 96					
County (6) Union		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Home					
Name of Monitoring Firm Hired by Building Owner (8) AZ Solution Consulting		ASCM No.	Name of Abatement Contractor (9) Brick Industries, Inc.						
Street Address 27 Susquehanna Ave		Street Address PO Box 915							
City, State, Zip Code Rochelle Park, NJ 07662		City, State, Zip Code Brick, NJ 08723							
Project Manager for Monitoring Firm Aleksander Zivanov		Telephone No. 347-612-1572	Telephone No. 7328997499	License No. 01196					
Start Date (10) 2 / 23 / 26		Scheduled Completion Date (11) 2 / 25 / 26		Name of OSHA Monitor AZ Solution Consulting					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM			Street Address 27 Susquehanna Ave						
			City, State, Zip Code Rochelle Park, NJ 07662						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drywall and plaster	435SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Brick Industries, Inc.		NJDEP Waste Hauler ID No. 21602		Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill				
City, State Brick, NJ		Disposal Date 2/26/26		City, State Morrisville, PA					
Completed By (Print or Type) Eric Plackis		Title President		Signature 		Date 2/20/26			

4/18/8

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

4349727

Date of Notification (1) 2 / 19 / 26		Name of Building Owner/Operator (2)		RECEIVED					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 6 Clara Place City, State, Zip Code Cedar Grove, NJ 07009 Name of Contact Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 6 Clara PI			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 6 Clara PI		City (5) Cedar Grove	Square Feet 1620	# of Floors 1	Bldg. Age 76				
County (6) Essex		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Home					
Name of Monitoring Firm Hired by Building Owner (8) AZ Solution Consulting		ASCM No.	Name of Abatement Contractor (9) Brick Industries, Inc.						
Street Address 27 Susquehanna Ave		Street Address PO Box 915							
City, State, Zip Code Rochelle Park, NJ 07662		City, State, Zip Code Brick, NJ 08723							
Project Manager for Monitoring Firm Aleksander Zivanov		Telephone No. 347-612-1572	Telephone No. 7328997499	License No. 01196					
Start Date (10) 2 / 20 / 26		Scheduled Completion Date (11) 2 / 21 / 26		Name of OSHA Monitor AZ Solution Consulting					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___AM-___PM/___PM-___AM			Street Address 27 Susquehanna Ave City, State, Zip Code Rochelle Park, NJ 07662						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bedroom, office, livingroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile	633SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedroom, office, livingroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mastic	633SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Brick Industries, Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill					
City, State Brick, NJ		Disposal Date 2/23/26	City, State Morrisville, PA						
Completed By (Print or Type) Eric Plackis		Title President	Signature 		Date 2/19/26				

50139

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

4349631

Date of Notification (1) <u>02</u> / <u>17</u> / <u>26</u>		Name of Building Owner/Operator (2) RECOIBS	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P O Box 1188	
		City, State, Zip Code Ocean Gate, NJ 08740	
		Name of Contact ASBESTOS CONTROL & LICENSING	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 339 E. Lakewood Avenue		Square Feet 800	# of Floors 1
City (5) Ocean Gate		Bldg. Age 100	
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) <u>03</u> / <u>04</u> / <u>26</u>	Scheduled Completion Date (11) <u>03</u> / <u>06</u> / <u>26</u>	Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton	
		City, State, Zip Code Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	150 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

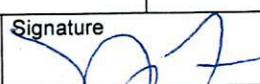
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill
City, State Toms River, New Jersey	Disposal Date 03/04/26	City, State Morrisville, Pennsylvania	
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 2/17/26

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

50138

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

4349629,
 RECEIVED

Date of Notification (1) 02 / 17 / 26		PAID		Name of Building Owner/Operator (2) Ingalls Custom Contracting					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 2307 Hwy. 71 City, State, Zip Code Spring Lake Heights, NJ 07762		ASBESTOS CONTROL & LICENSING FEB 20 2026 50138				
			Name of Contact _____ Telephone Number _____						
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 311 Madison Avenue			Square Feet 4300 # of Floors 3 Bldg. Age 115						
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) 03 / 09 / 26		Scheduled Completion Date (11) 03 / 27 / 26		Name of OSHA Monitor E.M.S.L. Analytical					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/ _____ PM-_____ AM			Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	7000 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st floor dining room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos plaster	1000 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd floor bedroom & bathroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos plaster	1110 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd floor den	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	joint compound	800 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 15	Name of Registered Landfill Fairless Landfill					
City, State Toms River, New Jersey		Disposal Date 03/27/26	City, State Morrisville, Pennsylvania						
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager	Signature 		Date 2/17/26				

50137

413 49630

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

PAID

RECEIVED 37

Date of Notification (1) 02 / 17 / 26		Name of Building Owner/Operator (2) 22 Lakeside, LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 22 Lakeside Avenue	
		City, State, Zip Code Avon, NJ 07717	
		Name of Contact	
		Telephone Number	

FEB 20 2006

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 22 Lakeside Avenue		Square Feet 5000	# of Floors 3
City (5) Avon		Bldg. Age 100	
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.
Street Address		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm		Telephone No. 732-349-9932	License No. 00624
Start Date (10) 03 / 02 / 26	Scheduled Completion Date (11) 03 / 06 / 26	Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 1056 Stelton	
		City, State, Zip Code Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	2500 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 4	Name of Registered Landfill Fairless Landfill	
City, State Toms River, New Jersey		Disposal Date 03/06/26	City, State Morrisville, Pennsylvania		
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 		Date 2/17/25	

1068

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

4349622

Date of Notification (1) FEBRUARY 2, 2026		Name of Building Owner/Operator (2) PAID								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation								
Street Address 42 AUBREY RD		City, State, Zip Code MONTCLAIR NJ 07043								
Name of Contact		Telephone Number FEB 20 2026								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) N/A		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 42 AUBREY ROAD		Square Feet 2227	# of Floors 2							
City (5) MONTCLAIR		Bldg. Age 1917								
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) residential								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Checkmark Industrial							
Street Address		Street Address 54 Morgan Dr								
City, State, Zip Code		City, State, Zip Code Sparta NJ 07871								
Project Manager for Monitoring Firm		Telephone No. 973-570-2645	License No. 01334							
Start Date (10) 2/14/2026	Scheduled Completion Date (11) 2/24/2026	Name of OSHA Monitor Checkmark Industrial								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 54 Morgan Dr								
		City, State, Zip Code Sparta NJ 07871								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure								
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure								
		<input type="checkbox"/> Glovebag Procedure								
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
2ND FLOOR BEDROOM/MUSIC		X		VAT	132 SF	X				
Name of Registered Waste Hauler WESTPHAL WASTE SERVICE		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 2	Name of Registered Landfill FAIRLESS LANDFILL						
City, State RIDGEWOOD PARK NJ		Disposal Date		City, State MORRISVILLE PA						
Completed by Corey Stankovic		Title CEO	Signature <i>Corey Stankovic</i>				Date 2/2/2026			

RECEIVED

13581

4349603

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

B & G Project # 2026-21

Check # 13581

PAID

RECEIVED

Date of Notification (1)
02/20/2026

Name of Building Owner/Operator (2)

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

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

Street Address
21 Wood Road
City, State, Zip Code
Morristown, NJ 07960
Name of Contact _____ Telephone Number _____

FEB 26 2026

... & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Street Address
21 Wood Road
City (5)
Morristown, NJ 07960
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 _____ # of Floors _____ Bldg. Age _____
Current Use (Prior if being demolished)
residential

Name of Monitoring Firm Hired by Building Owner (8)
Street Address
City, State, Zip Code
Project Manager for Monitoring Firm
Telephone No.
ASCM No. _____
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)
03/02/2026
Scheduled Completion Date (11)
03/05/2026
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: _____
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 and 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)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement finished space			X	VAT & mastic	400 SF	X			

Name of Registered Waste Hauler
B & G Restoration Inc.
City, State
Butler, NJ
NJDEP Waste Hauler ID No.
19563
Cubic Yards of Waste
5
Disposal Date
03/06/2026
Name of Registered Landfill
Grand Central Landfill
City, State
Pen Argyl, PA
Completed by
Gordana Luna
Title
Secretary / Treasurer
Signature
Gordana Luna
Date
02/20/2026

4571610

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

5445

Date of Notification (1) 02 / 20 / 26		Name of Building Owner/Operator (2) RECEIVED 50145	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 186 Mantoloking Road	
		City, State, Zip Code Brick, NJ 08723	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 21 Bayview Drive		Square Feet 1350	# of Floors 1
City (5) Brick		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. 732-349-9932	License No. 00624
Start Date (10) 03 / 06 / 26	Scheduled Completion Date (11) 03 / 09 / 26	Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton	
		City, State, Zip Code Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
TO BE ABATED									
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1350 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill	
City, State Toms River, New Jersey		Disposal Date 03/09/26	City, State Morrisville, Pennsylvania		
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 		Date 2/20/26	

50144

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

4349564

PAID

50144
RECEIVED

Date of Notification (1) 02 / 19 / 26		Name of Building Owner/Operator (2) ASP Entity, LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 16 McClellan Street	
		City, State, Zip Code Cranford, NJ 07016	
		Name of Contact	Telephone Number

FEB 26 2026

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 667 Seminary Avenue		Square Feet 1600	# of Floors 2
City (5) Rahway		Bldg. Age 100	
County (6) Union	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) 03 / 03 / 26	Scheduled Completion Date (11) 03 / 06 / 26	Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton	
		City, State, Zip Code Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	2700 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement & crawlspace	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos pipe insulation	80 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	flue pipe cement	1 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
kitchen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos floor tile	100 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill
City, State Toms River, New Jersey		Disposal Date 03/06/26	City, State Morrisville, Pennsylvania
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 2/19/26

1890

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

4349611

RECEIVED
1890

Date of Notification (1) 2/18/2026		Name of Building Owner/Operator (2)	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 85 Armstrong Ave.		City, State, Zip Code Jersey City, NJ 07305	
Name of Contact		Telephone Number	

FEB 25 2026

ASBESTOS CONTROL & LICENSING

Name of Facility Where Abatement is Taking Place (3) Residential Propoerty		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 85 Armstrong Ave.		Square Feet 1,842	# of Floors 2
City (5) Jersey City, NJ 07305		Bldg. Age 1915	
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) DANVIC CONTRACTING LLC	
Street Address		Street Address 240 South 5th St.	
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07206	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 908-906-4123	License No. 01355

Start Date (10) 2/28/2026	Scheduled Completion Date (11) 3/3/2026	Name of OSHA Monitor Iris Environmental Laboratories, Inc.	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIED		Street Address 2333 Route 22 West	
		City, State, Zip Code Union, NJ 07083	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Ductwork Insulation	15 LF	X			

Name of Registered Waste Hauler Danvic Contracting LLC	NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill
City, State Elizabeth, NJ		Disposal Date TBD	City, State Morrisville, PA
Completed by Jeymy Donnays	Title Owner	Signature <i>Jeymy Donnays</i>	Date 2/18/2026

1624

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

4349614 ch# 1626

Print Form

Date of Notification (1) 2/10/2026		Name of Building Owner/Operator (2) Private property		RECEIVED					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 429 69th Street		FEB 17 2026					
		City, State, Zip Code Guttenberg NJ							
		Name of Contact		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Property			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 429 69th Street			Square Feet 3000 SF	# of Floors 1 floor	Bldg. Age +50				
City (5) Guttenberg NJ			Current Use (Prior if being demolished)						
County (6) Hudson County		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) ACM Solutions Services LLC						
Street Address N/A		Street Address 1435 51st Street							
City, State, Zip Code N/A		City, State, Zip Code North Bergen NJ 07047							
Project Manager for Monitoring Firm N/A		Telephone No.	Telephone No. 201-552-9685	License No. 01384					
Start Date (10) 2/24/2026		Scheduled Completion Date (11) 2/29/2026		Name of OSHA Monitor Hillman Consulting					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 AM to 4:00 PM			Street Address 1620 Route 22 East						
			City, State, Zip Code Union NJ 07803						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure					
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure					
				<input type="checkbox"/> Glovebag Procedure					
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Main roof			x	Roof Flashing	280 LF	x			
Name of Registered Waste Hauler Ropvic transport		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste	Name of Registered Landfill Blythe Township Landfill				
City, State 60 Riverdale Rd Riverdale NJ				Disposal Date	City, State 1061 Burma Rd New Philadelphia NJ				
Completed by Galo Zumba		Title Principal		Signature <i>Galo Zumba</i>		Date 2/10/2026			

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

7992

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

4349617

RECEIVED

Date of Notification (1) 02/10/2026		Name of Building Owner/Operator (2)	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1800 Rt 34, Bldg 2, Suite 205	
		City, State, Zip Code Wall, NJ 07719	
		Name of Contact _____ Telephone Number _____	

FEB 17 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)	
Street Address 601 River Ave		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Lakewood	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) 02/19/2026	Scheduled Completion Date (11) 02/23/2026	Name of OSHA Monitor AAA Lead Professionals	
Occupancy Status During Abatement (Check Only One)		Street Address 6 White Dove Court	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		City, State, Zip Code Lakewood, NJ, 08701	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Interior				Flooring	300SF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Lead Professionals Inc	NJDEP Waste Hauler ID No. 35103	Cubic Yards of Waste 3	Name of Registered Landfill IESI
City, State Lakewood, NJ		Disposal Date 02/23/2026	City, State BETHLEHEM, PA
Completed by JOSEPH PERLSTEIN	Title OWNER	Signature 	Date 02/10/2026

744



PAID

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

4334510

Print Form

RECEIVED

Date of Notification (1) 12/15/2025		Name of Building Owner/Operator (2)							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 70 Overbrook dr City, State, Zip Code Colonia NJ 07067 Name of Contact Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 70 Overbrook Dr			Square Feet 800	# of Floors 2	Bldg. Age 50+				
City (5) Colonia NJ 07067		County (6) Middlesex County		County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ILV Contracting LLC						
Street Address		Street Address 16 Hillcrest Ave							
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07013							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 917-403-3160	License No. 02132					
Start Date (10) 02/28/2026		Scheduled Completion Date (11) 03/08/2026		Name of OSHA Monitor ILV Contracting LLC					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 16 Hillcrest Ave City, State, Zip Code Clifton NJ 07013						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First floor			NA	Tiles	160	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Name of Registered Waste Hauler ILV CONTRACTING LLC		NJDEP Waste Hauler ID No. 113851	Cubic Yards of Waste 0.5	Name of Registered Landfill Grand Central Landfill					
City, State Clifton New Jersey		Disposal Date		City, State Pen Argyl, PA					
Completed by Ivana Velkov		Title President	Signature <i>I Velkov</i>		Date 02/26/2026				

1244

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

4349595

Check# 1244

RECEIVED

Date of Notification (1) 02/26/2026		Name of Building Owner/Operator (2)	
Agencies Notified		Street Address	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	69 Stewart Road	
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # _____	Essex Fells, NJ 07021	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Telephone Number	

MAR - 2 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4)	
Street Address 69 Stewart Road		<input type="checkbox"/> School (K-12)	
City (5) Essex Fells, NJ 07021		<input type="checkbox"/> Subchapter 8 (Other than K-12)	
County (6) Essex		<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
County Code (7) (STATE USE ONLY)		Square Feet	# of Floors
Name of Monitoring Firm Hired by Building Owner (8)		Bldg. Age	
ASCM No.		Current Use (Prior if being demolished)	
Name of Abatement Contractor (9) Gr Tech LLC		Street Address 576 Valley Road#283	
Street Address		City, State, Zip Code Wayne, NJ 07470	
City, State, Zip Code		Telephone No. 973-356-3511	License No. 01127
Project Manager for Monitoring Firm		Telephone No.	
Start Date (10) 03/07/2026		Scheduled Completion Date (11) 03/09/2026	
Name of OSHA Monitor Envirovision Consultants, Inc		Street Address 20-21 Wagaraw Road, Bldg.# 35 E	
Occupancy Status During Abatement (Check Only One)		City, State, Zip Code Fair Lawn, NJ 07410	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			
<input type="checkbox"/> Other - Describe: _____			

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Duct insulation	120 LF	x			
Basement			x	VAT floor tiles	320 SF	x			
Garage			x	Duct insulation	25 LF	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 02/26/2026

1843

4349596

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

Date of Notification (1) 02/23/2026		Name of Building Owner/Operator (2) Jersey City Spanish Sda	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 240 Montgomery	
		City, State, Zip Code Jersey City NJ 07302	
		Name of Contact	Telephone Number

RECEIVED

Feb

APR 27 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 240 Montgomery		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 240 Montgomery		Square Feet	# of Floors
City (5) Jersey City NJ 07302		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. 201-875-7290	License No. 02053
Start Date (10) 03/06/2026	Scheduled Completion Date (11) 03/09/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
INTERIOR		x		PIPE INSULATION	20 LF	x			

Name of Registered Waste Hauler TRISTATE TRANSFER 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 02/23/2026

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

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

4093299

190

Date of Notification (1)
2/12/26

Name of Building Owner/Operator (2)
RECEIVED

Agencies Notified: [] EPA, [] DEP, [X] DOL, [X] DOH, [] DCA

Type Notification: [X] Initial Notification, [] Amended Notification, [] EMERGENCY, [] Cancellation

Street Address: **40 Hamilton Road**

City, State, Zip Code: **Glen Ridge, NJ, 07028**

Name of Contact: _____ Telephone Number: _____

FACILITY INFORMATION

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

Street Address: **40 Hamilton Road**

City: **Glen Ridge** County: **Essex** 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): **N/A** ASCM No.: _____

Name of Abatement Contractor (9): **AZTECH MANAGEMENT, Inc.**

Street Address: **86 Christopher St.**

City, State, Zip Code: **Montclair, NJ 07042**

Project Manager for Monitoring Firm: _____ Telephone Number: **N/A**

Telephone Number: **(973) 744-8800** License Number: **00371**

Scheduled Start Date (10): **02 27 26** Sched. Completion Date (11): **02 28 26**

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

Name of OSHA Monitor: **N/A**

Street Address: _____

City, State, Zip Code: _____

Scope of Work (Check all that apply):

[X] >3 sf or >3 lf [X] Renovation [] Full Containment with Negative Pressure

[] >160 sf or >260 lf [] Demolition [] Mini-Enclosure

[X] Glovebag Procedure [] Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Basement			X	Ceiling insulation	840 SF	X			

Name of Registered Waste Hauler: **AZTECH MANAGEMENT, INC.** NJDEP Waste Hauler ID No.: **17040**

Cubic Yards of Waste: **1.5** Name of Registered Landfill: **Tri - State**

City, State: **Montclair, NJ 07042** Disposal Date: **03/02/26** City, State: **Bronx, NY, 10474**

Completed By (Print or Type): **Constantine Vivian** Title: **President**

Signature: *Constantine Vivian* Date: **2/12/26**

2087

4349594

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

PAID

RECEIVED

FEB 27 2026

LICENSING

Date of Notification (1) 2/11/2026		Name of Building Owner/Operator (2)	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 17 Skyview Terr	
		City, State, Zip Code Morris Plains NJ 07950	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Single Family Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 17 Skyview Terr		Square Feet unknown	# of Floors 2
City (5) Morris Plains		Bldg. Age unknown	
County (6) Morris	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. 908-270-8556	License No. 02109
Start Date (10) 3/2/2026	Scheduled Completion Date (11) 3/4/2026	Name of OSHA Monitor John Kim	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 254 Ridgewood Ave	
		City, State, Zip Code Glen Ridge NJ 07028	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First Floor			X	Drywall	400 SF	X			

Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. NJ860	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central	
City, State Elizabeth, NJ			Disposal Date	City, State Pen Argyl	
Completed by John Kim		Title President	Signature 		Date 2/22/2026

1243

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

4347609
RECEIVED

Check# 1243

Date of Notification (1) 02/20/2026		Name of Building Owner/Operator (2)								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 8 Edgewood Drive								
		City, State, Zip Code Summit, NJ 07901								
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 8 Edgewood Drive		Square Feet	# of Floors							
City (5) Summit, NJ 07901		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. 973-356-3511	License No. 01127							
Start Date (10) 03/03/2026	Scheduled Completion Date (11) 03/04/2026	Name of OSHA Monitor Envirovision Consultants, Inc								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 20-21 Wagaraw Road, Bldg.# 35 E								
		City, State, Zip Code Fair Lawn, NJ 07410								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Ground floor			x	Pipe insulation	20 LF	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 <i>Gradimir Ristanovic</i>				Date 02/20/2026			

ASBESTOS CONTROL & LICENSING

7015

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08/17

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 9:60 and 12:120)

RECEIVED

Date of Notification (1) 2-15-26		Name of Building Owner/Operator (2) LEW 26 2026	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 605 Wellington Ave	
		City, State, Zip Code Margate NJ 08402	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Resident		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 805 Wellington Ave		Square Feet 2000	# of Floors 2
City (5) Margate		Blde. Age 70	
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Resident	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Ans Ice Abatement Demolition LLC	
Street Address		Street Address 1212 Burlington Ave	
City, State, Zip Code		City, State, Zip Code Asheboro NJ 27015	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 679-346-5916	License No. 01070

Start Date (10) Feb-25-26	Scheduled Completion Date (11) March 10-26	Name of OSHA Monitor
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address
		City, State, Zip Code

Scope of Work (Check All That Apply)

<input type="checkbox"/> 25 sf or less	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> >160 sf or >260 sf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (14)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	NA			Removal	Repair	Encapsulation	Enclosure
Outside ACM				Sealing	5500 sq ft	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler CON MAN	NJDEP Waste Permit No.	Cubic Yards of Waste	Name of Registered Landfill ALCOVA
State NJ		Disposal Date 13D	City, State Atlantic
Signed by [Signature]	Title Resident	Signature [Signature]	Date 2-15-26

* Do not use this form for asbestos licensure exempted activities

11893

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

CK# 11893

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RECEIVED

FEB 26 2026

ASBESTOS CONTROL & LICENSING

PAID

Date of Notification (1) 2/19/2026		Name of Building Owner/Operator (2) 219 N. Huntington LLC								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 426 Chapel Heights Rd.,								
		City, State, Zip Code Sewell, NJ 08080								
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Vacant Residential Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 219 N. Huntington Ave.,		Square Feet 969	# of Floors 1							
City (5) Margate		Bldg. Age 80+								
County (6) Atlantic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Unoccupied								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) American Demolition Corp.							
Street Address		Street Address 2 English Lane								
City, State, Zip Code		City, State, Zip Code Egg Harbor Twp., NJ 08234								
Project Manager for Monitoring Firm		Telephone No. 609-926-7373	License No. 02056							
Start Date (10) 2/28/2026	Scheduled Completion Date (11) 3/9/2026	Name of OSHA Monitor								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure								
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure								
		<input type="checkbox"/> Glovebag Procedure								
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
exterior			X	asbestos shingles	500 sf	X				
Name of Registered Waste Hauler American Demolition Corp		NJDEP Waste Hauler ID No. 16473	Cubic Yards of Waste	Name of Registered Landfill ACUA						
City, State Egg Harbor Twp., NJ		Disposal Date TBD		City, State Pleasantville						
Completed by Jannie Truehart		Title Project Manager		Signature <i>Jannie Truehart</i>				Date 2/19/2026		