

2027

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

1353142
RECEIVED
APR 2 2026

Proj. #: 26-53

Date of Notification (1) 10/31/18 1/12/16		Name of Building Owner/Operator (2)	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 318 South Euclid Avenue	
		City, State, Zip Code Westfield, NJ 07090	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 318 South Euclid Avenue			Square Feet 4,000 SF	# of Floors 02	Bldg. Age 126
City (5) Westfield, NJ 07090	County (6) Union	County Code (7) (State use only)	Current Use (Prior if being demolished) Residential		

Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) KLOMAX, LLC		
Street Address		Street Address 144 US Highway 46			
City, State, Zip Code		City, State, Zip Code Budd Lake, NJ 07828			
Project Manager for Monitoring Firm	Phone Number	Telephone Number 833-455-6629		License Number 02007	
Start Date (10) 03/27/2026	Sched. Completion Date (11) 03/30/2026	Name of OSHA Monitor KLOMAX, LLC			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: Normal Hours		Street Address 144 US Highway 46			
		City, State, Zip Code Budd Lake, NJ 07828			

Scope of Work (check all that apply)

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		Pipe Insulation	9 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler KLOMAX, LLC	NJDEP Hauler ID# 0038241	Cubic Yards of Waste 1/2 CYD.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State Budd Lake, NJ 07828	Disposal Date TBD	City, State TULLYTOWN, PA		
Completed by (Print or Type) Gordana Stojanovska	Title Secretary	Signature	Date 03/18/2026	

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

2024

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

Proj. #: 26-54

RECEIVED

APR 2 2026

Date of Notification (1) 10 3 1 18 12 16		Name of Building Owner/Operator (2)	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____	Street Address 25 Shepard Place	
	<input type="checkbox"/> Emergency (including justification)	City, State, Zip Code Kearny, NJ 07032	
	<input type="checkbox"/> Cancellation	Name of Contact	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 25 Shepard Place			Square Feet 1,300 SF	# of Floors 02	Bldg. Age 98
City (5) Kearny, NJ 07032	County (6) Hudson	County Code (7) (State use only)	Current Use (Prior if being demolished) Residential		

Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) KLOMAX, LLC		
Street Address		Street Address 144 US Highway 46			
City, State, Zip Code		City, State, Zip Code Budd Lake, NJ 07828			
Project Manager for Monitoring Firm	Phone Number	Telephone Number 833-455-6629	License Number 02007		
Start Date (10) 03/30/2026	Sched. Completion Date (11) 04/01/2026	Name of OSHA Monitor KLOMAX, LLC			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: Normal Hours		Street Address 144 US Highway 46			
		City, State, Zip Code Budd Lake, NJ 07828			

Scope of Work (check all that apply)

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		Pipe Insulation	120 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler KLOMAX, LLC	NJDEP Hauler ID# 0038241	Cubic Yards of Waste 1/2 CYD.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State Budd Lake, NJ 07828	Disposal Date TBD	City, State TULLYTOWN, PA		
Completed by (Print or Type) Gordana Stojanovska	Title Secretary	Signature	Date 03/18/2026	

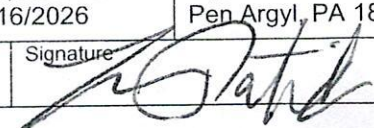
* Do not use this form for asbestos licensure exempted activities.

30511

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

APR 2 2026

Date of Notification (1) 3/28/2026		Name of Building Owner/Operator (2) APR 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 263 Eastern Parkway		City, State, Zip Code Newark, NJ 07106				
			Name of Contact _____		Telephone Number _____				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)			Type of Facility (4)						
Street Address 263 Eastern Parkway			<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 1844	# of Floors 3	Bldg. Age 80+					
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants		ASCM No. 0004	Name of Abatement Contractor (9) National Flooring Removal L.L.C.						
Street Address Building 35E, 20-21 Wagaraw Rd			Street Address PO Box 58						
City, State, Zip Code Fairlawn, NJ 07410			City, State, Zip Code Augusta, NJ 07822						
Project Manager for Monitoring Firm Fred Larson		Telephone No. 973-636-9145	Telephone No. 973-919-5743	License No. 02093					
Start Date (10) 4/8/2026	Scheduled Completion Date (11) 4/10/2026		Name of OSHA Monitor N/A						
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: <u>Recommended Hotel Stay</u>			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 140 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen			x	9"x9" Floor tile located under ceramic tile flooring		x			
			x						
			x						
Name of Registered Waste Hauler National Flooring Removal LLC		NJDEP Waste Hauler ID No. 106495	Cubic Yards of Waste 5-6	Name of Registered Landfill WM - Grand Central Landfill					
City, State Augusta, NJ		Disposal Date 4/16/2026		City, State Pen Argyl, PA 18072					
Completed by Timothy Patrick		Title CEO	Signature 		Date 3/19/2026				

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

4552

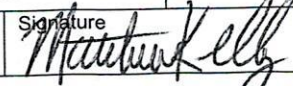
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Print Form

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

Check # 4552

Date of Notification (1) 3/27/26		Name of Building Owner/Operator (2) 5201-5287 Route 70 Realty, LLC								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 2312 N. Broad Street City, State, Zip Code Colmar, PA 18915 Name of Contact Amy Harpel Telephone Number 215-822-1830							
	FACILITY INFORMATION									
	Name of Facility Where Abatement is Taking Place (3) Dollar Tree Street Address 5621 W NJ-70 City (5) Pennsauken 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 11,000 # of Floors 1 Bldg. Age 50 County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) The Vertex Companies Street Address 2501 Seaport Dr., Suite BH110 City, State, Zip Code Chester, Pa 19013 Project Manager for Monitoring Firm David turotsy Start Date (10) 4/13/26		ASCM No. Telephone No. 610-558-8902	Name of Abatement Contractor (9) Plymouth Environmental Co., Inc. Street Address 923 Haws Ave. City, State, Zip Code Norristown, PA 19401 Telephone No. 610-239-9920 License No. 0398							
Scheduled Completion Date (11) 5/4/26		Name of OSHA Monitor Plymouth Environmental Co., Inc. Street Address 923 Haws Ave. City, State, Zip Code Norristown, PA 19401								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____										
Scope of Work (Check All That Apply) <input 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	
Retail & Restroom Areas		X		Mastic	10,660 SF	X				
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 60	Name of Registered Landfill Fairless Landfill						
City, State Newtown, PA		Disposal Date TBD	City, State Falls Township, PA							
Completed by Matthew Kelly		Title Project Manager	Signature 		Date 3/27/26					

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

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Print Form

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

RECEIVED
 CHECK #

Date of Notification (1) 03-23-2026		Name of Building Owner/Operator (2) The Port Authority of NY & NJ								
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 4 World Trade Center, 150 Greenwich Street, 18th Floor							
	City, State, Zip Code New York, NY 10007		Telephone Number 646-745-7494							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) AirTrain EWR Replacement Program - Guideway and Stations 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 & commercial buildings, homes, etc.)								
Street Address ATTN: EWR TPOG, Building 351, 3 Brewster Road, PO Box 2050		Square Feet See Attached	# of Floors n/a							
City (5) Newark		Bldg. Age 88 years								
County (6) Union/Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Station								
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations, Inc.		ASCM No. N/A	Name of Abatement Contractor (9) Pinnacle Environmental Corp.							
Street Address 655 West Shore Trail		Street Address 200 Broad Street								
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Carlstadt, NJ 07072								
Project Manager for Monitoring Firm JP Von Doehren		Telephone No. 973-729-5649	Telephone No. 201-939-6565							
Start Date (10) 04-02-2026		Scheduled Completion Date (11) 04-01-2027	License No. 00756							
Name of OSHA Monitor Testor Technology Environmental Services		Name of OSHA Monitor Testor Technology Environmental Services								
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: Abatement will be conducted in a restricted area.		Street Address 10-59 Jackson Avenue								
		City, State, Zip Code Long Island City, NY 11101								
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	
Under ground piping			x	Transite	100	x				
Under ground Duct Banks				Transite	200	x				
Under ground Duct Banks				Tar	300	x				
Name of Registered Waste Hauler Cardella		NJDEP Waste Hauler ID No. 01191	Cubic Yards of Waste TBD	Name of Registered Landfill WM Fairless						
City, State 2400 Tonnelle Ave, New Jersey 07047		Disposal Date TBD	City, State 1400 Bordentown Dr. Morrisville PA 190							
Completed by Kevin Moriarty		Title Project Manager	Signature <i>Kevin Moriarty</i>				Date 03-23-2026			

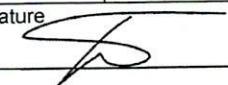
* Do not use this form for asbestos licensure exempted activities.

NO# 55054408151

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

RECEIVED

MAR 23 2026

Date of Notification (1) 03/19/2026		Name of Building Owner/Operator (2) Piscataway Board of Education						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1515 Stelton Road					
			City, State, Zip Code Piscataway, NJ 08854					
		Name of Contact Robert Uhrin	Telephone Number (732) 572-2289 ext. 2611					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Fellowship Farms School		Type of Facility (4) <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 1515 Stelton Road		Square Feet 42,500	# of Floors 1					
City (5) Piscataway		Bldg. Age 1928						
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Educational						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc		ASCM No. 30	Name of Abatement Contractor (9) Spes Contracting LLC					
Street Address 120 North Warren Street		Street Address 59 Beaverbrook Rd. Ste 302 E						
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Lincoln Park, NJ, 07035						
Project Manager for Monitoring Firm Mike Moore		Telephone No. (609) 392-4200	Telephone No. (973) 807 6330					
		License No. 01383						
Start Date (10) 03/30/2026	Scheduled Completion Date (11) 04/20/2026		Name of OSHA Monitor Spes Contracting LLC					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Work Area Facility Non Occupied</u>		Street Address 59 Beaverbrook Rd. Ste 302 E						
		City, State, Zip Code Lincoln Park, NJ, 07035						
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 O&M Wrap & Cut <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
Please see attached document.								
Name of Registered Waste Hauler Spes Contracting LLC		NJDEP Waste Hauler ID No. 0038075	Cubic Yards of Waste 30Y	Name of Registered Landfill Tri State Transfer & Associates				
City, State Lincoln Park, NJ		Disposal Date TBD		City, State Bronx, NY				
Completed by Branislav Pavlov		Title General Manager		Signature 		Date 03/19/2026		

120036

PAID
 State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)
 PAL-Job# 25-1167 Add Material

RECEIVED

MAR 23 2026

Date of Notification (1) 03/17/2026		Name of Building Owner/Operator (2) New Jersey Performing Arts Center, Inc.									
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 # <u>3</u> <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								
City (5) Newark, NJ		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) 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									
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 Hugo Lascano									
		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) <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		
				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 03/17/2026			

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
	WALL TAR	9 SF
2ND FLOOR	PIPE INSULATION	100 LF
	ELEVATOR DOOR	21 SF
	WALL TAR	9 SF
3RD FLOOR	BLACK GLUE DOTS	450 SF
	ELEVATOR DOOR	21 SF
	WALL TAR	9 SF
ROOF	PIPE INSULATION	10 LF

1596

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

PAID

Date of Notification (1) <u>03</u> / <u>20</u> / <u>26</u>		Name of Building Owner/Operator (2) FEDERAL REALTY INVESTMENT TRUST	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 909 ROSE AVENUE-SUITE 200	
		City, State, Zip Code NORTH BETHEDSA, MD 20852	
		Name of Contact RIC WOODIE	Telephone Number (240) 285-1582

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) MERCER ON ONE-SPACE 11		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 3357 BRUNSWICK PIKE		Square Feet 17,696	# of Floors N/A
City (5) LAWRENCEVILLE		Bldg. Age 50+/-	
County (6) MERCER	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) VACANT	

Name of Monitoring Firm Hired by Building Owner (8) VERTEX COMPANIES		ASCM No.	Name of Abatement Contractor (9) PEPPER ENVIRONMENTAL SERVICES, INC.	
Street Address 2501 SEAPORT DRIVE-SUITE BH 110		Street Address 2251 FRALEY STREET		
City, State, Zip Code CHESTER, PA 19013		City, State, Zip Code PHILADELPHIA, PA 1917		
Project Manager for Monitoring Firm DON HEIM		Telephone No. (610)787-0402	Telephone No. (215) 533-5155	License No. 01166

Start Date (10) <u>04</u> / <u>06</u> / <u>26</u>	Scheduled Completion Date (11) <u>05</u> / <u>29</u> / <u>26</u>	Name of OSHA Monitor VERTEX COMPANIES	
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 2501 SEAPORT DRIVE-SUITE BH 110	
		City, State, Zip Code CHESTER, PA 19013	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SEE ATTACHED		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler HORIZON DISPOSAL SERVICES		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT	
City, State TRENTON, NJ		Disposal Date		City, State MORRISVILLE, PA	
Completed By (Print or Type) DENISE M. NIVEN		Title ADMIN. ASST.	Signature <i>Denise M. Niven</i>		Date 3/20/26

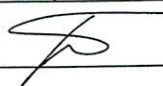
LOCATION OF ASBESTOS CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY	IN LOCATION NORMALLY USED SOLELY BY MAINTENANCE/ CUSTODIAL STAFF? YES-NO-N/A	DESCRIPTION OF ASBESTOS CONTAINING MATERIAL (ACM) (I.E. THERMAL SYSTEMS INSULATION, SURFACING, VAT, OR OTHER MISCELLANEOUS)	AMOUNT (SPECIFY SF OR LF)	ABATEMENT TYPE	ABATEMENT TYPE	ABATEMENT TYPE	ABATEMENT TYPE
13 RETAIL AREA	N/A	MASTIC ASSOCIATED WITH 12" X 12" WHITE FLOOR TILE	12,000 SF	REMOVAL	REPAIR	ENCAPSULATE	ENCLOSURE
REAR STORAGE	N/A	12" X 12" WHITE PITTED FLOOR TILE WITH MASTIC	105 SF	YES	NO	NO	NO

WCA# 55054408194

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

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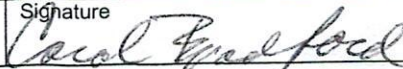
MAR 23 2026

Date of Notification (1) 03/19/2026		Name of Building Owner/Operator (2) Newark Board Of Education								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input 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 765 Broad Street							
			City, State, Zip Code Newark, NJ 07102							
		Name of Contact Lashaun Johnson	Telephone Number (862) 754 3548							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Sussex Avenue School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 307 Sussex Avenue		Square Feet 64742	# of Floors 3							
City (5) Newark		Bldg. Age 1900								
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Educational								
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No. 0026	Name of Abatement Contractor (9) Spes Contracting LLC							
Street Address 1253 North Church Street		Street Address 59 Beaverbrook Rd. Ste 302 E								
City, State, Zip Code Moorestown, NJ, 08057		City, State, Zip Code Lincoln Park, NJ 07035								
Project Manager for Monitoring Firm James A. Guilardi		Telephone No. (609) 314 1683	Telephone No. (973) 807 6330							
			License No. 01383							
Start Date (10) 04/06/2026	Scheduled Completion Date (11) 04/16/2026	Name of OSHA Monitor Spes Contracting LLC								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>Occupied</u>		Street Address 59 Beaverbrook Rd. Ste 302 E								
		City, State, Zip Code Lincoln Park, NJ 07035								
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	
Generator Room	x			Pipe Insulation	130 LF	x				
Generator Room	x			Wall and Ceiling Plaster	900 SF	x				
Name of Registered Waste Hauler Spes Contracting LLC		NJDEP Waste Hauler ID No. 0038075	Cubic Yards of Waste 30	Name of Registered Landfill Tri State Transfer & Associates						
City, State Lincoln Park, NJ			Disposal Date TBD	City, State Bronx, NY						
Completed by Branislav Pavlov		Title General Manager	Signature 				Date 03/19/2026			

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

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Date of Notification (1) March 20, 2026		Name of Building Owner/Operator (2) Caldwell-West Caldwell Board of Education		MAR 23 2026					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 104 Gray Street		Telephone Number 973-417-7946				
			City, State, Zip Code West Caldwell, NJ 07006						
			Name of Contact David Trinidad						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) James Caldwell High School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 265 Westville Avenue				Square Feet # of Floors Bldg. Age					
City (5) West Caldwell		County (6) Essex		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8) Karl Environmental Group		ASCM No.	Name of Abatement Contractor (9) Osiyo Inc						
Street Address 20 Lauck Road		Street Address 292 Main Street, #261							
City, State, Zip Code Mohnton, PA 19540		City, State, Zip Code Harleysville, PA 19438							
Project Manager for Monitoring Firm		Telephone No. 610-856-7700	Telephone No. 610-400-8711	License No. 01373					
Start Date (10) 03/30/2026		Scheduled Completion Date (11) 04/06/2026		Name of OSHA Monitor Schneider Laboratories Global 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>Area of removal vacated during entire period of abatement</u>				Street Address 2512 West Cary Street					
				City, State, Zip Code Richmond, VA 23220					
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
Room 207		X		Elbows/Joints	20ea	X			
Room 207 Storage		X		Elbows/Joints	4ea	X			
Room 207 Office		X		Elbows/Joints	6ea	X			
Name of Registered Waste Hauler Century Waste Services LLC		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill					
City, State Elizabeth, NJ		Disposal Date	City, State Morrisville, PA						
Completed by Carol Bradford		Title President	Signature 		Date 03/30/2026				

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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) 03/18/2026		Name of Building Owner/Operator (2) Egg Harbor Township School District	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 13 Swift Drive	
		City, State, Zip Code Egg Harbor Township, NJ 08234	
		Name of Contact Wayne Holt	Telephone Number 609-927-1911 x 1810

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) H.R. Swift Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 5 Swift Drive		Square Feet 50,000	# of Floors 2
City (5) Egg Harbor Township		Bldg. Age 75	
County (6) Atlantic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School	

Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No. 003	Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address 1253 N. Church Street		Street Address 623 Cutler Avenue		
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Maple Shade, NJ 08052		
Project Manager for Monitoring Firm Brian Clark		Telephone No. 856-840-8800	Telephone No. 856-755-0099	License No. 00842

Start Date (10) 04/03/2026	Scheduled Completion Date (11) 04/06/2026	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 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
Janitor's Closet/Pipe Chase	X			Pipe Fitting Insulation	7 LF	X			

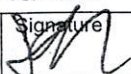
Name of Registered Waste Hauler Shade Environmental, LLC		NJDEP Waste Hauler ID No. 32426	Cubic Yards of Waste 1	Name of Registered Landfill Atlantic County Landfill	
City, State Maple Shade, NJ		Disposal Date 04/06/2026		City, State Egg Harbor Township, NJ	
Completed by Samantha Brown		Title Operations Coordinator	Signature 	Date 03/18/2026	

* 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)

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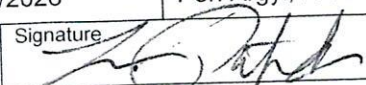
Date of Notification (1) 03/18/2026		Name of Building Owner/Operator (2) Egg Harbor Township School District		MAR 23 2026					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 13 Swift Drive		City, State, Zip Code Egg Harbor Township, NJ 08234					
		Name of Contact Wayne Holt		Telephone Number 609-927-1911 x 1810					
		FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Slaybaugh Elementary School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 11 Swift Drive			Square Feet 50,000	# of Floors 2	Bldg. Age 75				
City (5) Egg Harbor Township			Current Use (Prior if being demolished) School						
County (6) Atlantic		County Code (7) (STATE USE ONLY) _____		Name of Abatement Contractor (9) Shade Environmental, LLC					
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No. 003		Street Address 623 Cutler Avenue					
Street Address 1253 N. Church Street		City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Maple Shade, NJ 08052					
Project Manager for Monitoring Firm Brian Clark		Telephone No. 856-840-8800		Telephone No. 856-755-0099					
Start Date (10) 04/03/2026		Scheduled Completion Date (11) 04/13/2026		License No. 00842					
Name of OSHA Monitor EMSL Analytical, Inc.			Street Address 200 Route 130 North						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Subchapter 8 Occupied Procedures</u>			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
Boy's Bathroom Across from Cafeteria/Assembly		X		Tile Core Flooring Underlayment	60 SF	X			
Girl's Bathroom Across from Cafeteria/Assembly		X		Tile Core Flooring Underlayment	60 SF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 30		Name of Registered Landfill Atlantic County Landfill			
City, State Freehold, NJ		Disposal Date 04/13/2026		City, State Egg Harbor Township, NJ					
Completed by Samantha Brown		Title Operations Coordinator		Signature 		Date 03/18/2026			

0509

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

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MAR 23 2026

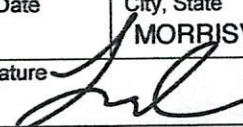
Date of Notification (1) 3/19/2026		Name of Building Owner/Operator (2) Haddonfield Public Schools										
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 95 Grove St										
		City, State, Zip Code Haddonfield, NJ 08033										
		Name of Contact Timothy McFerren	Telephone Number 856-429-7510									
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) Old Administration 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 & commercial buildings, homes, etc.)										
Street Address 1 Lincoln Ave		Square Feet 3000	# of Floors 3									
City (5) Haddonfield		Bldg. Age 90+										
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Out of Use										
Name of Monitoring Firm Hired by Building Owner (8) Epic Environmental Services LLC		ASCN No. 0004	Name of Abatement Contractor (9) National Flooring Removal L.L.C.									
Street Address 80 Forkbridge Rd		Street Address PO Box 58										
City, State, Zip Code Pittsgrove, NJ 08318		City, State, Zip Code Augusta, NJ 07822										
Project Manager for Monitoring Firm Jim Eberts		Telephone No. 856-205-1077	Telephone No. 973-919-5743									
		License No. 02093										
Start Date (10) 3/25/2026	Scheduled Completion Date (11) 3/26/2026	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 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 checked="" 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					
Basement			X	Plaster wall section	20 SF	X						
2nd Floor Office			X	Ceiling Tile Glue Dots	75 SF	X						
2nd Floor Office, 1st Floor			X	Non-Friable Floor Tile	90 SF	X						
Name of Registered Waste Hauler National Flooring Removal LLC		NJDEP Waste Hauler ID No. 106495	Cubic Yards of Waste 1<	Name of Registered Landfill WM - Grand Central Landfill								
City, State Augusta, NJ		Disposal Date 4/2/2026		City, State Pen Argyl, PA 18072								
Completed by Timothy Patrick		Title CEO	Signature 		Date 3/19/2026							

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1378

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

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Date of Notification (1) 03/04/2026		Name of Building Owner/Operator (2) KK IRVINGTON REALTY								
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 857 SPRINGFIELD AVE								
		City, State, Zip Code IRVINGTO, NJ 07111								
		Name of Contact KUNAL KAPADIA	Telephone Number 2017872166							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) DUNKIN DONUTS		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 857 SPRINGFIELD AVE		Square Feet 1800	# of Floors 2							
City (5) IRVINGTON		Bldg. Age +50								
County (6) ESSEX	County Code (7) <i>(STATE USE ONLY)</i> _____	Current Use (Prior if being demolished) COMMERCIAL								
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. 732-513-3487	License No. 02113							
Start Date (10) 03/13/2026	Scheduled Completion Date (11) 03/18/2026	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"/> ≥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		X		ROOF	1000SF	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 3/04/2026			

2/150

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

RECEIVED

Date of Notification (1) 3-13-2026		Name of Building Owner / Operator (2) Tower Management Service, LP		MAR 23 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 checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 8-A Howard Drive		ASBESTOS BOARD OF A JERSEY				
			City, State & Zip Code Bergenfield, N.J. 07621						
			Name of Contact Corrin Burns			Telephone Number 201-384-2123			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Building 202 – Boiler Room			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 8A Howard Drive			Square Feet 12,000	# of Floors 2 + Basement	Bldg. Age 77				
City (5) Bergenfield	County (6) Bergen	County Code (7)	Current Use (Prior if being demolished) Commercial						
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services Inc.		ASCM No.	Name of Abatement Contractor (9) Resource Management Group, LLC.						
Street Address P.O. Box 365		Street Address 2115 Hamilton Avenue, Suite 202							
City, State & Zip Code Berlin, NJ 08009		City, State & Zip Code Trenton, NJ 08619							
Project Manager for Monitoring Firm Jim Proctor		Telephone Number 609-839-2432	Telephone Number 609-914-4279	License Number 01185					
Scheduled Start Date (10) 03-16-2026	Scheduled Completion Date (11) 03-16-2026		Name of OSHA Monitor J&S Environmental Laboratories, Inc.						
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 During Normal Hours Describe: 8:00am to 5:00pm <input type="checkbox"/> Facility Occupied During Abatement			Street Address 2333 Route 22 West						
			City, State & Zip Code Union, NJ 07083						
Scope of Work (Check all that apply)									
<input 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 type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ACM Pipe Debris	10SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		10 SF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Resource Management Group, LLC.		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill					
City, State Trenton, NJ 08619		Disposal Date TBD	City, State Morrisville, PA						
Completed By (Print or Type) Mr. Brian Haney		Title President	Signature <i>Brian Haney</i>		Date 3-13-2026				

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

RECEIVED

5463

Date of Notification (1) 3-17-2026	Name of Building Owner / Operator (2) Tower Management Service, LP
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"/> Emergency <input type="checkbox"/> Cancellation
Street Address 8-A Howard Drive	
City, State & Zip Code Bergenfield, N.J. 07621	
Name of Contact Corrin Burns	Telephone Number 201-384-2123

MAR 23 2026

ASBESTOS CONTROL & REMEDIATION

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Building 11 - Boiler Room		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 8A Howard Drive		Square Feet 12,000	# of Floors 2 + Basement
City (5) Bergenfield	County (6) Bergen	County Code (7)	Bldg. Age 77
Current Use (Prior if being demolished) Commercial			

Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services Inc.	ASCM No.	Name of Abatement Contractor (9) Resource Management Group, LLC.
Street Address P.O. Box 365		Street Address 2115 Hamilton Avenue, Suite 202
City, State & Zip Code Berlin, NJ 08009		City, State & Zip Code Trenton, NJ 08619
Project Manager for Monitoring Firm Jim Proctor	Telephone Number 609-839-2432	Telephone Number 609-914-4279
		License Number 01185

Scheduled Start Date (10) 03-30-2026	Scheduled Completion Date (11) 04-10-2026	Name of OSHA Monitor J&S Environmental Laboratories, Inc.
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 During Normal Hours Describe: 8:30am to 5:00pm <input type="checkbox"/> Facility Occupied During Abatement		Street Address 2333 Route 22 West
		City, State & Zip Code Union, NJ 07083

Scope of Work (Check all that apply)

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

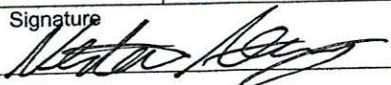
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)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

Name of Registered Waste Hauler Resource Management Group, LLC.	NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill
City, State Trenton, NJ 08619	Disposal Date TBD	City, State Morrisville, PA	
Completed By (Print or Type) Mr. Brian Haney	Title President	Signature <i>Brian Haney</i>	Date 3-17-2026

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

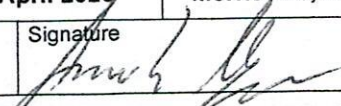
RECEIVED

Date of Notification (1) 03/26/2026		Name of Building Owner/Operator (2) MAR 27 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 24 North Lake Shore Drive		City, State, Zip Code Rockaway, New Jersey 07866					
			Name of Contact Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Home			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 24 North Lake Shore Drive			Square Feet 1,440 SF	# of Floors 1	Bldg. Age 1940					
City (5) Rockaway			Current Use (Prior if being demolished) Home							
County (6) Morris County		County Code (7) (STATE USE ONLY) _____								
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) 04/06/2026		Scheduled Completion Date (11) 04/10/2026		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	
1st Floor			X	Asbestos VAT	275 SF	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 03/26/2026				

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1433

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

RECEIVED

Date of Notification (1) <u>03</u> / <u>24</u> / <u>26</u>		Name of Building Owner/Operator (2) 32 California Realty LLC		MAR 27 2026					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 146 Kinderkamack Rd.						
	City, State, Zip Code Park Ridge, NJ 07656			ASBESTOS CONTROL & LICENSING					
	Name of Contact Mike Ferraro as agent		Telephone Number 732-991-1173						
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 and commercial buildings, homes, etc.)						
Street Address 32-34 California Avenue			Square Feet 5,000						
City (5) Paterson			# of Floors 1	Bldg. Age 68 yrs.					
County (6) Passaic		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Office/warehouse						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) SafeAir Solutions						
Street Address		Street Address P.O. Box 11							
City, State, Zip Code		City, State, Zip Code Cedar Grove, NJ 07009							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-868-3323	License No. 02115					
Start Date (10) <u>04</u> / <u>4</u> / <u>26</u>		Scheduled Completion Date (11) <u>04</u> / <u>10</u> / <u>26</u>		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 - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM			Street Address						
			City, State, Zip Code						
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf		<input type="checkbox"/> Renovation		<input 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
Roof Perimeter	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	tar/flashing on coping stone	200 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 Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 20	Name of Registered Landfill Fairless Landfill					
City, State Elizabeth, NJ		Disposal Date April 2026	City, State Morrisville, PA						
Completed By (Print or Type) James E Unger		Title President	Signature 		Date 3-24-26				

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

21482

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

RECEIVED

MAR 27 2026

Date of Notification (1) 3/23/2026		Name of Building Owner/Operator (2) Bloomfield Board of Education	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Notification Type <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 155 Broad St		City, State, Zip Code Bloomfield, NJ 07003	
Name of Contact Vicky Guo		Tel. Number 973 680-8501	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Demarest Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 465 Broughton Ave,		City (5) Bloomfield	
County (6) Essex		County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Briggs Associates		ASCM No. 00004	
Street Address 3 Crosswicks St		Name of Contractor (9) MTM Metro Corporation	
City, State, Zip Code Bordentown, NJ 08505		Street Address 135-137 McBride Ave	
Project Manager for Monitoring Firm Mike Hoodak		Telephone Number 609.298.5520	
Telephone Number 609.298.5520		License Number 00809	
Scheduled Start Date (10) 04/06/2026		Scheduled Completion Date (11) 04/19/2025	
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 MTM Metro Corporation	
Source of Work (Check all that apply) <input type="checkbox"/> > 3 sf or > 3 lf <input checked="" type="checkbox"/> > 160 sf or > 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Non-Exempted(*) & Non-Friable Procedure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure		Street Address 135-137 McBride Avenue	
Location of Asbestos-Containing Material (ACM) in Facility (13)		City, State, Zip Code Paterson, NJ 07501	
Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO N/A		Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	
Amount (Specify SF or LF)		Abatement Type	
1st floor		Pipe insulation 750 LF	
		Rem. Rep. Encap Encluse	
		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler MTM Metro Corporation		NJDEP Waste Hauler ID # 26552	
Cubic Yards of Waste 40		Name of Reg. Landfill Tullytown	
City, State 135-137 McBride Ave		Disp. Date 04/20/2026	
City, State Tullytown, PA		Completed by (Print or Type) Mike Damevski	
Title Project manager		Signature Mike Damevski	
Date 03/23/2026			

ASB-41

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

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Print Form

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

RECEIVED

MAR 27 2026

Date of Notification (1) 03/23/2026		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 6116 Pleasant Avenue	
		City, State, Zip Code Pennsauken, NJ 08110	
		Name of Contact	Telephone Number

ASSESSOR CONSULT & ENGINEERING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)	
Street Address 6116 Pleasant Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Pennsauken	Square Feet 1,176	# of Floors 1	Bldg. Age 67
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence	

Name of Monitoring Firm Hired by Building Owner (8) Management & Environmental Consulting Serv		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address PO Box 341		Street Address 623 Cutler Avenue		
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052		
Project Manager for Monitoring Firm Nora Pearse	Telephone No. 609-298-4070	Telephone No. 856-755-0099	License No. 00842	

Start Date (10) 04/01/2026	Scheduled Completion Date (11) 04/06/2026	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"/> 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
Basement			X	Floor Tile	1,089 SF	X			

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 8	Name of Registered Landfill Conestoga Landfill	
City, State Freehold, NJ		Disposal Date 04/06/2026		City, State Morgantown, PA	
Completed by Shannon Thomson		Title Operations Manager	Signature <i>Shannon Thomson</i>		Date 03/23/2026

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

MAR 27 2026

Date of Notification (1) 3-21-26		Name of Building Owner/Operator (2) GARDEN STATE DREDGING									
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 8 CLERMONT DR.									
		City, State, Zip Code CLERMONT N.J. 08210									
		Name of Contact JIM	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 419 RT 47 SOUTH		Square Feet 1500	# of Floors 2								
City (5) GREENCREEK		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) KLEMMCO INC									
Street Address		Street Address 369 S. SPRUCE AVE									
City, State, Zip Code		City, State, Zip Code MAPLE SHADE N.J. 08052									
Project Manager for Monitoring Firm		Telephone No. 856-779-0472	License No. 01371								
Start Date (10) 3-31-26	Scheduled Completion Date (11) 4-10-26	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	2250 SF	X					
Name of Registered Waste Hauler KLEMMCO INC		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 3 YDS	Name of Registered Landfill C.M.C.M.V.A							
City, State MAPLE SHADE N.J.		Disposal Date	City, State WOODBINE N.J.								
Completed By MICHAEL KLEMM		Title SUPERVISOR	Signature <i>Michael Klemm</i>		Date 3-21-26						

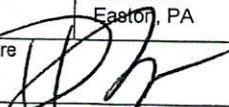
* Do not use this form for asbestos licensure exempted activities.

36959

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

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MAR 27 2026

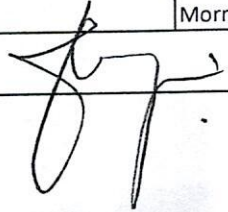
Date of Notification (1) 03/23/26		Name of Building Owner/Operator (2) Bridgewater Raritan Regional School District								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" 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 836 Newmans Lane							
			City, State, Zip Code Bridgewater, NJ 08807							
		Name of Contact Kevin Lomski, BA	Telephone Number 908-685-2777							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Bridgewater Raritan Middle School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 128 Merriwood Drive		Square Feet n/a	# of Floors 1							
City (5) Bridgewater		Bldg. Age unknown								
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates		ASCM No.	Name of Abatement Contractor (9) Panoramic Window & Door Systems, Inc.							
Street Address 3 Crosswicks Street		Street Address 712 Sergeantsville Rd								
City, State, Zip Code Bordentown, NJ 08505		City, State, Zip Code Stockton, NJ 08559								
Project Manager for Monitoring Firm Michael Hoodak		Telephone No. 609-298-5520	Telephone No. 732-926-0900							
License No. 01237										
Start Date (10) 1/12/26	Scheduled Completion Date (11) 5/22/26	Name of OSHA Monitor Panoramic Window & Door Systems, 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 3:00pm - 11:00pm <input type="checkbox"/> Other - Describe: _____		Street Address 712 Sergeantsville Rd								
		City, State, Zip Code Stockton, NJ 08559								
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	
Windows			X	Caulk	1682 LF	X				
Windows			X	Glazing	1686 LF	X				
Name of Registered Waste Hauler Panoramic Window & Door Systems, Inc.		NJDEP Waste Hauler ID No. 0036057	Cubic Yards of Waste TBD	Name of Registered Landfill Chrin Bros Sanitary Landfill						
City, State Stockton, NJ		Disposal Date TBD		City, State Easton, PA						
Completed by Paul Nagy		Title VP	Signature 				Date 3/23/26			

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

RECEIVED

MAR 23 2026

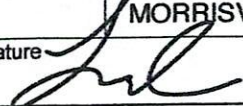
Date of Notification (1) 03/18/2026		Name of Building Owner/Operator (2) Bridgewater Raritan Regional School District							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 836 Newmans Lane							
		City, State, Zip Code Bridgewater, NJ 08807							
		Name of Contact Kevin Lomski - Business Administrator	Telephone Number 908-722-1822						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bridgewater - Raritan Regional Middle School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) Sub-8 <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)							
Street Address 128 Merriwood Road		Square Feet: 110,000	# of Floors 2 55+						
City (5) Bridgewater, NJ 08807		Current Use (Prior if being demolished) School							
County (6) Somerset	County Code (7) (STATE USE ONLY) _____								
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates		ASCM No.	Name of Abatement Contractor (9) Unicorn Contracting Corp.						
Street Address 3 Crosswicks Street		Street Address 14 Willow street							
City, State, Zip Code Bordertown, NJ 08505		City, State, Zip Code Bloomfield, NJ 07003							
Project Manager fo Monitoring Firm Michael Hoodak		Telephone No. 609.847.2958	Telephone No. 973-333-9176 License No. 01331						
Start Date (10) 03/28/2026		Scheduled Completion Date (11) 04/04/2026	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: 7am-3:30pm		Street Address 20-21 Wagaraw Rd., Bldg. 35-E							
		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check All That Apply)									
<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(Wrap & Cut). <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		x		Steam Header Insulation	350 SF	x			
Boiler Room		x		Fitting Insulation	70 LF	x			
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844		Cubic Yards of Waste TBD	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: 03/18/2026		

1351

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

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MAR 23 2026

Date of Notification (1) 03/19/2026		Name of Building Owner/Operator (2) NAMDAR GROUP							
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 98 CUTLER MILL ROAD						
			City, State, Zip Code GREAT NECK, NY 11021						
			Name of Contact NOAH NAMDAR	Telephone Number 516-986-2495					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL 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 9 VAN REPEIPEN		Square Feet 1800	# of Floors 2						
City (5) Cranford		Bldg. Age +50							
County (6) HUDSON		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RESIDENTIAL						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) MALCO ENVIRONMENTAL LLC						
Street Address		Street Address 24 LINCOLN AVE W							
City, State, Zip Code		City, State, Zip Code CRANFORD, NJ 07016							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 5133487						
			License No. 02113						
Start Date (10) 03/28/2026		Scheduled Completion Date (11) 03/30/2026							
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"/> ≥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 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	18LF	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 3/19/2026		

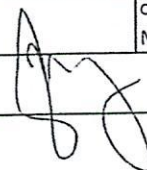
* Do not use this form for asbestos licensure exempted activities.

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MAR 23 2026

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

Date of Notification (1) 03/19/2026		Name of Building Owner/Operator (2) Bridgewater Raritan Regional School District							
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 # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 836 Newmans Lane							
		City, State, Zip Code Bridgewater, NJ 08807							
		Name of Contact Kevin Lomski-Business Administrator	Telephone Number 908-722-1822						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bridgewater - Raritan Regional Middle School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) Sub-8 <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)							
Street Address 128 Merriwood Road		Square Feet: 110,000	# of Floors 2 55+						
City (5) Bridgewater, NJ 08807		Current Use (Prior if being demolished) School							
County (6) Somerset		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates		ASCM No.	Name of Abatement Contractor (9) Unicorn Contracting Corp.						
Street Address 3 Crosswicks Street		Street Address 14 Willow street							
City, State, Zip Code Bordertown, NJ 08505		City, State, Zip Code Bloomfield, NJ 07003							
Project Manager for Monitoring Firm Michael Hoodak		Telephone No. 609.847.2958	Telephone No. 973-333-9176 License No. 01331						
Start Date (10) 03/28/2026		Scheduled Completion Date (11) 04/04/2026							
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: 7am-3:30pm		Street Address 20-21 Wagaraw Rd., Bldg. 35-E							
		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check All That Apply)									
<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(Wrap & Cut). <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		X		Steam Header Insulation	350 SF	X			
Boiler Room		X		Fitting Insulation	70 LF	X			
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844		Cubic Yards of Waste TBD		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: 03/19/2026			

1599

4282307

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>24</u> / <u>26</u>		Name of Building Owner/Operator (2) NETFLIX INC.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 5808 SUNSET BLVD.	
		City, State, Zip Code LOS ANGELES, CA 90028	
		Name of Contact THOMAS MCCLINTOCK	Telephone Number (631) 764-6622

MAR 25 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) NETFLIX STUDIOS-FORT MONMOUTH		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 502 CAREN FRANZINI WAY		Square Feet 970,445	# of Floors N/A
City (5) OCEANPORT		Bldg. Age 50+/-	
County (6) MONMOUTH	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) VACANT	

Name of Monitoring Firm Hired by Building Owner (8) LANGAN ENGINEERING & ENVIRON.	ASCM No.	Name of Abatement Contractor (9) PEPPER ENVIRONMENTAL SERVICES, INC.	
Street Address 1 UNIVERSITY SQUARE DRIVE		Street Address 2251 FRALEY STREET	
City, State, Zip Code PRINCETON, NJ 08540		City, State, Zip Code PHILADELPHIA, PA 1917	
Project Manager for Monitoring Firm ANDREW CHUN	Telephone No. (609) 282-8029	Telephone No. (215) 533-5155	License No. 01166

Start Date (10) <u>03</u> / <u>23</u> / <u>26</u>	Scheduled Completion Date (11) <u>05</u> / <u>29</u> / <u>26</u>	Name of OSHA Monitor LANGAN ENGINEERING & ENVIRONMENTAL SERVICES
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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 1 UNIVERSITY SQUARE DRIVE
	City, State, Zip Code PRINCETON, NJ 08540

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 type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

ABATEMENT PRIOR TO DEMO

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

Name of Registered Waste Hauler DELAWARE VALLEY CONTRACTORS/MAZZA RECYCLING SRVCS/ HORIZON DISPOSAL/AGLIANO BROTHERS TRUCKING	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill CUMBERLAND COUNTY/FAIRLESS LANDFILL
City, State READING, PA/TINTON FALLS, NJ/TRENTON, NJ/BARTO, PA		Disposal Date	City, State NEWBURGH, PA/MORRISVILLE, PA
Completed By (Print or Type) DENISE M. NIVEN	Title ADMIN. ASST.	Signature <i>Denise M. Niven</i>	Date 3/24/20

LOCATION OF ASBESTOS CONTAINING MATERIAL (ACM) TO BE ABATED	IN LOCATION NORMALLY USED SOLELY BY MAINTENANCE/ CUSTODIAL STAFF?	DESCRIPTION OF ASBESTOS CONTAINING MATERIAL (ACM) (I.E. THERMAL SYSTEMS INSULATION, SURFACING, VAT, OR OTHER MISCELLANEOUS)	ABATEMENT TYPE				ABATEMENT TYPE
			REMOVAL	REPAIR	ENCAPSULATE	ENCLOSURE	
IN FACILITY	12						
13	YES-NO-N/A						
BUILDING 502-PERIMETER WALLS	N/A	EXTERIOR WINDOW FRAME CAULK	920 LF	YES	NO	NO	NO
BUILDING 502-PERIMETER WALLS	N/A	VERTICAL EXPANSION JOINT CAULK	165 LF	YES	NO	NO	NO
BUILDING 502-MECHANICAL ROOM	N/A	ASSUMED SUSPECT BOILER INTERIOR MATERIALS (LINERS, RIB INSULATION, GASKETS, ETC.)	65 SF	YES	NO	NO	NO
BUILDING 502-PERIMETER WALLS	N/A	METAL DOOR CORE INSULATION	80 SF	YES	NO	NO	NO
BUILDING 502-MAIN ROOF	N/A	ROOF FLASHING/MASTIC	450 SF	YES	NO	NO	NO

1600

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

RECEIVED

Date of Notification (1) <u>03</u> / <u>24</u> / <u>26</u>		Name of Building Owner/Operator (2) VIRTUA HEALTH		MAR 25 2026					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 WEST STOW ROAD-STE. 3		City, State, Zip Code MARLTON, NJ 08053					
		Name of Contact ANGEL PLACERES		Telephone Number (856) 278-6677					
		FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) VIRTUA PRIMARY CARE			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 6981 NORTH PARK DRIVE-SUITE 200			City (5) PENNSAUKEN						
County (6) CAMDEN		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) HOSPITAL					
Name of Monitoring Firm Hired by Building Owner (8) VERTEX COMPANIES		ASCM No.		Name of Abatement Contractor (9) PEPPER ENVIRONMENTAL SERVICES, INC.					
Street Address 2501 SEAPORT DRIVE-SUITE BH 110			Street Address 2251 FRALEY STREET						
City, State, Zip Code CHESTER, PA 19013			City, State, Zip Code PHILADELPHIA, PA 1917						
Project Manager for Monitoring Firm DON HEIM		Telephone No. (610)787-0402		Telephone No. (215) 533-5155					
License No. 01166		Start Date (10) <u>06</u> / <u>18</u> / <u>25</u>		Scheduled Completion Date (11) <u>06</u> / <u>26</u> / <u>26</u>					
Name of OSHA Monitor VERTEX COMPANIES			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>6:00</u> PM- <u>2:00</u> AM						
Street Address 2501 SEAPORT DRIVE-SUITE BH 110			City, State, Zip Code CHESTER, PA 19013						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SEE ATTACHED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler HORIZON DISPOSAL SERVICES		NJDEP Waste Hauler ID No.		Cubic Yards of Waste		Name of Registered Landfill WASTE MANAGEMENT			
City, State TRENTON, NJ				Disposal Date		City, State MORRISVILLE, PA			
Completed By (Print or Type) DENISE M. NIVEN		Title ADMIN. ASST.		Signature <i>Denise M. Niven</i>		Date 3/24/20			

LOCATION OF ASBESTOS CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY 13	IN LOCATION NORMALLY USED SOLELY BY MAINTENANCE/ CUSTODIAL STAFF? 12 YES-NO-N/A	DESCRIPTION OF ASBESTOS CONTAINING MATERIAL (ACM) (I.E. THERMAL SYSTEMS INSULATION, SURFACING, VAT, OR OTHER MISCELLANEOUS)	AMOUNT (SPECIFY SF OR LF)	ABATEMENT TYPE			ABATEMENT TYPE
				REMOVAL	REPAIR	ENCAPSULATE	
SUITE 200-PHASE 1 AREA	N/A	MASTIC BELOW FLOOR MATERIALS	1100 SF	YES	NO	NO	ENCLOSURE
SUITE 200-PHASE 2 AREA	N/A	MASTIC BELOW FLOOR MATERIALS	2500 SF	YES	NO	NO	NO
SUITE 200-PHASE 3 AREA	N/A	MASTIC BELOW FLOOR MATERIALS	1500 SF	YES	NO	NO	NO
SUITE 200-PHASE 4 AREA	N/A	MASTIC BELOW FLOOR MATERIALS	1200 SF	YES	NO	NO	NO
SUITE 200-PHASE 5 AREA	N/A	MASTIC BELOW FLOOR MATERIALS	1000 SF	YES	NO	NO	NO
SUITE 200-PHASE 6 AREA	N/A	MASTIC BELOW FLOOR MATERIALS	290 SF	YES	NO	NO	NO

1188

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

4353280

RECEIVED

Date of Notification (1) 03/18/2026		Name of Building Owner/Operator (2) County of Passaic Parks Department	
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 1310 Rt 23 North	
		City, State, Zip Code Wayne NJ 07470	
		Name of Contact Greg Moore	Telephone Number 973-881-4782

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Goofle Brook Maintenance Garage		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 802 Lafayette Street		Square Feet	# of Floors
City (5) Hawthorne		Bldg. Age	
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Garage	
Name of Monitoring Firm Hired by Building Owner (8) Empire Environmental Ltd.		ASCM No.	Name of Abatement Contractor (9) VMC Company, Inc
Street Address 150 River Rd		Street Address 208 Piaget Avenue	
City, State, Zip Code Montville, NJ 07045		City, State, Zip Code Clifton NJ 07011	
Project Manager for Monitoring Firm Michael Boggi		Telephone No. 973-334-5641	Telephone No. 973-253-8828
Start Date (10) 04/07/2026		Scheduled Completion Date (11) 04/10/2026	License No. 00704
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 VMC Company, Inc.	
		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"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<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
Exterior			x	Roofing material	1,850 SF	x			

Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste	Name of Registered Landfill IESI Landfill	
City, State Elizabeth, NJ		Disposal Date		City, State Bethlehem, PA	
Completed by Voytek Roszkowski		Title President	Signature <i>Voytek Roszkowski</i>	Date 03/18/2026	

27249

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

4353278

Date of Notification (1) 03/23/2026		Name of Building Owner/Operator (2) SANDYSTON WALPACK SCHOOL DISTRICT										
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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 100 ROUTE 560									
			City, State, Zip Code LAYTON, NJ 07851									
		Name of Contact JANUSZ BERGHOFF	Telephone Number 973-948-0896									
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) SANDYSTON-WALPACK SCHOOL		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)										
Street Address 100 ROUTE 560		Square Feet	# of Floors									
City (5) LAYTON		Bldg. Age										
County (6) SUSSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)										
Name of Monitoring Firm Hired by Building Owner (8) RK OCCUPATIONAL & ENVIRONMENTAL		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.									
Street Address 401 ST JAMES AVENUE		Street Address 11 VREELAND AVENUE										
City, State, Zip Code PHILLIPSBURG, NJ 08865		City, State, Zip Code TOTOWA, NJ 07512										
Project Manager for Monitoring Firm PATRICK MCGUINNESS		Telephone No. 908-454-6316	Telephone No. 973-956-8700									
			License No. 00494									
Start Date (10) 04/07/2026	Scheduled Completion Date (11) 04/10/2026	Name of OSHA Monitor SAME AS (9) 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: EXTERIOR WORK		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) <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 OF BUILDING			X	SIDING	400 SF	X						
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING, INC.		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 10+/-	Name of Registered Landfill WASTE MANAGEMENT								
City, State TOTOWA, NJ 07512		Disposal Date 04/10/2026	City, State MORRISVILLE, PA									
Completed by ELIZABETH MLADENOVIC		Title VP OF OPERATIONS	Signature <i>Elizabeth Mladenovic</i>				Date 03/23/2026					

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4353215

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

Proj. #: 26-52

MAR 25 2026

Date of Notification (1) 10 3 1 17 2 6		Name of Building Owner/Operator (2) Puroclean of Newark	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____	Street Address 35 O'Brien Street	
	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Kearny, NJ 07032	
		Name of Contact Peter Kane	Telephone Number 973-755-9900

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 3 Bryant Avenue			Square Feet 1,300 SF	# of Floors 02	Bldg. Age 76
City (5) Bloomfield, NJ 07003	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) Residential		

Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) KLOMAX, LLC		
Street Address		Street Address 144 US Highway 46			
City, State, Zip Code		City, State, Zip Code Budd Lake, NJ 07828			
Project Manager for Monitoring Firm	Phone Number	Telephone Number 833-455-6629	License Number 02007		
Start Date (10) 03/31/2026	Sched. Completion Date (11) 04/03/2026	Name of OSHA Monitor KLOMAX, LLC			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: Normal Hours		Street Address 144 US Highway 46			
		City, State, Zip Code Budd Lake, NJ 07828			

Scope of Work (check all that apply)

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		VAT + Mastic	510 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"/>

Registered Waste Hauler KLOMAX, LLC	NJDEP Hauler ID# 0038241	Cubic Yards of Waste 2 CYD.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State Budd Lake, NJ 07828	Disposal Date TBD	City, State TULLYTOWN, PA		
Completed by (Print or Type) Gordana Stojanovska	Title Secretary	Signature		Date 03/17/2026

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10465

4353214

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

RECEIVED

MAR 26 2026

Date of Notification (1) 3/24/26		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 261 Lincoln Ave City, State, Zip Code Woodbury NJ 08097						
			Name of Contact _____		Telephone Number _____				
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3)			Type of Facility (4)						
Street Address 261 Lincoln 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) Woodbury NJ 08097		Square Feet 1000+	# of Floors 2	Bldg. Age 50+					
County (6) Gloucester		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____		Name of Abatement Contractor (9) Pernaco Inc.					
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 856-753-9800	License No. 00727				
Start Date (10) 4/2/26		Scheduled Completion Date (11) 4/8/26		Name of OSHA Monitor Same					
Occupancy Status During Abatement (Check Only One)			Street Address						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Lower level			x	Floor Tile Only	447 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 West Berlin NJ		Disposal Date 4/8/26		City, State Morrisville PA 10067					
Completed by Anthony T Perna		Title President		Signature 		Date 3/24/26			

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

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4351419

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

PAID

RECEIVED

MAR 25 2026

Date of Notification (1) 03/23/2026		Name of Building Owner/Operator (2) Divine Energy Solutions	
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 200 Richards Avenue	
		City, State, Zip Code Dover NJ, 07801	
		Name of Contact Bill Nicotra	Telephone Number 973.361.3031

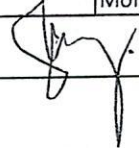
FACILITY INFORMATION

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 13-38 Eastern Drive		Square Foot 1,600	# of Floors 2
City (5) Fair Lawn		Bldg. Age 55+	
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) 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) 03/24/2026	Scheduled Completion Date (11) 03/24/2026	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: 8am-4:30pm		Street Address 20-21 Wagaraw Rd., Bldg. 35-E	
		City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check All That Apply)

<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
House Knee Wall Attic		X		Duct Insulation	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 03/23/2026	

426

4353210

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

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Proj. #: 2649

MAR 25 2026

Date of Notification (1) 10 3 1 / 1 16 / 12 16		Name of Building Owner/Operator (2)	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____	Street Address 37 Afterglow Avenue	
	<input type="checkbox"/> Emergency (including justification)	City, State, Zip Code Verona, NJ 07044	
	<input type="checkbox"/> Cancellation	Name of Contact	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 37 Afterglow Avenue			Square Feet 3,600 SF	# of Floors 02	Bldg. Age 125
City (5) Verona, NJ 07044	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) Residential		

Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) KLOMAX, LLC		
Street Address		Street Address 144 US Highway 46			
City, State, Zip Code		City, State, Zip Code Budd Lake, NJ 07828			
Project Manager for Monitoring Firm	Phone Number	Telephone Number 833-455-6629		License Number 02007	
Start Date (10) 03/25/2026	Sched. Completion Date (11) 03/30/2026	Name of OSHA Monitor KLOMAX, LLC			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: Normal Hours		Street Address 144 US Highway 46			
		City, State, Zip Code Budd Lake, NJ 07828			

Scope of Work (check all that apply)

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
3rd Floor Pool Room		X		VAT	345 SF	X			
BASEMENT		X		VAT	<3 SF	X			

Registered Waste Hauler KLOMAX, LLC	NJDEP Hauler ID# 0038241	Cubic Yards of Waste 2 CYD.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State Budd Lake, NJ 07828	Disposal Date TBD	City, State TULLYTOWN, PA		
Completed by (Print or Type) Gordana Stojanovska	Title Secretary	Signature	Date 03/16/2026	

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

5062

4350693

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

RECEIVED

Date of Notification (1) 3-17-2026		Name of Building Owner / Operator (2) Tower Management Service, LP							
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 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation							
Street Address 8-A Howard Drive		City, State & Zip Code Bergenfield, N.J. 07621							
Name of Contact Corrin Burns		Telephone Number 201-384-2123							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Building 202 – Boiler Room		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 8A Howard Drive		Square Feet 12,000	# of Floors 2 + Basement						
City (5) Bergenfield	County (6) Bergen	Bldg. Age 77							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services Inc.		ASCM No.	Name of Abatement Contractor (9) Resource Management Group, LLC.						
Street Address P.O. Box 365		Street Address 2115 Hamilton Avenue, Suite 202							
City, State & Zip Code Berlin, NJ 08009		City, State & Zip Code Trenton, NJ 08619							
Project Manager for Monitoring Firm Jim Proctor		Telephone Number 609-839-2432	Telephone Number 609-914-4279						
Scheduled Start Date (10) 03-16-2026		License Number 01185							
Scheduled Completion Date (11) 03-25-2026		Name of OSHA Monitor J&S Environmental Laboratories, Inc.							
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 During Normal Hours Describe: 8:00am to 5:00pm <input type="checkbox"/> Facility Occupied During Abatement		Street Address 2333 Route 22 West							
		City, State & Zip Code Union, NJ 07083							
Scope of Work (Check all that apply)									
<input 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 type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ACM Pipe Debris	10SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Insulation	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breeching / Riser Insulation	50 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 Resource Management Group, LLC.		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill					
City, State Trenton, NJ 08619		Disposal Date TBD		City, State Morrisville, PA					
Completed By (Print or Type) Mr. Brian Haney		Title President	Signature <i>Brian Haney</i>			Date 3-17-2026			

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

Date of Notification (1) 3-13-2026		Name of Building Owner / Operator (2) Tower Management Service, LP	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 8-A Howard Drive
			City, State & Zip Code Bergenfield, N.J. 07621
			Name of Contact Corrin Burns

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Building 202 – Boiler Room			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 8A Howard Drive			Square Feet 12,000	# of Floors 2 + Basement	Bldg. Age 77
City (5) Bergenfield	County (6) Bergen	County Code (7)	Current Use (Prior if being demolished) Commercial		
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services Inc.		ASCM No.	Name of Abatement Contractor (9) Resource Management Group, LLC.		
Street Address P.O. Box 365			Street Address 2115 Hamilton Avenue, Suite 202		
City, State & Zip Code Berlin, NJ 08009			City, State & Zip Code Trenton, NJ 08619		
Project Manager for Monitoring Firm Jim Proctor		Telephone Number 609-839-2432	Telephone Number 609-914-4279	License Number 01185	
Scheduled Start Date (10) 03-16-2026	Scheduled Completion Date (11) 03-16-2026		Name of OSHA Monitor J&S Environmental Laboratories, Inc.		
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 During Normal Hours Describe: 8:00am to 5:00pm <input type="checkbox"/> Facility Occupied During Abatement			Street Address 2333 Route 22 West		
			City, State & Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

- ≥ 3 sf or ≥ 3 lf
 ≥ 160 sf ≥ 260 lf

- Renovation
 Demolition

- Full Containment with Negative Pressure
 Mini-Enclosure
 Glove Bag Procedures
 Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ACM Pipe Debris	10SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		10 SF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

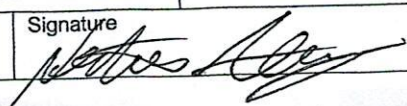
Name of Registered Waste Hauler Resource Management Group, LLC.		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill	
City, State Trenton, NJ 08619		Disposal Date TBD	City, State Morrisville, PA		
Completed By (Print or Type) Mr. Brian Haney		Title President	Signature <i>Brian Haney</i>		Date 3-13-2026

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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) 03/19/2026		Name of Building Owner/Operator (2) MAR 23 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 443 Newman Springs Rd		City, State, Zip Code Lincroft, New Jersey 07738 <small>ATTENTION: DO NOT WRITE IN THESE SPACES</small>							
			Name of Contact	Telephone Number								
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) Home			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)									
Street Address 443 Newman Springs Rd			Square Feet 2,816 SF	# of Floors 2	Bldg. Age 1935							
City (5) Lincroft			County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home								
County (6) Monmouth County		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) 03/31/2026	Scheduled Completion Date (11) 04/03/2026		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 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) Yes No N/A			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF) 30 LF		Abatement Type			
									Removal	Repair	Encapsulate	Enclosure
Basement					Thermal Systems Insulation		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 03/19/2026							

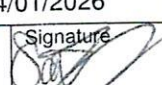
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 State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1) 03/24/2026		Name of Building Owner/Operator (2) 							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 270 Crestview Avenue City, State, Zip Code Blackwood, NJ 08012						
			Name of Contact Christine Ferro		Telephone Number 				
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Street Address 270 Crestview Avenue City (5) Blackwood			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.)						
County (6) Camden		County Code (7) (STATE USE ONLY) _____		Square Feet 1,352					
				# of Floors 2					
				Bldg. Age 69					
		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 Maple Shade, NJ 08052				
City, State, Zip Code Chesterfield, NJ 08515		Telephone No. 609-298-4070	Telephone No. 856-755-0099	License No. 00842					
Project Manager for Monitoring Firm Nora Pearce	Start Date (10) 03/27/2026	Scheduled Completion Date (11) 04/01/2026	Name of OSHA Monitor EMSL Analytical, Inc.						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Floor Tile	596 SF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 4	Name of Registered Landfill Conestoga Landfill					
City, State Freehold, NJ		Disposal Date 04/01/2026		City, State Morgantown, PA					
Completed by Samantha Brown		Title Operations Coordinator		Signature 		Date 03/24/2026			

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

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Date of Notification (1) 03/24/2026		Name of Building Owner/Operator (2) <div style="text-align: right;">MAR 30 2026</div>								
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 2302 Prospect Avenue							
			City, State, Zip Code Spring Lake, NJ 07762							
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Street Address 2302 Prospect Avenue		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
City (5) Spring Lake		Square Feet 3,793	# of Floors 3							
County (6) Monmouth		County Code (7) (STATE USE ONLY) _____	Bldg. Age 134							
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							
Start Date (10) 04/09/2026		Scheduled Completion Date (11) 04/16/2026	License No. 00842							
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 EMSL Analytical, Inc.								
		Street Address 200 Route 130 North								
		City, State, Zip Code Cinnaminson, NJ 08077								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Kitchen Ceilings to Rafters			X	Plaster	250 SF	X				
Kitchen Header to Living Room			X	Plaster	10 SF	X				
Kitchen Soffits & Rear inside Wall			X	Plaster	30 SF	X				
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 2	Name of Registered Landfill Conestoga Landfill						
City, State Freehold, NJ		Disposal Date 04/16/2026		City, State Morgantown, PA						
Completed by Shannon Thomson		Title Operations Manager		Signature <i>Shannon Thomson</i>			Date 03/24/2026			

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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 30 2026

Date of Notification (1) 03/24/2026		Name of Building Owner/Operator (2) TD Bank								
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 443 E. Broadway							
	City, State, Zip Code Salem, NJ 08079		Telephone Number 610-558-2971							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) TD Bank		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 443 E. Broadway		Square Feet 3,000	# of Floors 1							
City (5) Salem		Bldg. Age 65								
County (6) Salem	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Bank								
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		Name of OSHA Monitor EMSL Analytical, Inc.								
Start Date (10) 04/02/2026	Scheduled Completion Date (11) 04/06/2026	Street Address 200 Route 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 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	
Lobby		X		Floor Tile	50 SF	X				
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Conestoga Landfill						
City, State Freehold, NJ		Disposal Date 04/06/2026	City, State Morgantown, PA							
Completed by Samantha Brown		Title Operations Coordinator	Signature 				Date 03/24/2026			

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MAR 26 2026

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

Date of Notification (1) 03/25/2026		Name of Building Owner/Operator (2) Ridgewood Public School							
Agencies Notified		Type Notification		Street Address 49 Cottage Place					
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amended		City, State, Zip Code Ridgewood, NJ 07450					
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amendment #1		<input type="checkbox"/> Emergency (including justification)		Telephone Number 973 632 9725Ridge Elementary				
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		Name of Contact Joe Higgins						
<input checked="" type="checkbox"/> DOH									
<input type="checkbox"/> DCA									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ridge Elementary School				Type of Facility (4)					
Street Address 325 W Ridgewood Ave				<input checked="" type="checkbox"/> School (K-12)					
City (5) Ridgewood				<input type="checkbox"/> Subchapter 8 (Other than K-12)					
County (6) Bergen				<input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
County Code (7) (STATE USE ONLY)		Square Feet		# of Floors	Bldg. Age				
Name of Monitoring Firm Hired by Building Owner (8) Ever Vision Consultants		ASCM No.	Name of Abatement Contractor (9) NorthEast Management LLC						
Street Address 21 Wagaraw Road		Street Address 41 madison Avenue							
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Rochelle Park, NJ 07662							
Project Manager for Monitoring Firm Fred Larson		Telephone No. 973 568 3638	Telephone No. 201 577 1381	License No. 02008					
Start Date (10) 03/23/2026	Scheduled Completion Date (11) 04/17/2026		Name of OSHA Monitor NorthEast Management LLC						
Occupancy Status During Abatement (Check Only One)			Street Address 41 Madison Avenue						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			City, State, Zip Code Rochelle Park NJ)7662						
<input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours									
<input type="checkbox"/> Other - Describe: _____									
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	Caulk	1900LF	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 03/25/2026				

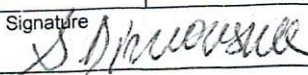
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

MAR 26 2026

Date of Notification (1) 03/23/2026		Name of Building Owner/Operator (2) Ridgewood Public School							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 49 Cottage Place City, State, Zip Code Ridgewood, NJ, 07450 Name of Contact Joe Higgins Telephone Number 973 632 9725						
	FACILITY INFORMATION								
	Name of Facility Where Abatement is Taking Place (3) Glen School Street Address 865 E Glen Ave City (5) Ridgewood County (6) Bergen		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.) Square Feet _____ # of Floors _____ Bldg. Age _____ Current Use (Prior if being demolished) _____						
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants Street Address 21 Wgaraw Road City, State, Zip Code Fair Lawn, NJ 07410		Name of Abatement Contractor (9) NorthEast Management LLC Street Address 41 Madison Avenue City, State, Zip Code Rochelle Park, NJ 07662							
Project Manager for Monitoring Firm Fred Larson Telephone No. 973 568 3638		Telephone No. 201-577-1381 License No. 02008							
Start Date (10) 03/20/2026		Scheduled Completion Date (11) 04/17/2026							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Name of OSHA Monitor NorthEast Management LLC 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"/> ≥ 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
Throughout			X	Caulk	1500LF	X			
Throughout			X	Windows	5200SF	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 			Date 03/23/2026		

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

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Date of Notification (1)
3 / 20 /2026

Name of Building Owner/Operator (2)
HACKENSACK MERIDIAN HEALTH

Street Address
30 PROSPECT AVENUE

City, State, Zip Code
HACKENSACK, NEW JERSEY 07601

Name of Contact
BRIAN O'NEIL

Telephone Number
848-275-1901

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 #3
<input type="checkbox"/>	Cancellation
<input checked="" type="checkbox"/>	On Hold
<input type="checkbox"/>	EMERGENCY NOTIFICATION

MAR 27 2026

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
JERSEY SHORE UNIVERSITY MEDICAL CENTER

Type of Facility (4)

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

Street Address
1945 STATE HWY. 33

Square Feet
1,000,000

of Floors
6

Bldg. Age
89

City (5)
NEPTUNE

County (6)
MONMOUTH

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
COMMERCIAL

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

ASCM No.
64

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
64 BROAD STREET

City, State, Zip Code
MATAWAN, NJ

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm
THOMAS GEIGER

Telephone Number
732-290-2217

Telephone Number
845-369-7500

License Number
1101

Expected State Date (10)
1 / 12 /2026

Sched. Completion Date (11)
12 / 30 /2026

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
WAPPINGER FALLS, NY 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
2ND FLOOR MEHANDRU WING			X	FLOOR TILE MASTIC	5,785 SF	X			

Name of Registered Waste Hauler
NEWARK CARTING
369 RAYMOND BLVD.
City, State
NEWARK, NEW JERSEY 07105

NJDEP Waste Hauler ID No.
913

Cubic Yards of Waste
20

Name of Registered Landfill
GRAND CENTRAL SANITARY LANDFILL

Disposal Date
1/12/2026-12/30/2026

City, State
PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Signature

Date
3-20-26

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

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

FACILITY INFORMATION

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


Project Manager for Monitoring Firm THOMAS GEIGER	Telephone Number 732-290-2217	Telephone Number 845-369-7500	License Number 1101
---	---	---	-------------------------------

Expected State Date (10) 1 / 12 /2026 Month Day Year	Sched. Completion Date (11) 12 / 30 /2026 Month Day Year	Name of OSHA Monitor QUALITY ENVIRONMENTAL
---	---	--

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

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

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

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

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

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

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

Street Address 1945 STATE HWY. 33	Square Feet 1,000,000	# of Floors 6	Bldg. Age 89
City (5) NEPTUNE	County (6) MONMOUTH	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL

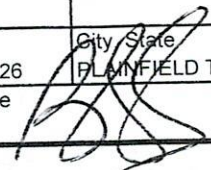
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS INC.	ASCM No. 64	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 64 BROAD STREET	Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code MATAWAN, NJ	City, State, Zip Code SUFFERN, NEW YORK 10901	

Project Manager for Monitoring Firm THOMAS GEIGER	Telephone Number 732-290-2217	Telephone Number 845-369-7500	License Number 1101
Expected State Date (10) 1 / 12 /2026	Sched. Completion Date (11) 12 / 30 /2026	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 WAPPINGER FALLS, NY 12590
<input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM		

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

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

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

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

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

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

Street Address 1945 STATE HWY. 33		Square Feet 1,000,000	# of Floors 6	Bldg. Age 89
City (5) NEPTUNE	County (6) MONMOUTH	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) COMMERCIAL

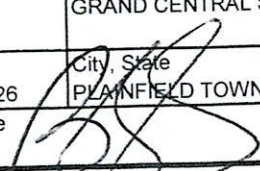
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS INC.		ASCM No. 64	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 64 BROAD STREET		Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code MATAWAN, NJ		City, State, Zip Code SUFFERN, NEW YORK 10901		

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

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

Scope of Work (Check all that apply)		<input checked="" type="checkbox"/> Full Containment
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Mini-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
2ND FLOOR MEHANDRU WING			X	FLOOR TILE MASTIC	5,785 SF	X			

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

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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 30 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) March 20, 2026		Name of Building Owner/Operator (2) BMW	
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 Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 300 Chesnut Ridge
			City, State, Zip Code Woodcliff Lake, NJ 07677
			Name of Contact Project Manager
			Telephone Number 973-234-7026

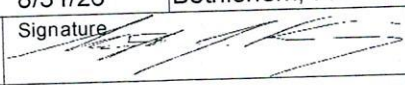
Name of Facility Where Abatement is Taking Place (3) BMW		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 300 Chesnut Ridge		Square Feet	# of Floors
City (5) Woodcliff Lake		Bldg. Age	
County (6) Bergen	County Code (7) <i>(STATE USE ONLY)</i>	Current Use (Prior if being demolished) business	

Name of Monitoring Firm Hired by Building Owner (8) Emerald Environmental Group, LLC		ASCM No.	Name of Abatement Contractor (9) The MACK Group, LLC	
Street Address 22 Ottawa Rd N		Street Address 1500 Kings HWY N, STE 209		
City, State, Zip Code Morganville, NJ 07751-1346		City, State, Zip Code Cherry Hill, NJ 08034		
Project Manager for Monitoring Firm Joseph Rizzo, CSP, CHMM		Telephone No. 973-641-1736	Telephone No. (973) 759 - 5000	License No. 00781
Start Date (10) 3/24/26	Scheduled Completion Date (11) 8/31/26		Name of OSHA Monitor The MACK Group, 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 1500 Kings HWY N, STE 209		
		City, State, Zip Code Cherry Hill, NJ 08034		

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
inside bldg. cooling tower	<input checked="" type="checkbox"/>			ductwork seams mastic	TBD	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Century Waste Services LLC		NJ DEP Waste Hauler ID No. 4509	Cubic Yards of Waste TBD	Name of Registered Landfill IESI Bethlehem landfill / Minerva Ent.	
City, State Elizabeth, NJ		Disposal Date 8/31/26		City, State Bethlehem, PA / Waynesburg, OH	
Completed by Steve King		Title V.P.	Signature 		Date 3/20/26

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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 30 2026

Date of Notification (1) 03/26/2026		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>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 65 Alden Avenue	
		City, State, Zip Code Trenton, NJ 08618	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 65 Alden Avenue		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Trenton		Square Feet 1,358	# of Floors 3
County (6) Mercer		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) 03/30/2026	Scheduled Completion Date (11) 04/02/2026	Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 200 Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input 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 Paper	8 SF	X			

Name of Registered Waste Hauler Shade Environmental, LLC	NJDEP Waste Hauler ID No. 32426	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill	
City, State Maple Shade, NJ		Disposal Date 04/02/2026	City, State Morrisville, PA	
Completed by Samantha Brown	Title Operations Coordinator	Signature 	Date 03/26/2026	

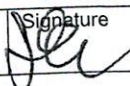
* Do not use this form for asbestos licensure exempted activities.

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

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MAR 30 2026

Date of Notification (1) 03/25/2026		Name of Building Owner/Operator (2) Dhaliwal Plaza, 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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 8102 West Chester Pike							
			City, State, Zip Code Upper Darby, PA 19082							
			Name of Contact Thomas O'Hara	Telephone Number 610-558-2971						
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) TD Bank		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 443 E. Broadway		Square Feet 3,000	# of Floors 1							
City (5) Salem		Bldg. Age 65								
County (6) Salem	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Bank								
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) 04/02/2026	Scheduled Completion Date (11) 04/06/2026		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 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	
Lobby		X		Floor Tile	50 SF	X				
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Conestoga Landfill						
City, State Freehold, NJ		Disposal Date 04/06/2026		City, State Morgantown, PA						
Completed by Samantha Brown		Title Operations Coordinator		Signature 				Date 03/25/2026		

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

MAR 23 2026

Date of Notification (1) 03/20/2026		Name of Building Owner/Operator (2) Madison Public School	
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 359 Woodland Road	
		City, State, Zip Code Madison, NJ 07940	
		Name of Contact John Eschmann	Telephone Number 973.593.3157 x 7189


FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Torey J Sabatini		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) Non Sub-8 <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)	
Street Address 1 Glenwild Circle		Square Feet: 120,000	# of Floors 2
City (5) Madison, NJ 07940		55+	
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Maintenance	
Name of Monitoring Firm Hired by Building Owner (8) AERO Environmental Services		ASCM No.	Name of Abatement Contractor (9) Unicorn Contracting Corp.
Street Address 275 State Rte 10 E Ste 220		Street Address 14 Willow street	
City, State, Zip Code Succasunna, NJ 07876		City, State, Zip Code Bloomfield, NJ 07003	
Project Manager for Monitoring Firm Michael Berta	Telephone No. 973.920.9061	Telephone No. 973-333-9176	License No. 01331
Start Date (10) 03/30/26	Scheduled Completion Date (11) 04/04/26	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: On March 30th at 2:30p-10:30p, begins 31st 7am - 3:30 pm.		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 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 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			

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 Fl. Hallway		x		Door transom panels	474 SF	x			
2nd Fl. Hallway		x		Door transom panels	308 SF	x			

Name of Registered Waste Hauler Unicorn Contracting Corp.	NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 2	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: 03/20/2026
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BOOK

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

RECEIVED

MAR 30 2026

Date of Notification (1)
3 / 26 /2026

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

Street Address
475 SOUTH STREET

City, State, Zip Code
MORRISTOWN, NEW JERSEY 07960

Name of Contact
VICTOR PENA

Telephone Number
917-596-2158

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

FACILITY INFORMATION

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

Type of Facility (4)

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

Street Address
99 BEAUVOIR AVENUE

City (5)
SUMMIT

County (6)
UNION

County Code (7) (STATE USE ONLY)

Square Feet
400,000

of Floors
8

Bldg. Age
60+

Current Use (Prior if being demolished)
HOSPITAL

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SUFFERN, NEW YORK 10901

Telephone Number
845-369-7500

License Number
1101

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

ASCM No.
104

Street Address
1600 Route 22 East, Suite 107

City, State, Zip Code
Union, NJ 07083

Project Manager for Monitoring Firm
MIKE RIVERA

Telephone Number
908-632-5450

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

Street Address
1379 US HIGHWAY 9

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

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

Scope of Work (Check all that apply)

Demolition

>3SF OR LF

>160 SF OR 260 LF

Renovation

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
3-26-26

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

43744

Date of Notification (1) 3 / 3 /2026		Name of Building Owner/Operator (2) ATLANTIC HEALTH SYSTEM	
Agencies Notified		Street Address 475 SOUTH STREET	
Type Notification		City, State, Zip Code MORRISTOWN, NEW JERSEY 07960	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	Name of Contact VICTOR PENA	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Telephone Number 917-596-2158	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> On Hold		
<input type="checkbox"/> DCA	<input type="checkbox"/> EMERGENCY NOTIFICATION		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) OVERLOOK MEDICAL CENTER			Type of Facility (4)		
			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
			<input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 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
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Occupancy Status During Abatement (Check only one)		Street Address 1379 US HIGHWAY 9
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code WAPPINGERS FALL, NEW YORK 12590
<input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM		

Scope of Work (Check all that apply)		<input checked="" type="checkbox"/> Full Containment
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Mini Enclosure, Tent
<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
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

4543

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

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Check # 4543
MAR 30 2026

Date of Notification (1) <u>3</u> / <u>24</u> / <u>26</u>		Name of Building Owner/Operator (2) Regency								
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 NXS 917981								
		City, State, Zip Code Merrifield, VA 22116								
		Name of Contact Facilities	Telephone Number 203-590-8200							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Franklin Pointe		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 Franklin Tpke		Square Feet 15000	# of Floors 2							
City (5) Waldwick		Bldg. Age 50								
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) vacant								
Name of Monitoring Firm Hired by Building Owner (8) Vertex	ASCM No.	Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.								
Street Address 2501 Seaport Drive		Street Address 923 Haws Ave.								
City, State, Zip Code Chester, PA 19013		City, State, Zip Code Norristown, PA 19401								
Project Manager for Monitoring Firm David Turotys	Telephone No. 610-558-8902	Telephone No. 610-239-9920	License No. 00398							
Start Date (10) <u>4</u> / <u>7</u> / <u>26</u>	Scheduled Completion Date (11) <u>4</u> / <u>30</u> / <u>26</u>	Name of OSHA Monitor Plymouth Environmental Co., 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: 7:00AM-5:00PM / ____ PM - ____ AM		Street Address 923 Haws Ave								
		City, State, Zip Code Norristown, PA 19401								
Scope of Work (Check all that apply)										
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
1st floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	linoleum	100SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
stockroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	floor tile/mastic	6,800SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2nd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	floor tile/mastic	2,500SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2nd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	vibration cloth	6SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler Freehold		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 80CY	Name of Registered Landfill Fairless Landfill						
City, State Freehold, NJ		Disposal Date 4/30/26		City, State Morrisville, PA 19067						
Completed By (Print or Type) James M. Kelly		Title Vice President		Signature <i>James M. Kelly</i>				Date 3/24/2026		

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60 Franklin Turnpike
 Waldwick, NJ

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 Materials (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (specify SF or LF)	Abatement Type			
				removal	repair	encapsulate	enclosure
	Yes No N/A			X			
2nd floor	X	window caulk	25LF	X			

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

10994

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Date of Notification (1) 03/26/2026		Name of Building Owner/Operator (2) Rutgers University Health & Safety Office MAR 30 2026									
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 74 Street 160, Building 4116								
			City, State, Zip Code Piscataway, NJ 08854								
			Name of Contact Michael F. Smith, HSS	Telephone Number 848-445-2550							
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Haskin Boathouse		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 6959 Miller Avenue		Square Feet 1,827	# of Floors 1								
City (5) Port Norris		Bldg. Age 46									
County (6) Cumberland	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) University Research Laboratory									
Name of Monitoring Firm Hired by Building Owner (8) Atlas Technical Services		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC								
Street Address 3 Terri Lane, Suite 4		Street Address 623 Cutler Avenue									
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Maple Shade, NJ 08052									
Project Manager for Monitoring Firm John Lutz		Telephone No. 609-386-8800	Telephone No. 856-755-0099								
		License No. 00842									
Start Date (10) 04/08/2026		Scheduled Completion Date (11) 04/30/2026									
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 EMSL Analytical, Inc.									
		Street Address 200 Route 130 North									
		City, State, Zip Code Cinnaminson, NJ 08077									
Scope of Work (Check All That Apply)											
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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			
Roofing		X		Tar Roofing	1,827 SF	X					
Interior Walls		X		Wall Vapor Barrier	2,400 SF	X					
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 40	Name of Registered Landfill Cumberland Co. Improvement Authority							
City, State Freehold, NJ		Disposal Date 04/30/2026		City, State Millville, NJ							
Completed by Shannon Thomson		Title Operations Manager		Signature <i>Shannon Thomson</i>				Date 03/26/2026			


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

2303

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

MAR 30 2026

Date of Notification (1) 3/27/2026		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 1601 North Stiles Street							
		City, State, Zip Code Linden, NJ 07036							
			Name of Contact		Telephone Number				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <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 1601 North Stiles Street, Linden			Square Foot 1,600	# of Floors 2	Bldg. Age 55+				
City (5) Linden			Current Use (Prior if being demolished)						
County (6) Union		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) 4/10/2026		Scheduled Completion Date (11) 4/10/2026		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: 8am-4:30pm			Street Address 20-21 Wagaraw Rd., Bldg. 35-E						
			City, State, Zip Code Fair Lawn, NJ 07410						
Scope of Work (Check All That Apply)									
<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	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 3/27/2026			

0388
 CK# 6388

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

MAR 30 2026

Date of Notification (1) 3-25-26		Name of Building Owner/Operator (2) HALLIDAY & LEONARD					
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 700 HAVEN AVE					
		City, State, Zip Code OCEAN CITY N.J 08226					
		Name of Contact SCOTT	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 4956 ASBURY AVE		Square Feet	Bldg. Age				
City (5) OCEAN CITY		# of Floors					
County (6) CAPE MAY	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) KLEMCO INC.					
Street Address		Street Address 369 S SPRUCE AVE					
City, State, Zip Code		City, State, Zip Code MAPLE SHADE N.J 08052					
Project Manager for Monitoring Firm		Telephone No. 856-779-0472	License No. 01371				
Start Date (10) 4-4-26	Scheduled Completion Date (11) 4-14-26	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 ft <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 ft		<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) SIDING	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) TRANSITE	Amount (Specify SF or LF) 2500 SF	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Name of Registered Waste Hauler KLEMCO INC		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 4	Name of Registered Landfill C M C M U A			
City, State MAPLE SHADE N.J 08053		Disposal Date	City, State WOODBINE NJ				
Completed By MIKE KLEMM		Title PRESIDENT	Signature <i>Mike Klemm</i>	Date 3-25-26			

23889
CK# 6388

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

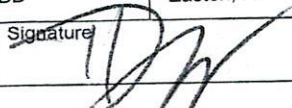
MAR 30 2026

Date of Notification (1) 3-25-26		Name of Building Owner/Operator (2) CLARKE EDWARD DEVELOPEMENT								
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 111 E 9th ST 3rd FLOOR								
		City, State, Zip Code OCEAN CITY N.J 08226								
		Name of Contact:	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		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 CLIPPER DR		Square Feet 1500	# of Floors 2							
City (5) OCEAN CITY		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) 4-5-26	Scheduled Completion Date (11) 4-15-26	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) IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.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 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 C.M.C.M.U.A						
City, State MAPLE SHADE N.J 08052		Disposal Date	City, State WOODBURG NJ							
Completed By MICHAEL KLEMM		Title PRES.	Signature <i>Michael Klemm</i>				Date 3-25-26			

36974

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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) 3/27/26		ck# 36974		Name of Building Owner/Operator (2) South Plainfield Bd of Ed		MAR 30 2026			
Agencies Notified		Type Notification		Street Address 125 Jackson 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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code South Plainfield, NJ 07080					
				Name of Contact Mr. Alex Benanti		Telephone Number 908-754-4620			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Leonard A. Tobias Administration Building				Type of Facility (4)					
Street Address 125 Jackson Avenue				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Admin Building					
City (5) South Plainfield		Square Feet n/a		# of Floors 2		Bldg. Age unknown			
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Whitman Company			ASCM No.		Name of Abatement Contractor (9) Panoramic Window & Door Systems, Inc.				
Street Address 100 Franklin Sq. Drive, Ste. 200			Street Address 712 Sergeantsville Rd						
City, State, Zip Code Somerset, NJ 08873			City, State, Zip Code Stockton, NJ 08559						
Project Manager for Monitoring Firm Mark Constantino			Telephone No. 732-390-5858		Telephone No. 732-926-0900		License No. 01237		
Start Date (10) 4/06/26		Scheduled Completion Date (11) 4/17/26		Name of OSHA Monitor Panoramic Window & Door Systems, Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 712 Sergeantsville Rd					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement 4/6-4/10 7am - 3pm <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours 4/13-4/17 3pm-11pm <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code Stockton, NJ 08559					
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
Windows/Doors			X	Perimeter Caulk	1025 LF	X			
Name of Registered Waste Hauler Panoramic Window & Door Systems, Inc.			NJDEP Waste Hauler ID No. 0036057		Cubic Yards of Waste TBD		Name of Registered Landfill Chrin Bros Sanitary Landfill		
City, State Stockton, NJ			Disposal Date TBD		City, State Easton, PA				
Completed by Paul Nagy			Title VP		Signature 		Date 3/27/26		

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

2304

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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 30 2026

Date of Notification (1) 3/27/2026		Name of Building Owner/Operator (2) NJ Office of Design and 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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 33 West State Street, 9th Fl	
		City, State, Zip Code Trenton, NJ 08625	
		Name of Contact William Domijan	Telephone Number 609.468.3755

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 225 Opossum Road		Square Feet 920+	# of Floors 1+
City (5) Montgomery		Bldg. Age 50+	
County (6) Somerset County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.	Name of Abatement Contractor (9) Unicorn Contracting Corp.
Street Address P.O.Box 354		Street Address 14 Willow Street	
City, State, Zip Code South Orange, NJ 07079		City, State, Zip Code Bloomfield, NJ 07003	
Project Manager from Monitoring Firm Sarah Calandra		Telephone No. 201.349.2666	License No. 01331
Start Date (10) 3/31/2026	Scheduled Completion Date (11) 4/2/2026	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: 8 AM - 4:30		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 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
Unsafe House				Entire Structure to be treated as RACM		X			

Name of Registered Waste Hauler Century Waste Services, LLC.	NJDEP Waste Hauler ID No. 0032797	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Landfill
City, State TBD		Disposal Date TBD	City, State Pen Argyl, PA
Completed by Blazhe Grozdanov	Title Project Manager	Signature 	Date 3/27/26

1162

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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 30 2026

Date of Notification (1) 03/12/2026		Name of Building Owner/Operator (2) Manville Board of Education								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input 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 410 Brooks Boulevard							
	City, State, Zip Code Manville, New Jersey 08835		Name of Contact Keith Gardner							
		Telephone Number 908-528-7137								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Alexander Batcho Intermediate School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 100 N. 13th Avenue		Square Feet N/A	# of Floors N/A							
City (5) Manville, New Jersey 08835		Bldg. Age N/A								
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School								
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services		ASCM No. 00118	Name of Abatement Contractor (9) Teal Management							
Street Address 464 Valley Brook Ave		Street Address 24 Motrley Drive								
City, State, Zip Code Lyndhurst NJ 07071		City, State, Zip Code Woodland Park NJ 07424								
Project Manager for Monitoring Firm John H. Chiaviello		Telephone No. 1800-423-0766	Telephone No. 862-243-1471							
		License No. 02063								
Start Date (10) 04/02/2026		Scheduled Completion Date (11) 04/10/2026								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: OCCUPIED BUILDING		Name of OSHA Monitor Teal Management								
		Street Address 24 Morley Drive								
		City, State, Zip Code Woodland Park NJ 07424								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Gymnasium-Area in front of stage			x	Asphalt Under Hardwood Floor	1008 SF	x				
Gymnasium-Area in front of stage			x	Cove Base	120 LF					
Name of Registered Waste Hauler Teal Management		NJDEP Waste Hauler ID No. 40229	Cubic Yards of Waste 30 CY	Name of Registered Landfill Fairless Hills Landfill						
City, State Woodland Park NJ 07424		Disposal Date 04/10/2026		City, State Morrisville PA						
Completed by Tome Maslarkov		Title Project Manager	Signature 				Date 03/12/2026			


2300

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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 30 2026

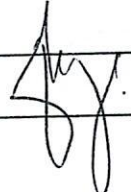
Date of Notification (1) 3/27/2026		Name of Building Owner/Operator (2)							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 568 Bryant Street						
	City, State, Zip Code Rahway, NJ 07065			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 568 Bryant Street			Square Foot 1,600	# of Floors 2	Bldg. Age 55+				
City (5) Rahway		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) Unicorn Contracting Corp.							
Street Address			Street Address 14 Willow Street						
City, State, Zip Code			City, State, Zip Code Bloomfield, NJ 07003						
Project Manager fo Monitoring Firm		Telephone No.		Telephone No. 973-333-9176	License No. 01331				
Start Date (10) 4/07/2026		Scheduled Completion Date (11) 4/07/2026		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: 8am-4:30pm			Street Address 20-21 Wagaraw Rd., Bldg. 35-E						
			City, State, Zip Code Fair Lawn, NJ 07410						
Scope of Work (Check All That Apply)									
<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	25 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 3/27/2026			

2301

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

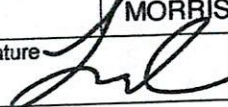
RECEIVED

MAR 30 2026

Date of Notification (1) 3/27/2026		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 13-15 Morlot Avenue							
		City, State, Zip Code Fair Lawn, NJ 07410							
		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 13-15 Morlot Avenue		Square Foot 1,600	# of Floors 2						
City (5) Fair Lawn		Bldg. Age 55+							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) 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) 4/06/2026	Scheduled Completion Date (11) 4/06/2026	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: 8am-4:30pm		Street Address 20-21 Wagaraw Rd., Bldg. 35-E							
		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check All That Apply)									
<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
Basement boiler room		X		TSI	25 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 3/27/2026		

1357

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

Date of Notification (1) 03/25/2026		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 263 KNOLLCREST RD								
		City, State, Zip Code MOUNTAINSIDE, NJ 07092								
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL 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 525 DOWNER ST		Square Feet 1800	# of Floors 2							
City (5) WESTFIELD		Bldg. Age +50								
County (6) UNION	County Code (7) <i>(STATE USE ONLY)</i> _____	Current Use (Prior if being demolished) RESIDENTIAL 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. 5133487	License No. 02113							
Start Date (10) 04/06/2026	Scheduled Completion Date (11) 04/09/2026	Name of OSHA Monitor								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
EXTERIOR		X		TRANSITE BOARDS	2000SF	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 3/25/2026			

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

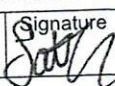
10992

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

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Print Form

MAR 30 2026

Date of Notification (1) 03/26/2026		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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 115 Hampshire Lane City, State, Zip Code Willingboro, NJ 08046							
			Name of Contact _____ Telephone Number _____							
	FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 115 Hampshire Lane		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
City (5) Willingboro	County (6) Burlington	County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) Residence	Square Feet 1,835 # of Floors 2 Bldg. Age 63							
Name of Monitoring Firm Hired by Building Owner (8) Management & Environmental Consulting Serv		ASCM No. _____ Name of Abatement Contractor (9) Shade Environmental, LLC	Street Address 623 Cutler Avenue City, State, Zip Code Maple Shade, NJ 08052							
Street Address PO Box 341 City, State, Zip Code Chesterfield, NJ 08515		Telephone No. 609-298-4070	Telephone No. 856-755-0099 License No. 00842							
Project Manager for Monitoring Firm Nora Pearse	Start Date (10) 03/31/2026 Scheduled Completion Date (11) 04/03/2026		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	
Hallway & Hallway Closet			X	Floor Tile	51 SF	X				
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Conestoga Landfill						
City, State Freehold, NJ		Disposal Date 04/03/2026		City, State Morgantown, PA						
Completed by Samantha Brown		Title Operations Coordinator		Signature 				Date 03/26/2026		


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

10993

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

RECEIVED

MAR 30 2026

Date of Notification (1) 03/26/2026		Name of Building Owner/Operator (2)							
Agencies Notified		Street Address							
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	61 Bayberry Lane							
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code							
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment #	Willingboro, NJ 08046							
<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								
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)			Type of Facility (4)						
Street Address			<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.)						
61 Bayberry Lane			Square Feet	# of Floors	Bldg. Age				
City (5)			1,797	2	67				
Willingboro			Current Use (Prior if being demolished)						
County (6)		County Code (7) (STATE USE ONLY)		Residence					
Burlington									
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9)					
Management & Environmental Consulting Serv				Shade Environmental, LLC					
Street Address			Street Address						
PO Box 341			623 Cutler Avenue						
City, State, Zip Code			City, State, Zip Code						
Chesterfield, NJ 08515			Maple Shade, NJ 08052						
Project Manager for Monitoring Firm		Telephone No.		Telephone No.					
Nora Pearce		609-298-4070		856-755-0099					
License No.		00842							
Start Date (10)		Scheduled Completion Date (11)		Name of OSHA Monitor					
03/30/2026		04/03/2026		EMSL Analytical, Inc.					
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:			200 Route 130 North						
			City, State, Zip Code						
			Cinnaminson, NJ 08077						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Living Room & Closet under the Stairs			X	Floor Tile	319 SF	X			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste		Name of Registered Landfill			
Freehold Cartage		15939		3		Conestoga Landfill			
City, State		Disposal Date		City, State					
Freehold, NJ		04/03/2026		Morgantown, PA					
Completed by		Title		Signature		Date			
Samantha Brown		Operations Coordinator				03/26/2026			

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

3602

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

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 Check 3602

Date of Notification (1) 03/27/2026		Name of Building Owner/Operator (2) MAR 30 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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 18 Herb Rd								
		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 18 Herb Rd		Square Feet 1,868	# of Floors 1							
City (5) Middletown Township, NJ 07748		Bldg. Age 1970								
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) 03/30/2026	Scheduled Completion Date (11) 04/06/2026	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	
Family room, bathroom & foyer		X		Floor tile & mastic	344 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 04/06/2026		City, State Pen Argyl, PA						
Completed by Lubica Perez		Title Owner	Signature Lubica Perez				Date 03/27/2026			

3631

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

Check 3631 RECEIVED

MAR 30 2026

Date of Notification (1) 03/26/2026		Name of Building Owner/Operator (2) Erika L Reed							
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 831 Parkway Ave City, State, Zip Code Ewing Township, NJ 08618						
	Name of Contact Erika L Reed, Ewing Lexington, LLC		Telephone Number 603-801-6260						
	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 831 Parkway Ave		Square Feet 4,099	# of Floors 1						
City (5) Ewing Township, NJ 08618		Bldg. Age 1940							
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		Name of OSHA Monitor							
Start Date (10) 03/30/2026	Scheduled Completion Date (11) 04/08/2026		Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input 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	Enclosure
Suite B15		X		floor tile	600 SF	X			
Suite 410 (sign store)		X		Transite siding	410 SF	X			
Sign Store		X		floor tile & mastic	730 SF	X			
Flat Roof Chimney		X		tar	20 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 Mercer County Landfill				
City, State Elizabeth, NJ				Disposal Date 04/08/2026		City, State Ewing Township, NJ 08638			
Completed by Lubica Perez			Title Owner		Signature Lubica Perez			Date 03/26/2026	

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

3600
3601

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

Checks 3600 & 3601
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MAY 30 2026

Print Form

Date of Notification (1) 03/24/2026		Name of Building Owner/Operator (2) Nutley Town Center Redevelopers Urban Renewal Entity 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 521 Franklin Ave		ASBESTOS CONTROL & LICENSING			
			City, State, Zip Code Nutley, NJ 07110					
		Name of Contact Angela Echeverri, JMF PROPERTIES		Telephone Number 862.701.2632				
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 521 Franklin Ave			Square Feet 2,159	# of Floors 2	Bldg. Age 1950			
City (5) Nutley, NJ 07110		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) 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) 04/02/2026		Scheduled Completion Date (11) 04/23/2026		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 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 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
Please see attached								
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 30	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Elizabeth, NJ		Disposal Date 04/23/2026		City, State Pen Argyl, PA				
Completed by Lubica Perez		Title Owner		Signature Lubica Perez		Date 03/24/2026		

VEL Construction LLC**521 Franklin Ave, Nutley, NJ 07110**

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Is Location Normally Used Solely by Maintenance/Custodial Staff?	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type
Roof	No	Roof core	625 SF	Removal
Roof	No	Roof flashing	200 SF	Removal
Basement	No	9"x9" floor tile & mastic	400 SF	Removal
Basement Staircase	No	Wall plaster	100 SF	Removal
1st Floor Apartment	No	Ceiling plaster	1,300 SF	Removal
1st Floor Apartment	No	Wall plaster	2,500 SF	Removal
2nd Floor Apartment	No	Ceiling plaster	800 SF	Removal
2nd Floor Apartment	No	Wall plaster	1,600 SF	Removal

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

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APR - 6 2025

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Pg. 1

Date of Notification (1) 4 / 1 / 26		Name of Building Owner/Operator (2) Verizon Communications							
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 15 East Montgomery Street							
		City, State, Zip Code Pittsburgh, PA 15212							
		Name of Contact Peter Lesniak (Owners Rep)	Telephone Number 267-634-1010						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Hightstown Central Office		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 393 Mercer Street		Square Feet	# of Floors +75						
City (5) Hightstown		Bldg. Age							
County (6) Mercer	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Verizon							
Name of Monitoring Firm Hired by Building Owner (8) RBS Environmental		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC						
Street Address 24 Veterans Square		Street Address 1123 BEAVER STREET							
City, State, Zip Code Media PA 19063		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Mike Stocku		Telephone No. 609-304-3969	Telephone No. 215-788-6040						
		License No. 02121							
Start Date (10) 4 / 7 / 26	Scheduled Completion Date (11) 4 / 14 / 26	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/ 5PM-1AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 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
First Floor Entry Vestibule	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & Mastic	130 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor Frame Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT Only	42 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Storage Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & Mastic	125 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Staircase Landing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & Mastic	49 SF	<input checked="" 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	Name of Registered Landfill Fairless Landfill					
City, State Bristol, PA		Disposal Date TBD		City, State Morrisville, PA					
Completed By (Print or Type) Dillan DeCaro		Title Estimator	Signature <i>Dillan DeCaro</i>			Date 4/1/26			

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

Pg. 2

Date of Notification (1) <u>4</u> / <u>1</u> / <u>26</u>		Name of Building Owner/Operator (2) Verizon Communications								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 East Montgomery Street								
		City, State, Zip Code Pittsburgh, PA 15212								
		Name of Contact Peter Lesniak (Owners Rep)	Telephone Number 267-634-1010							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Verizon Hightstown Central Office		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)								
Street Address 393 Mercer Street		Square Feet	# of Floors +75							
City (5) Hightstown		Bldg. Age								
County (6) Mercer	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Verizon								
Name of Monitoring Firm Hired by Building Owner (8) RBS Environmental		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC							
Street Address 24 Veterans Square		Street Address 1123 BEAVER STREET								
City, State, Zip Code Media PA 19063		City, State, Zip Code BRISTOL, PA 19007								
Project Manager for Monitoring Firm Mike Stocku		Telephone No. 609-304-3969	Telephone No. 215-788-6040							
License No. 02121										
Start Date (10) <u>4</u> / <u>7</u> / <u>26</u>	Scheduled Completion Date (11) <u>4</u> / <u>14</u> / <u>26</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC								
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>5</u> PM- <u>1</u> AM		Street Address 1123 BEAVER STREET								
		City, State, Zip Code BRISTOL, PA 19007								
Scope of Work (Check all that apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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 Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT Only	96 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 Bristol Environmental LLC		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill						
City, State Bristol, PA		Disposal Date TBD	City, State Morrisville, PA							
Completed By (Print or Type) Dillan DeCaro		Title Estimator	Signature <i>Dillan DeCaro</i>				Date 4/1/26			

5001

PAID

1200361

Print Form

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

HMD 25-212
RECEIVED

MAR 31 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 3/27/2026		Name of Building Owner/Operator (2) 2000 Linwood Avenue Condominium Association		Ck#5001								
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 2000 Linwood Avenue								
City, State, Zip Code Fort Lee, NJ 07024		Name of Contact Al Rivera		Telephone Number (917) 741-8789								
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) 2000 Linwood Condo Association			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)									
Street Address 2000 Linwood Avenue			Square Feet 78,000	# of Floors 23	Bldg. Age 50+							
City (5) Fort Lee		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residential								
County (6) Bergen		Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services, LLC		ASCM No. N/A								
Street Address 464 Valley Brook Avenue		Name of Abatement Contractor (9) Hazmat Diagnostic, LLC		Street Address 16 Glenwild Ave								
City, State, Zip Code Lyndhurst NJ 07071		City, State, Zip Code Bloomingdale, NJ 07403		Telephone No. 973-928-3995								
Project Manager for Monitoring Firm Jarred Panecki		Telephone No. (732) 552-9615		License No. 01181								
Start Date (10) 04/15/2026		Scheduled Completion Date (11) 04/17/2026		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: <u>Occupied</u>			Street Address 16 Glenwild Ave									
			City, State, Zip Code Bloomingdale, NJ 07403									
Scope of Work (Check All That Apply)												
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type				
		Yes	No					N/A	Removal	Repair	Encapsulate	Enclosure
23 D, 23 E & 23 F				X	Pipe Insulation		12 LF	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 3/27/2026				

Moell

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

RECEIVED

Date of Notification (1) <u>3</u> / <u>27</u> / <u>26</u>		Name of Building Owner/Operator (2) Princeton University-Facilities Operations							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <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 checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 106A Guyot Lane		Square Feet	# of Floors 63						
City (5) Princeton	County (6) MERCER	County Code (7) (STATE USE ONLY)	Bldg. Age						
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc		ASCM No. 00003	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC						
Street Address 1253 North Church Rd		Street Address 1123 BEAVER STREET							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael Keehn	Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 02121						
Start Date (10) ON HOLD	Scheduled Completion Date (11) ON HOLD	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, 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: 7:00AM-3:30PM / ___ PM- ___ AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1963 Wing B level and mezzanine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Joint Compound	1258 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1963 Wing B level thru mezzanine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite exhaust duct	190 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1979 Wing B Level	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vermiculite within CMU	5000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Bristol Environmental LLC		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 Scaffiro	Title Estimator	Signature <i>Brian Scaffiro</i>				Date 3/27/26			

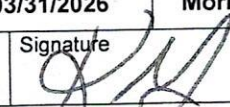
ASB-41
MAY 11 **BS25023**

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

1175 split

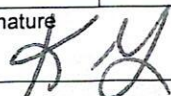
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 5:16)

994730
 RECEIVED

Date of Notification (1) 03 / 20 / 26		Name of Building Owner/Operator (2) State of NJ Dept of Property Mgmt / Job		MAR 27 2006 Chk. #4175					
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 33 West State Street		ASBESTOS CONTROL & LICENSING				
			City, State, Zip Code Trenton NJ 08625						
			Name of Contact Rick Galante	Telephone Number 856-361-4990					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Woodbine Development Center			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 1175 Dehirsch Avenue			Square Feet TBD	# of Floors TBD	Bldg. Age TBD				
City (5) Woodbine			Current Use (Prior if being demolished) Developmental Center						
County (6) Burlington		County Code (7)(STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.						
Street Address 344 West State Street		Street Address 70 Stacy Haines Road Suite 4							
City, State, Zip Code Trenton NJ 08618		City, State, Zip Code Lumberton NJ 08048							
Project Manager for Monitoring Firm William Weisgarber		Telephone No. 609-915-1140	Telephone No. 609-702-0400	License No. 00862					
Start Date (10) 03 / 30 / 26		Scheduled Completion Date (11) 03 / 31 / 26		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM			Street Address 200 U.S. Route 130 North						
			City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)									
<input 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) <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
Admin Bldg-1st Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile and Mastic	82 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cottage #10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exterior Window Caulk	18 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Asbestos and Mold Services Corp.		NJDEP Waste Hauler ID No. 0035680		Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill				
City, State Lumberton NJ		Disposal Date 03/31/2026		City, State Morrisville, PA 19067					
Completed By (Print or Type) Kaysi Gruner		Title Office Coordinator		Signature 			Date 3/20/26		

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

3357630

Date of Notification (1) 03 / 20 / 26		Name of Building Owner/Operator (2) City of East Orange Job Number: Check #4174								
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 44 City Hall Plaza								
		City, State, Zip Code East Orange NJ 07018								
		Name of Contact Vidal Guzman Sanchez	Telephone Number 973-266-5330							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) East Orange Health 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 and commercial buildings, homes, etc.)								
Street Address 44 City Hall Plaza		Square Feet 12,690	# of Floors 2							
City (5) East Orange		Bldg. Age 1929								
County (6) Essex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Public								
Name of Monitoring Firm Hired by Building Owner (8) Whitman		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.							
Street Address 100 Franklin Square Drive		Street Address 70 Stacy Haines Road								
City, State, Zip Code Somerset NJ 08873		City, State, Zip Code Lumberton NJ 08048								
Project Manager for Monitoring Firm Mark Costantino		Telephone No. 732-491-1620	Telephone No. 609-702-0400							
		License No. 00862								
Start Date (10) 03 / 30 / 26	Scheduled Completion Date (11) 04 / 02 / 26		Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" 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 checked="" type="checkbox"/> WRAP+CVT <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	
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile and Mastic	500 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"/>	Elbows/Fittings & Pipe Insulation	30 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 Asbestos and Mold Services		NJDEP Waste Hauler ID No. 0035680	Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill						
City, State Lumberton NJ		Disposal Date 04/02/26	City, State Morrisville PA							
Completed By (Print or Type) Kaysi Gruner		Title Admin	Signature 				Date 3/20/26			

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MAR 27 2026

13652

B & G Project # 2026-17

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

Check # 13632

Date of Notification (1) 04/03/2026		Name of Building Owner/Operator (2) Borough of Netcong	
Agencies Notified	Type Notification	Street Address 23 Maple Avenue	
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Netcong, NJ 07857	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Ralph Blakeslee	Telephone Number 973-347-0252

APR - 7 2026

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Netcong Firehouse NO. 1 (NON Sub 8)		Type of Facility (4)	
Street Address 40 Maple Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Netcong, NJ 07857		Square Feet	# of Floors
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Fire Department	

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) 04/13/2026	Scheduled Completion Date (11) 04/17/2026	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"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Wrap and Cut
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure
		<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st floor restroom			X	VAT	200 SF	X			
1st floor restroom			X	VAT & mastic	300 SF	X			
2nd floor restroom			X	VAT	3 SF	X			
2nd floor restroom			X	VAT & mastic	200 SF	X			

Name of Registered Waste Hauler B & G Restoration Inc.	NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 8	Name of Registered Landfill Grand Central Landfill
City, State Butler, NJ		Disposal Date 04/17/2026	City, State Pen Argyl, PA

Completed by Gordana Luna	Title Secretary / Treasurer	Signature <i>Gordana Luna</i>	Date 04/03/2026
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11949



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

Check # 11949 REZEK [Signature]

Print Form

Date of Notification (1) APRIL 1, 2026		Name of Building Owner/Operator (2) ARYA PROPERTIES LLC		APR - 6 2026					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 130 CENTRAL AVENUE		ASBESTOS CONTROL & LICENSING					
		City, State, Zip Code ISLAND HEIGHTS, NJ 08732		Telephone Number 732-259-6000					
Name of Contact SHAHEN GHARIBIAN		Name of Facility Where Abatement is Taking Place (3) CHEF MIKE'S RESTUARANT (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 24TH AVENUE							
City (5) SEASIDE PARK, NJ 08752		Square Feet	# of Floors 2	Bldg. Age 55+-					
County (6) OCEAN		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESTUARANT/ APARTMENTS						
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) APRIL 16, 2026		Scheduled Completion Date (11) MAY 8, 2026		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 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 checked="" 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
UPPER FLOOR CEILING		XXX		WHITE PLASTER SKIM COAT	3000 SF	XXX			
ROOF TOP	XXX			TAR FLASING ON PIPES	20 SF	XXX			
Name of Registered Waste Hauler EPC TECHNOLOGIES, INC		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 12	Name of Registered Landfill FAIRLESS LANDFILL					
City, State NEW EGYPT, NJ 08533		Disposal Date BY MAY 8, 2026		City, State MORRISVILLE, PA					
Completed by STEVE SCHENKER		Title PRESIDENT		Signature		Date 4/1/26			

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

3808

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

check # 3808

GAC Project # 060-26

PAID

RECEIVED


Date of Notification (1) April 1, 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 COLLEGE AVENUE CAMPUS		Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS	
City (5) NEW BRUNSWICK		City, State, Zip Code PISCATAWAY, NJ 08854	
County (6) MIDDLESEX		Name of Contact MICHAEL F. SMITH, ENV. HEALTH & SAFETY	
County Code (7) (State Use Only)		Telephone Number 848-445-2550	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) NJ HALL, BLDG# 3014		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 3 TERRI LANE		Sg. Feet: N/A # of Floors: 4 Bldg. Age: 100+ years	
City, State, Zip Code BURLINGTON, NJ 08016		Current Use (prior if being demolished): ACADEMIC	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATLAS		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
ASCM No. 00098		Street Address 511 MAIN STREET	
Telephone Number 609-386-8800		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm JOHN LUTZ		Telephone Number 973-492-0477	
License Number 00840		Name of OSHA Monitor ENVIROVISION, INC.	
Scheduled Start Date (10) 04/10/2026		Scheduled Completion Date (11) 04/13/2026	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Facility Occupied During Abatement <input checked="" type="checkbox"/> Other- Describe: Shift Schedule: 4PM FRI- 5AM DAILY (24 HRS. & WEEKENDS AS NEEDED)		Street Address 20-21 WARGARAW ROAD, BLDG# 35E	
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)
201B & 209C	<input checked="" type="checkbox"/>	VAT	400 SF
Abatement Type Remove Repair Encap Enclose			
<input checked="" type="checkbox"/>			
Name of Reg. Waste Hauler See Hauler Below #1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 5 CY	Name of Registered Landfill Fairless Landfill / Grand Central Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Century Waste Services LLC, Elizabeth, NJ 07201 NJ DEP # NJ-860		Disposal Date 4/13/2026	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 April 1, 2026

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

2015

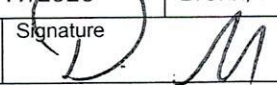
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 5:16)

✓ # 2085

Date of Notification (1) 04 / 01 / 26		Name of Building Owner/Operator (2) Tudor Court Co-op Association		RECEIVED					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 4 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 800 North Broad Street City, State, Zip Code Elizabeth, NJ 07021 Name of Contact Rich Shatwell Telephone Number 973-699-8614					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Tudor Court			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 800 North Broad Street			Square Feet 25000		# of Floors 2				
City (5) Elizabeth, NJ 07021			Bldg. Age 50+						
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) A. Mac Contracting Inc.						
Street Address		Street Address 176 Saddle River Avenue							
City, State, Zip Code		City, State, Zip Code South Hackensack, NJ 07606							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-262-5841	License No. 00156				
Start Date (10) 4 / 02 / 26		Scheduled Completion Date (11) 4 / 04 / 26		Name of OSHA Monitor Asbestos Analytical Labs					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00 AM - PM 4:30 PM - ____ AM			Street Address 51 Gage Road City, State, Zip Code East Brunswick, NJ 08816						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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 - 6 / 7	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	450 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Century Waste Services, LLC		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 5 Yards	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Elizabeth, NJ		Disposal Date 04-15-2026		City, State Pen Argyl, PA 08072					
Completed By (Print or Type) Ralph Barnhardt		Title Sr. Project Manager		Signature 		Date 04-01-2026			

12968

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

Date of Notification (1) 4/2/2026		Name of Building Owner/Operator (2) Verizon Communications Inc.		RECEIVED					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 178 E. Ridgewood Avenue		APR - 6 2026					
		City, State, Zip Code Ridgewood, NJ 07450		Name of Contact Raul Rendon		Telephone Number (973) 634-1007			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon 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 178 E. Ridgewood Avenue			Square Feet 20,000	# of Floors 2	Bldg. Age 1928				
City (5) Ridgewood, NJ 07450		County (6) Bergen		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____		Name of Abatement Contractor (9) D&S Restoration, Inc.					
Street Address N/A			Street Address 20 California Avenue						
City, State, Zip Code N/A			City, State, Zip Code Paterson, NJ 07503						
Project Manager for Monitoring Firm N/A		Telephone No. N/A		Telephone No. 973-345-8020	License No. 01169				
Start Date (10) 04/14/2026		Scheduled Completion Date (11) 04/17/2026		Name of OSHA Monitor D&S 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>Normal Hours</u>			Street Address 20 California Avenue						
			City, State, Zip Code Paterson, NJ 07503						
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
Basement		X		Pipe Insulation	150	X			
First Floor Closet		X		Pipe Insulation	17	X			
Name of Registered Waste Hauler D&S Restoration, Inc.		NJDEP Waste Hauler ID No. 13506		Cubic Yards of Waste 1 CYD	Name of Registered Landfill Tri-State Transfer / Minerva Enterprises				
City, State Paterson, NJ 07503		Disposal Date 04/17/2026		City, State Bronx, NY					
Completed by Duke Joldzic		Title CEO		Signature 		Date 04/01/2026			

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

RECEIVED

Date of Notification (1) <u>04</u> / <u>06</u> / <u>26</u>		Name of Building Owner/Operator (2) Our Lady of Lourdes Church		CHECK#4821	
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 100 Valley Way		MAR 30 2026	
		City, State, Zip Code West Orange, NJ 07052		ASBESTOS CONTROL & LICENSING	
		Name of Contact Fr. Jim Ferry		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Mount Guild Academy			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 100 Valley Way			Square Feet 25,000		
City (5) West Orange			# of Floors 2	Bldg. Age 50+	
County (6) ESSEX		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8)		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) <u>04</u> / <u>06</u> / <u>26</u>		Scheduled Completion Date (11) <u>04</u> / <u>10</u> / <u>26</u>		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: 8:00AM -____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 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
White Room Stage area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile-no mastic-	300 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 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 3/25/26

4088

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

RECEIVED

Date of Notification (1) 3/24/2026		Name of Building Owner/Operator (2) Little Silver Board of Education								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 124 Willow Drive								
		City, State, Zip Code Little Silver, NJ 07739								
			Name of Contact Paul Zafiriou		Telephone Number 732-525-0302 ext. 2					
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Markham Middle School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 95 Markham Place				Square Feet # of Floors Bldg. Age						
City (5) Little Silver		County (6) Monmouth		County Code (7) (STATE USE ONLY) _____						
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) 4/3/2026		Scheduled Completion Date (11) 5/29/2026		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 checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <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	
			X			VAT- below unit vents/casework	600 SF	X		
			X			VAT/Mastic below sink fixtures	50 SF	X		
		X	Corrugated Pipe Insulation Debris	24 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 3/24/2026				

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

17823



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

Date of Notification (1) <u>3</u> / <u>30</u> / <u>26</u>		Name of Building Owner/Operator (2) National Park Service Job #2507-6467		Check #17873
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 12795 West Alameda Pkwy		
		City, State, Zip Code Lakewood, CO 80228		
		Name of Contact Michele Rogers		Telephone Number 973-896-9277

RECEIVED

APR - 1 2020

ASBESTOS LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Fort Hancock Water Tower		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 Crispin Rd. & Jackson Street		Square Feet	# of Floors	Bldg. Age
City (5) Sandy Hook, NJ		Current Use (Prior if being demolished)		
County (6) Hudson	County Code (7)(STATE USE ONLY)			

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>4</u> / <u>20</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 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 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
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos Tar Materials	1,070 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		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 Morrisville, PA		
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 		Date 3-30-26	

2082

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:26 and 5:16)

✓ # 2082

Date of Notification (1) 03 / 26 / 26		Name of Building Owner/Operator (2) Turdor Court Co-op Association		RECEIVED				
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 800 North Broad Street		MAR 30 2026				
		City, State, Zip Code Elizabeth, NJ 07021		Telephone Number 973-699-8614				
		Name of Contact Rich Shatwell		ASBESTOS CONTROL & LICENSING				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Turdor Court			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 800 North Broad Street			Square Feet 25000	# of Floors 2	Bldg. Age 50+			
City (5) Elizabeth, NJ 07021			County Code (7)(STATE USE ONLY)					
County (6) Union		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) A. Mac Contracting Inc.					
Street Address		Street Address 176 Saddle River Avenue						
City, State, Zip Code		City, State, Zip Code South Hackensack, NJ 07606						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-262-5841	License No. 00156				
Start Date (10) 03 / 27 / 26		Scheduled Completion Date (11) 4 / 02 / 26		Name of OSHA Monitor Asbestos Analytical Labs				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00 AM-4:30 PM AM			Street Address 51 Gage Road					
			City, State, Zip Code East Brunswick, NJ 08816					
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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) 250 LF	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Crawl Space - 10	<input type="checkbox"/>	<input checked="" 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"/>
Name of Registered Waste Hauler Century Waste Services, LLC		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5 Yards	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Elizabeth, NJ		Disposal Date 04-15-2026	City, State Pen Argyl, PA 08072					
Completed By (Print or Type) Ralph Barnhardt	Title Sr. Project Manager	Signature 		Date 03-26-2026				

2080

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

V# 2080
RECEIVED

Date of Notification (1) 03 / 24 / 26		Name of Building Owner/Operator (2) Turdor Court Co-op Association	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 800 North Broad Street	
		City, State, Zip Code Elizabeth, NJ 07021	
		Name of Contact Rich Shatwell	Telephone Number 973-699-8614

MAR 30 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Turdor Court		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 800 North Broad Street		Square Feet 25000	# of Floors 2
City (5) Elizabeth, NJ 07021		Bldg. Age 50+	
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) A. Mac Contracting Inc.	
Street Address 176 Saddle River Avenue		Street Address	
City, State, Zip Code		City, State, Zip Code South Hackensack, NJ 07606	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-262-5841	License No. 00156

Start Date (10) 03 / 25 / 26	Scheduled Completion Date (11) 03 / 27 / 26	Name of OSHA Monitor Asbestos Analytical Labs	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00 AM-PM/4:30 PM- AM		Street Address 51 Gage Road	
		City, State, Zip Code East Brunswick, NJ 08816	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input 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
Crawl Space - 13	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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 Century Waste Services, LLC	NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5 Yards	Name of Registered Landfill Grand Central Sanitary Landfill
City, State Elizabeth, NJ	Disposal Date 04-15-2026	City, State Pen Argyl, PA 08072	
Completed By (Print or Type) Ralph Barnhardt	Title Sr. Project Manager	Signature 	Date 03-24-2026

50230

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

RECEIVED 50230 APR - 6 2020

Date of Notification (1) 03 / 31 / 26 Name of Building Owner/Operator (2) Tuly Realty Street Address 316 Eisenhower Parkway City, State, Zip Code Livingston, NJ 07039 Name of Contact Sandy Telephone Number 973-535-9000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Apartment Building Type of Facility (4) Other (i.e., private and commercial buildings, homes, etc.) Street Address 864 Kennedy Blvd. Apt #43 City (5) Bayonne Square Feet 20,000 # of Floors 5 Bldg. Age 100 County (6) Hudson County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Apartment Building

Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc. ASCM No. Name of Abatement Contractor (9) Guardian Contracting, Inc. Street Address 1889 Route 9, Unit 61 Street Address 1889 Route 9, Unit 61 City, State, Zip Code Toms River, New Jersey 08755 City, State, Zip Code Toms River, New Jersey 08755 Project Manager for Monitoring Firm Nicholas Fernicola Telephone No. 732-349-9932 Telephone No. 732-349-9932 License No. 00624

Start Date (10) 04 / 13 / 26 Scheduled Completion Date (11) 04 / 17 / 26 Name of OSHA Monitor E.M.S.L. Analytical Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854

Scope of Work (Check all that apply) Full Containment with Negative Pressure, Mini-Enclosure, Glovebag Procedure, Non-Exempted (*) and Non-Friable Procedure

Table with 5 columns: Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13), Is Location Normally Used Solely by Maintenance/Custodial Staff? (12), Description of Asbestos Containing Material (ACM), Amount (Specify SF or LF), Abatement Type (Removal, Repair, Encapsulate, Enclosure). Row 1: bedroom, asbestos popcorn ceiling, 200 sf, Removal checked.

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 04/17/26 City, State Morrisville, Pennsylvania

Completed By (Print or Type) Nicholas Fernicola Title Project Manager Signature Date 3/31/20

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

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17877

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APR -7 2020 Check # 17877

Date of Notification (1) <u>4</u> / <u>3</u> / <u>26</u>		Name of Building Owner/Operator (2) PSEG / Job #2502-6397	
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 4000 Hadley Road	
		City, State, Zip Code South Plainfield, NJ	
		Name of Contact Scott Penn	Telephone Number 201-638-1684

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PSEG Central Avenue Substation		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 157 S 14th Street		Square Feet	# of Floors
City (5) Newark		Bldg. Age	
County (6) Essex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Substation	
Name of Monitoring Firm Hired by Building Owner (8) Matrix New World		ASCM No. 00121	Name of Abatement Contractor (9) AbateTech, Inc.
Street Address 26 Columbia Turnpike		Street Address 30 Maple Ave. PO Box 25	
City, State, Zip Code Florham Park, NJ 07932		City, State, Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm Matt Sheldon	Telephone No. 973-240-1800	Telephone No. 609-265-2107	License No. 00529
Start Date (10) <u>2</u> / <u>25</u> / <u>26</u>	Scheduled Completion Date (11) <u>6</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: <u>7</u> AM- <u>9</u> 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"/> 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 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
Vault	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cable Sock Insulation	2,500 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 6/30/26	City, State Morrisville, PA
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 	Date 4-3-26

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

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Date of Notification (1) <u>3</u> / <u>30</u> / <u>26</u>		Name of Building Owner/Operator (2) Verizon Communications	
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 checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 East Montgomery Street	
		City, State, Zip Code Pittsburgh, PA 15212	
		Name of Contact Peter Lesniak (Owners Rep)	Telephone Number 267-634-1010

APR - 6 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Verizon Atlantic City Central Office		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 1609 Pacific Avenue		Square Feet 88,000	# of Floors 7
City (5) Atlantic City		Bldg. Age +75	
County (6) Atlantic	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Verizon	
Name of Monitoring Firm Hired by Building Owner (8) USA EMI	ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC	
Street Address 344 West State Street		Street Address 1123 BEAVER STREET	
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Richard Reynolds	Telephone No. 267-261-2837	Telephone No. 215-788-6040	License No. 02121
Start Date (10) <u>3</u> / <u>2</u> / <u>26</u>	Scheduled Completion Date (11) <u>3</u> / <u>10</u> / <u>26</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/ 5PM-1AM		Street Address 1123 BEAVER STREET	
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 BRISTOL, PA 19007	

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Mechanical Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fittings	2 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Mechanical Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fittings	4 LF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Basement Crawl Space	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Debris	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Storage Room & Exhaust	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	60 LF	<input checked="" 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	Name of Registered Landfill ACUA Landfill
City, State Bristol PA		Disposal Date TBD	City, State Atlantic County NJ
Completed By (Print or Type) Dillan DeCaro	Title Estimator	Signature <i>Dillan DeCaro</i>	Date 3/30/26

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

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

Check # 11939 RECEIVED 4-work Areas

NO OK

Date of Notification (1) MARCH 30, 2026		Name of Building Owner/Operator (2) ARYA PROPERTIES LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 01 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 130 CENTRAL AVENUE
			City, State, Zip Code ISLAND HEIGHTS, NJ 08732
		Name of Contact SHAHEN GHARIBIAN	Telephone Number 732-259-6000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) MOTEL (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 2308 SOUTH OCEAN AVENUE		Square Feet 20,000	# of Floors 2
City (5) SEASIDE PARK, NJ 08752		Bldg. Age 60+-	
County (6) OCEAN	County Code (7) <i>(STATE USE ONLY)</i>	Current Use (Prior if being demolished) MOTEL	

Changed Completion Date

Name of Monitoring Firm Hired by Building Owner (6) EPC TECHNOLOGIES		ASCM No. N/A	Name of Abatement Contractor (9) EPC TECHNOLOGIES	
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) FEBRUARY 16, 2026	Scheduled Completion Date (11) MAY 22, 2026		Name of OSHA Monitor EPC TECHNOLOGIES	
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 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 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 ROOF	(XX)			ROOFING MATERIAL	20,000 SF	XXX			
INTERIOR WALLS/CEILINGS	XXX			POPCORN/COMPOUND JOINT	16,200 SF	XXX			
PARKING LOT			XXX	PILE OF DEBRIS	16,200 SF	XXX			

Name of Registered Waste Hauler EPC TECHNOLOGIES		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 40	Name of Registered Landfill FAIRLESS LANDFILL	
City, State NEW EGYPT, NJ 08533		Disposal Date BY 5/22/26	City, State MORRISVILLE, PA		
Completed by STEVE SCHENKER		Title PRESIDENT	Signature <i>Steve Schenker</i>	Date MARCH 30, 2026	

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>3</u> / <u>25</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 # ONHOLD <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>4</u> PM- <u>4</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"/>
Exterior Ground Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Waterproofing	500 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 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 3/25/26			

1037

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

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Date of Notification (1) 03/25/2026		Name of Building Owner/Operator (2) Oakwood Towers Urban Renewal 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 C/O RY Management Co. 1619 3rd Ave NY	
		City, State, Zip Code NY 10128	
		Name of Contact Robert Vaccarello	Telephone Number 212-534-7771 Ext 148

MAR 30 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Oakwood Towers		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 400 Oakwood Ave, Apt 6D		Square Feet	# of Floors
City (5) Orange		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) N/A	ASCM No.	Name of Abatement Contractor (9) Davas Environmental LLC	
Street Address		Street Address 277 Falmouth Avenue	
City, State, Zip Code		City, State, Zip Code Elmwood Park, NJ 07407	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-598-3869	License No. 02020

Start Date (10) 04/08/2026	Scheduled Completion Date (11) 04/13/2026	Name of OSHA Monitor Davas Environmental 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>non-occupied</u>	Street Address 277 Falmouth Ave
	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 type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

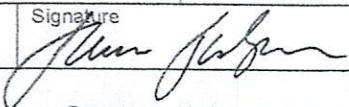
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Apartment 6D		X		Floor Tile	550SF	X			

Name of Registered Waste Hauler Newark Carting	NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill IESI BETHLEHEM LANDFILL
City, State 369 RAYMOND BLVD. NEWARK NJ 07105		Disposal Date TBD	City, State BETHELEHEM, PA 18015
Completed by EDGARD SALAS	Title PRESIDENT	Signature 	Date 03/25/2026

6338

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

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Date of Notification (1) 03/24/2026		Name of Building Owner/Operator (2) Tenafly Public Schools							
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 500 Tenafly Road						
	City, State, Zip Code Tenafly, NJ 07670			Telephone Number 201-816-4515					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Tenafly Middle School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 10 Sunset Lane			Square Feet 150,000	# of Floors 2	Bldg. Age 50+				
City (5) Tenafly		County (6) Bergen		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8) EnviroVIsion Consultants, Inc.		ASCM No. 0079		Name of Abatement Contractor (9) Bako Construction & Restoration, Inc.					
Street Address 20-21 Wagaraw Road Bldg. 35 E			Street Address 34 Deforest Ave. Suite 1						
City, State, Zip Code Fair Lawn, NJ 07410			City, State, Zip Code East Hanover, NJ 07936						
Project Manager for Monitoring Firm Frederick Larson		Telephone No. 973-636-9145		License No. 00666					
Start Date (10) 04/06/2026		Scheduled Completion Date (11) 04/07/2026		Name of OSHA Monitor Bako Construction & 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 34 Deforest Ave. Suite 1						
			City, State, Zip Code East Hanover, NJ 07936						
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) 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
Girls Rear Vestibule		X		Pipe Insulation	4LF	X			
Boys Rear Vestibule		X		Pipe Insulation	4LF	X			
Name of Registered Waste Hauler Bako Constr. & Rest. Inc./Century Waste		NJDEP Waste Hauler ID No. 20889/32797		Cubic Yards of Waste 10	Name of Registered Landfill Fairless Hills/ Waste management				
City, State East Hanover, NJ/ Elizabeth, NJ				Disposal Date TBD	City, State Morrisville, PA				
Completed by Damir Valjevac		Title Project Manager		Signature 		Date 03/24/2026			

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

17829

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

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MAY 3 9 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>3</u> / <u>25</u> / <u>26</u>		Name of Building Owner/Operator (2) Borough of Woodbine / Job #2603-6558 Check #17829	
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 501 Washington Avenue	
		City, State, Zip Code Woodbine, NJ 08270	
		Name of Contact Business Admin	Telephone Number 609-861-2153

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Woodbine Airport Hangar #5		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 660 Henry Decinque Blvd.		Square Feet	# of Floors
City (5) Woodbine		Bldg. Age	
County (6) Cape May	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) 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>4</u> / <u>7</u> / <u>26</u>	Scheduled Completion Date (11) <u>4</u> / <u>9</u> / <u>26</u>	Name of OSHA Monitor IATL
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Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input 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 checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Caulk & Glazing	160 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 10	Name of Registered Landfill Fairless Landfill
City, State Lumberton, NJ		Disposal Date 4/9/26	City, State Morrisville, PA

Completed By (Print or Type) Gwen Trumbetti	Title Operations Coordinator	Signature <i>Gwen</i>	Date 3-25-26
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1704

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:26 and 5:16)

PAID

RECEIVED

MAR 30 2026

Date of Notification (1) <u>3</u> / <u>20</u> / <u>26</u>		Name of Building Owner/Operator (2) Greenwood ACRA, Inc. c/o Parx Casino	
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 3001 Street road	
		City, State, Zip Code Bensalem, PA 19020	
		Name of Contact Joseph Stathius	Telephone Number 267-223-3824

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former Atlantic Race Track		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 4501 Black Horse Pike		Square Feet 40,800	# of Floors 1
City (5) Mays Landing		Bldg. Age 69	
County (6) Atlantic	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Vacant	

Name of Monitoring Firm Hired by Building Owner (8) Vertex		ASCM No.	Name of Abatement Contractor (9) Alliance Environmental Systems	
Street Address 2501 Seaport Drive		Street Address 550 East Union St.		
City, State, Zip Code Chester, PA 19013		City, State, Zip Code West Chester, PA 19382		
Project Manager for Monitoring Firm Dave Turotsy	Telephone No. 610-558-8902	Telephone No. 610-701-9000	License No. 00508	

Start Date (10) <u>4</u> / <u>13</u> / <u>26</u>	Scheduled Completion Date (11) <u>5</u> / <u>29</u> / <u>26</u>	Name of OSHA Monitor Vertex
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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: <u>7AM-3:30PM</u> / _____ PM - _____ AM	Street Address 2501 Seaport Drive
	City, State, Zip Code Chester, PA 19013

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 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
Ticket Booths	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic	425 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jockey Building	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Drywall Joint Compound	5000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jockey Building	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Caulk (38) Windows	(38) 10' x 2'	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paddock Building	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Caulk (3) Windows	(3) 3' x 3'	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Mazza Recycling / Mazza Waste		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 40	Name of Registered Landfill Atlantic County	
City, State Tinton Falls, NJ		Disposal Date T.B.D.	City, State Egg Harbor Township, NJ		
Completed By (Print or Type) Mark Griffin	Title PM	Signature 		Date 3-20-26	

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

1825

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

RECEIVED

Date of Notification (1) <u>03</u> / <u>30</u> / <u>26</u>		Name of Building Owner/Operator (2) Greater Newark Conservancy		APR - 6 2026 CHECK#4825	
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 32 Prince Street			
		City, State, Zip Code Newark, NJ 07103			
		Name of Contact Stan Frankoski		Telephone Number	

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Greater Newark Conservancy		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 32 Prince Street		Square Feet 80,000	# of Floors 4
City (5) Newark		Bldg. Age 50+	
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Under Construttiion	

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) <u>04</u> / <u>01</u> / <u>26</u>	Scheduled Completion Date (11) <u>04</u> / <u>10</u> / <u>26</u>	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: 8:00AM -____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 type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Auditorium	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clean up	3,400 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 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 3/30/26		

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

1857

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

RECEIVED

<u>Date of Notification (1)</u> 04/01/2026		<u>Name of Building Owner/Operator</u> Hackensack Public School District	
<u>Agencies Notified</u> <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		<u>Notification Type</u> <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended #1 <input checked="" type="checkbox"/> Emergency notification (including justification) <input type="checkbox"/> Cancelled	
<u>Street Address</u> 191 Second Street		<u>City, State, Zip Code</u> Hackensack NJ 07601	
<u>Name of Contact</u> Servet Kazazi		<u>Telephone Number</u> (201) 646-0390	
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> Fanny Hiller Elementary School		<u>Type of Facility (4)</u> <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.)	
<u>Street Address</u> 56 Longview Avenue		Sq. Feet: 205,000 # of Floors: 2 Bldg. Age: 79 years old Current Use (prior if being demolished):	
<u>City (5)</u> Hackensack, NJ 07601	<u>County (6)</u> Bergen	<u>County Code (7)</u> (State Use Only)	
<u>Name of Monitoring Firm Hired by Bldg. Owner</u> Karl & Associates LLC		<u>ASCM No.</u>	<u>Name of Contractor (9)</u> BL Contracting Inc.
<u>PO Box 646</u>		<u>Street Address</u> 5 Marguerite Lane	
<u>Shillington PA 19670</u>		<u>City State, Zip Code</u> Towaco NJ 07082	
<u>Project Manager for Monitoring Firm</u> Ed Karl	(601) 698-3308	<u>Telephone Number</u> 973-901-0153	<u>License Number</u> 01265
<u>Scheduled Start Date (10)</u> 04/02/2026	<u>Scheduled Completion Date (11)</u> 04/03/2026	<u>Name of OSHA Monitoring</u> BL Contracting Inc	
<u>Occupancy Status During Abatement (Check only one)</u> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Monday- Saturday 7 am- 4pm		<u>Street Address</u> 5 Marguerite Lane	
		<u>City, State, Zip Code</u> Towaco NJ 07082	
<u>Source of Work (Check all that apply)</u> <div style="display: flex; justify-content: space-between;"> <div> <p>> 3 sf or > 3 lf X > 160 sf or > 260 lf</p> </div> <div> <p><input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition</p> </div> <div> <p><input type="checkbox"/> Wrap & Cut Procedure <input type="checkbox"/> Full Containment <input checked="" type="checkbox"/> Tent Glove-bag Procedure <input type="checkbox"/> Non-Friable Procedure</p> </div> </div>			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Main/Custodial Staff (12)</u> YES NO NA	<u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)</u>	<u>Amount (Specify SF or LF)</u>
Hallway A	<input checked="" type="checkbox"/>	Pipe insulation	8 LF
<u>Name of Reg. Waste Hauler</u> BL Contracting Inc	<u>NJDEP Waste Hauler ID #</u> 0036784	<u>Cubic Yards of Waste</u> 1	<u>Name of Registered Landfill</u> T.R.R..F
		<u>Disposal Date</u> 04/15/2026	<u>City, State</u> Tully town, PA
<u>Completed by (Print or Type)</u> Nedo Vasilic	<u>Title</u> Project Manager	<u>Signature</u> <i>Nedo Vasilic</i>	<u>Date</u> 04/01/2026

1858

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

RECEIVED

APR - 6 2026

Date of Notification (1) **4/01/2026**

Agencies Notified
 EPA
 DCA
 DOL
 DEP
 DOH

Notification Type
 Initial Notification
 Amended #1
 Emergency notification (including justification)
 Cancelled

Name of Building Owner/Operator **Hamilton Township**

Street Address **90 Park Ave**

City, State, Zip Code **Hamilton NJ 08690**

Name of Contact **John Miranda**

Telephone Number **609-631-4100**

Name of Facility Where Abatement is Taking Place (3) **Yardville Middle School**

Street Address **2145 Yardville Hamilton Square Road**

City (5) **Hamilton NJ 08690** County (6) **Mercer** County Code (7) (State Use Only)

Name of Monitoring Firm Hired by Bldg. Owner **Karl Associates** PO Box 646 **Shillington Pa19678**

Name of Contractor (9) **BL Contracting Inc.**

Street Address **5 Marguerite Lane**

City State, Zip Code **Towaco NJ 07082**

Telephone Number **973-901-0153** License Number **01265**

Name of OSHA Monitoring **BL Contracting Inc**

Street Address **5 Marguerite Lane**

City, State, Zip Code **Towaco NJ 07082**

Project Manager for Monitoring Firm **Ed Karl** 610-698-3308

Scheduled Start Date (10) **4/2/2026** Scheduled Completion Date **4/04/2026**

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 7 am- 4pm**

Source of Work (Check all that apply)
 ≥ 3 sf or ≥ 3 lf
 ≥ 160 sf or ≥ 260 lf
 Renovation
 Demolition
 Wrap & Cut Procedure
 Full Containment
 Tent & Glove-bag Procedure
 Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Main/Custodial Staff (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclos
hallway	<input checked="" type="checkbox"/>	Pipe Insulation	12 LF	<input checked="" type="checkbox"/>
Name of Reg. Waste Hauler BL Contracting Inc	NJDEP Waste Hauler ID # 0036784	Cubic Yards of Waste 2	Name of Registered Landfill T.R.R..F	
Completed by (Print or Type) Nedo Vasilic	Title Project Manager	Signature <i>Nedo Vasilic</i>	Disposal Date 4/15/2025	City, State Tully town, PA
			Date 4/01/2026	

4826

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

RECEIVED

Date of Notification (1) 04 / 01 26		Name of Building Owner/Operator (2) South Plainfield Board of Education		CHECK#4826 APR - 6 2026
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 125 Jackson Avenue		
		City, State, Zip Code South Plainfield, NJ 07080		
		Name of Contact Tom Wiggins		Telephone Number 908.217.2394

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Grant 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 and commercial buildings, homes, etc.)		
Street Address 305 Cromwell Pl				
City (5) South Plainfield		Square Feet 40,000	# of Floors 1	Bldg. Age 50+
County (6) MIDDLESEX COUNTY		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) School

Name of Monitoring Firm Hired by Building Owner (8) Whitman		ASCM No.	Name of Abatement Contractor (9) EA Services Corporation	
Street Address 100 Franklin Square Dr #200		Street Address 530 Church Street- Suite 6		
City, State, Zip Code Somerset, NJ 08873		City, State, Zip Code Ridgefield, NJ 07657		
Project Manager for Monitoring Firm		Telephone No. 201-295-1700	License No. 01074	

Start Date (10) 04 / 01 / 26	Scheduled Completion Date (11) 04 / 06 / 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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00AM -____PM/____PM-____AM		Street Address		
		City, State, Zip Code		

Scope of Work (Check all that apply)

<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			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wrap & Cut ACM Elbows	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"/>

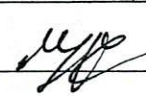
Name of Registered Waste Hauler EA Services Corporation		NJDEP Waste Hauler ID No. 107086	Cubic Yards of Waste tbd	Name of Registered Landfill Minerva Enterprises	
City, State Ridgefield, NJ		Disposal Date tbd		City, State Waynesburg, OH	
Completed By (Print or Type) Marisabel Toribio	Title Clerical	Signature <i>Marisabel Toribio</i>		Date 4/1/26	

0182

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

PAID

RECEIVED

Date of Notification: 03/19/26		Name of Building owner Brian Franey						
Agency Notified EPA DEP X DOL X DOH	Type Notification Initial Amended x Emergency (including Justification) Extended	Street Address: 1 Mekeel Drive						
		City, State, Zip Succasunna NJ 07876						
		Name of Contact: Brian	PHONE: 201 882-3526					
Name of Facility Where Abatement is Taking Place Sewer Treatment plant		Type of Facility (4) School (K-12) Subchapter 8 (Other than (K-12)) X Residential						
Street Address 1 Mekeel Drive		Square Feet 2000	# of Floors 02					
City Succasunna		Bldg. Age 45						
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner		ASCM No.	Name of Abatement Contractor (9) CVK Contracting LLC					
Street		Street Address: 269 Walker St. Apt 6						
City, State, Zip		City, State, Zip Code Fairview, NJ 07022						
Project Manager for Monitoring Firm		Telephone No. 973-641-5400	License No 02044					
Start Date 03/19/26	Scheduled completion Date 03/21/23	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"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Non - Exempted (*) and Non- Friable procedure						
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Closure <input type="checkbox"/> Glovebag Procedure								
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
Kitchen Linoleum Floor		X		ACM	100 SF	X		
Dining Room floor tile mastic				VAT/ACM	108 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 03/26/26		City, WAYNESBURG OHIO				
Completed by Gustavo Ordon		Title President		Signature 		03/19/26		

APR - 8 2026

OS CONTROL & LICENSING

4876

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

PAID

RECEIVED

Date of Notification (1) 3/30/26		Name of Building Owner/Operator (2) DDVS	
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 28 Church Rd.	
		City, State, Zip Code Newton, NJ 07860	
		Name of Contact	Telephone Number

APR - 2 2026

ASBESTOS CONTROL & LICENSING

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 28 Church Rd.		Square Feet 3,200	# of Floors 2
City (5) Newton		Bldg. Age 60 +/-	
County (6) Sussex	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) 3/30/26	Scheduled Completion Date (11) 3/30/26	Name of OSHA Monitor Bamo 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)

- ≥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
1st Fl		X		Plaster	2,314 SF	X			
2nd Fl		X		Plaster	742 SF	X			

Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 30 yd	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Elizabeth, NJ		Disposal Date TBD	City, State Pen Argyl, PA		
Completed by Richard Cristofol		Title President	Signature 	Date 3/30/26	

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

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4709

Date of Notification (1) 3 / 23 / 26		Name of Building Owner/Operator (2) PAID	
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 2 Ridgedale Pl	City, State, Zip Code Woodbridge, NJ 07067
		Name of Contact	Telephone Number

APR - 6 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 2 Ridgedale Pl		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 2 Ridgedale Pl		Square Feet 1075	# of Floors 2
City (5) Woodbridge		Bldg. Age 76	
County (6) Middlesex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Home	

Name of Monitoring Firm Hired by Building Owner (8) AZ Solution Consulting	ASCM No.	Name of Abatement Contractor (9) Brick Industries, Inc.	
Street Address 27 Susquehanna Ave		Street Address PO Box 915	
City, State, Zip Code Rochelle Park, NJ 07662		City, State, Zip Code Brick, NJ 08723	
Project Manager for Monitoring Firm Aleksander Zivanov	Telephone No. 347-612-1572	Telephone No. 7328997499	License No. 01196

Start Date (10) 3 / 24 / 26	Scheduled Completion Date (11) 3 / 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 checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout 2nd fl	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile	300SF	<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 3/27/26	City, State Morrisville, PA
Completed By (Print or Type) Eric Plackis	Title President	Signature 	Date 3/23/26

2052

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

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APR - 2 2026

Date of Notification (1)
03/27/2026

Name of Building Owner/Operator (2)
**16 Verona Place,
Verona, NJ 07044**

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

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

Street Address
16 Verona Place,

City, State, Zip Code
Verona, NJ 07044

Name of Contact

Telephone Number

FACILITY INFORMATION

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

Street Address
16 Verona Place,

City (5)
Verona,

County (6)
Essex

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

Square Feet
1,460

of Floors
2

Bldg. Age
98

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
Essex

ASCM No.

Name of Abatement Contractor (9)
Acme Professional Services Corp

Street Address
170 Kinnelon Rd, Suite 32

City, State, Zip Code
Kinnelon, NJ 07405

Project Manager for Monitoring Firm

Telephone No.
973-938-5266

License No.
02003

Start Date (10)
04/08/2026

Scheduled Completion Date (11)
04/10/2026

Name of OSHA Monitor
Arsenije Adamov

Street Address
170 Kinnelon Rd, Suite 32

City, State, Zip Code
Kinnelon, NJ 07405

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

Scope of Work (Check All That Apply)

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

Renovation
 Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		✓		Tile and mastic	400 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
04/10/2026

City, State
Morrisville, PA

Completed by
Samantha Zamora

Title
Project Coordinator

Signature
Samantha Zamora

Date
03/27/2026

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1262

Check# 1262

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

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Date of Notification (1) 04/03/2026		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 22 Taconic Road		City, State, Zip Code Livingston, NJ 07039							
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 22 Taconic Road		Square Feet	# of Floors						
City (5) Livingston, NJ 07039		Bldg. Age							
County (6) Essex		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) Gr Tech LLC							
City, State, Zip Code		Street Address 576 Valley Road#283							
Project Manager for Monitoring Firm		City, State, Zip Code Wayne, NJ 07470							
Start Date (10) 04/14/2026		Scheduled Completion Date (11) 04/15/2026							
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 Envirovision Consultants, Inc							
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		Street Address 20-21 Wagaraw Road, Bldg.# 35 E							
City, State, Zip Code Fair Lawn, NJ 07410		License No. 01127							
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	Linoleum	100 SF	x			
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD		Name of Registered Landfill T.R.R.F. Inc			
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed by G.Ristanovic		Title Owner		Signature Gradimir Ristanovic		Date 04/03/2026			

APR - 6 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

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

7043

PAID State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to N.J.A.C. 26:27 and 12:12b)

RECEIVED

APR - 6 2026

Date of Notification (1) 4-2-26		Name of Building Owner/Owner (2)	
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2906 Vine Rd	
		City, State, Zip Code Vine Land NJ 08360	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Old Bar		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 596 NW Boulevard		Square Feet 2800	# of Floors 2	Blgd. Age 70
City (5) Vine Land		Current Use (Prior if being demolished) BAR		
County (6)	County Code (7) (STATE USE ONLY)	Name of Monitoring Firm Hired by Building Owner (8)		
Street Address		ASCM No.		
City, State, Zip Code		Name of Abatement Contractor (9) Ami Ice Abatement Contractors LLC		
Project Manager for Monitoring Firm		Street Address 1212 Burlington Ave		
Telephone No.		City, State, Zip Code Delanco NJ 08015		
Start Date (10) 4-12-26	Scheduled Completion Date (11) 4/26/26	Telephone No. 607-346-5916		
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: _____		License No. 01070		
		Name of OSHA Monitor Self		
		Street Address		
		City, State, Zip Code		

Scope of Work (Check All That Apply)

<input type="checkbox"/> < 25 sf or < 15 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 160 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	NA			Removal	Repair	Encapsulation	Enclosure
BASEMENT			<input checked="" type="checkbox"/>	DUCK WRAP	30 LF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Cam Man	NJDEP Waste Permit No. _____	Cubic Yards of Waste	Name of Registered Landfill Graves Landfill
State	Disposal Date LED	City, State Livestown Pa	
Initiated by [Signature]	Title Resident	Signature [Signature]	Date 4-26-26

1261

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

Check# 1261

Date of Notification (1) 04/03/2026		Name of Building Owner/Operator (2) RECEIVED	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Slope Drive City, State, Zip Code Short Hills, NJ 07078 Name of Contact Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 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 1 Slope Drive		Square Feet	# of Floors
City (5) Short Hills, NJ 07078		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) Gr Tech LLC	
Street Address		Street Address 576 Valley Road#283		
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-356-3511	License No. 01127

Start Date (10) 04/13/2026	Scheduled Completion Date (11) 04/14/2026	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 checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Garage			x	Duct insulation	15 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 04/03/2026	

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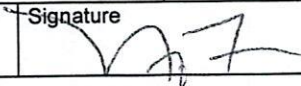
50237

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

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50237
APR - 6 2020

Date of Notification (1) 04 / 02 / 26		Name of Building Owner/Operator (2) Alcoeur Gardens							
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 1126 Lakewood Road							
		City, State, Zip Code Toms River, NJ 08753							
		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 1126 Lakewood Road		Square Feet 650	# of Floors 1						
City (5) Toms 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		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) 04 / 14 / 26	Scheduled Completion Date (11) 04 / 15 / 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 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-barn	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	650 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 04/15/26		City, State Morrisville, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 			Date 4/2/26				

2053

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

RECEIVED

Date of Notification (1) 03/27/2026		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 525 Ridgewood Road,	
		City, State, Zip Code Maplewood, NJ 07040	
		Name of Contact _____ Telephone Number _____	

APR - 6 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 525 Ridgewood Road		Square Feet 2,600	# of Floors 2
City (5) Maplewood		Bldg. Age 96	
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) 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. _____	License No. _____
Start Date (10) 04/06/2026		Scheduled Completion Date (11) 04/08/2026	
Name of OSHA Monitor Arsenije Adamov		Street Address 170 Kinnelon Rd, Suite 32	
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 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
Basement/Crawlspace		✓		Pipe and Fitting Insulation	80 LF	✓			

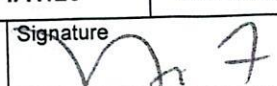
Name of Registered Waste Hauler Acme Professional Services Corp	NJDEP Waste Hauler ID No. 0038176	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill
City, State Kinnelon, NJ		Disposal Date 04/08/2026	City, State Morrisville, PA
Completed by Samantha Zamora	Title Project Coordinator	Signature <i>Samantha Zamora</i>	Date 03/27/2026

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

50239

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

RECEIVED

Date of Notification (1) 04 / 03 / 26		Name of Building Owner/Operator (2) Santos Construction Group, LLC		APR 30 2006 50239					
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 3008 Shafto Road		ASBESTOS CONTROL & LICENSING				
			City, State, Zip Code Tinton Falls, NJ 07753						
			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 233 Royal Place			Square Feet 1000	# of Floors 1	Bldg. Age 75				
City (5) Long Branch			Current Use (Prior if being demolished) Residence						
County (6) Monmouth		County Code (7)(STATE USE ONLY)							
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) 04 / 15 / 26		Scheduled Completion Date (11) 04 / 17 / 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 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	700 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 04/17/26		City, State Morrisville, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 4/3/26			

2957



PAID

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

Print Form

RECEIVED

APR - 2 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 03/28/26		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 35 Mc Gregor Ave	
		City, State, Zip Code Mt. Arlington NJ 07856	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 35 Mc Gregor 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.)		
City (5) Mt. Arlington		Square Feet 1800	# of Floors 2	Bldg. Age 86
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) n/a		

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 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) 04/10/26	Scheduled Completion Date (11) 04/14/26	Name of OSHA Monitor JCR Management Specialist 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: house unoccupied due to water damage	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

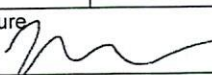
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
dining room 1st floor			xx	VAT	400sf	xx			
Guest Bedroom			xx	VAT	119sf	xx			

Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. 482653	Cubic Yards of Waste 10	Name of Registered Landfill Fairless Landfill	
City, State Elizabeth NJ		Disposal Date 04/14/26		City, State Morrisville Pa	
Completed by John Riley		Title Owner	Signature <i>John Riley</i>	Date 03/28/26	

4110

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

RECEIVED

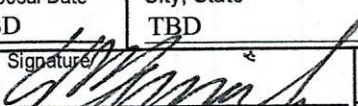
Date of Notification (1) 3/30/2026		Name of Building Owner/Operator (2) APR - 2 2026							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 54 Lincoln Ave							
		City, State, Zip Code Rutherford, NJ 7070							
		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 54 Lincoln Ave		Square Feet unknown	# of Floors 2						
City (5) Rutherford		Bldg. Age unknown							
County (6) Bergen	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) 4/15/2026	Scheduled Completion Date (11) 4/16/2026	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"/> ≥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) 100 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	TSI		X			
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. NJ860	Cubic Yards of Waste 5	Name of Registered Landfill Conestoga Landfill					
City, State Elizabeth, NJ		Disposal Date		City, State Morgantown PA					
Completed by John Kim		Title President		Signature 			Date 3/30/2026		

422

CH 422

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

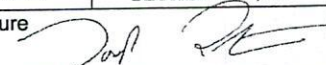
RECEIVED

Date of Notification (1) <u>3/26/26</u>		Name of Building Owner/Operator (2) <u>Jersey Shore Builders</u>		APR 6 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 <u>847 Radio Rd</u>		ASBESTOS CONTROL & LICENSING						
		City, State, Zip Code <u>Little Egg Harbor Twp 08087</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 8 commercial buildings, homes, etc.)							
Street Address <u>103 Haddon Ave.</u>			Square Feet <u>2100 sf</u>	# of Floors <u>1 floor</u>	Bldg. Age <u>45 bags</u>					
City (s) <u>Northfield</u>			Current Use (Prior if being demolished) <u>Residence</u>							
County (6) <u>Camden</u>		County Code(7) (STATE USE ONLY)								
Name of Monitoring Firm Hired by Building Owner (8)		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.	Telephone No. <u>609-481-2122</u>	License No. <u>00689</u>						
Start Date (10) <u>4/4/26</u>	Scheduled Completion Date (11) <u>4/26/26</u>		Name of OSHA Monitor <u>AEi2, LLC</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: _____			Street Address <u>PO Box 499</u>							
			City, State, Zip Code <u>Hammonton, NJ 08037</u>							
Scope of Work (Check all that apply)			<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"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf			<input checked="" type="checkbox"/> Renovation 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	Encapsulation	Enclosure	
<u>Siding</u>			<u>X</u>	<u>Transite</u>	<u>2800 SF</u>	<u>X</u>				
Name of Registered Waste Hauler <u>AEi2</u>		NJDEP Waste Hauler ID No. <u>21376</u>		Cubic Yards of Waste <u>20</u>	Name of Registered Landfill <u>TBD</u>					
City, State <u>Hammonton, 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>3/26/26</u>				

0348

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

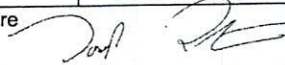
RECEIVED

Date of Notification (1) 03/31/2026		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 55 Curtis Pl		APR - 6 2026					
		City, State, Zip Code Maplewood, NJ 07040		ASBESTOS CONTROL & LICENSING					
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 71 Cleveland St			Square Feet	# of Floors	Bldg. Age				
City (5) Orange			Current Use (Prior if being demolished)						
County (6) Essex		County Code (7) <i>(STATE USE ONLY)</i>							
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) 04/16/2026		Scheduled Completion Date (11) 04/20/2026		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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Interior				Pipe insulation	195LF	<input checked="" type="checkbox"/>			
Interior				Floor Tile	750SF				
Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No. 35103	Cubic Yards of Waste 8	Name of Registered Landfill IESI					
City, State Lakewood, NJ		Disposal Date 04/20/2026		City, State BETHLEHEM, PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature 		Date 03/31/2026			

8313

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

RECEIVED

Date of Notification (1) 03/30/2026		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 133 GLENVIEW LN					
		City, State, Zip Code WILLINGBORO NJ 08046		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 133 GLENVIEW LN			Square Feet	# of Floors	Bldg. Age				
City (5) WILLINGBORO			Current Use (Prior if being demolished)						
County (6) BURLINGTON		County Code (7) <i>(STATE USE ONLY)</i> _____							
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) 04/15/2026		Scheduled Completion Date (11) 04/15/2026		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 checked="" 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 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
Interior				Tiles	620 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 04/15/2026	City, State BETHLEHEM, PA						
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature 	Date 03/30/2026					

1260

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

RECEIVED

Check# 1260

Date of Notification (1) 04/02/2026		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 1421 Marlborough Avenue	
		City, State, Zip Code Plainfield, NJ 07060	
		Name of Contact	Telephone Number

APR - 6 2026

ASBESTOS CONTROL & LICENSING

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 1421 Marlborough Avenue		Square Feet	# of Floors
City (5) Plainfield, NJ 07060		Bldg. Age	
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

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

Start Date (10) 04/11/2026	Scheduled Completion Date (11) 04/13/2026	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 checked="" type="checkbox"/> Renovation	<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
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	

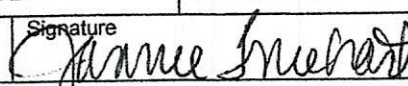
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe insulation	115 LF	x			
Basement			x	Transite panels	100 SF	x			

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA	
Completed by G.Ristanovic		Title Owner	Signature <i>Gradimir Ristanovic</i>		Date 04/02/2026

1960

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

CK# 11960

Date of Notification (1) 3/31/2026		Name of Building Owner/Operator (2) APR - 6 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 8701 Atlantic Ave. City, State, Zip Code Margate, NJ 08402 Name of Contact _____ Telephone Number _____						
	FACILITY INFORMATION								
	Name of Facility Where Abatement is Taking Place (3) Vacant Residential Property Street Address 8701 Atlantic Ave. City (5) Margate County (6) Atlantic		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 2482 # of Floors 2 Bldg. Age 75 years County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) Unoccupied						
Name of Monitoring Firm Hired by Building Owner (8) Street Address _____ City, State, Zip Code _____		ASCM No. _____ Telephone No. _____	Name of Abatement Contractor (9) American Demolition Corp. Street Address 2 English Lane City, State, Zip Code Egg Harbor Twp., NJ 08234 Telephone No. 609-926-7373 License No. 02056						
Start Date (10) 4/9/2026	Scheduled Completion Date (11) 4/25/2026	Name of OSHA Monitor _____ Street Address _____ City, State, Zip Code _____							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____									
Scope of Work (Check All That Apply) <input 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) exterior	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A Yes No N/A			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) asbestos shingles	Amount (Specify SF or LF) 1500 sf	Abatement Type Removal Repair Encapsulate Enclosure			
	Yes No N/A	Yes No N/A	Yes No N/A			X X X	X X X	X X X	X X 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 3/31/2026			

284

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

RECEIVED

Date of Notification (1) 03/24/2026		Name of Building Owner/Operator (2) APR - 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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1702 GRAND AVE								
		City, State, Zip Code ASBURY PARK, NJ 07712								
		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 1702 GRAND AVE		Square Feet	# of Floors							
City (5) ASBURY PARK		Bldg. Age								
County (6) MONMOUTH		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA Lead Professionals							
Street Address		Street Address 6 White Dove Court								
City, State, Zip Code		City, State, Zip Code Lakewood, NJ, 08701								
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-719-5649							
		License No. 1200								
Start Date (10) 04/10/2026		Scheduled Completion Date (11) 04/10/2026								
Name of OSHA Monitor AAA Lead Professionals		Street Address 6 White Dove Court								
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: _____		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 checked="" type="checkbox"/> Renovation <input 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) 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	300LF	<input checked="" type="checkbox"/>				
Interior				Furnace Insulation	20LF	<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 04/10/2026		City, State BETHLEHEM, PA						
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature 				Date 03/24/2026			

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

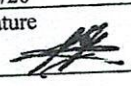
0174

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State Of New Jersey

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

RECEIVED

Date of Notification: 03/04/26		Name of Building owner						
Agency Notified EPA DEP X DOL X DOH	Type Notification X Initial Amended # Emergency (including Justification) Extended	Street Address: 1702 Leslie St						
		City, State, Zip Wall township NJ 07719						
		Name of Contact:	PHONE: 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)) X Residential						
Street Address 1702 Leslie St		Square Feet 2000	# of Floors 02					
City Wall Township		Bldg. Age 45						
County (6) Monmouth	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 03/13/26	Scheduled completion Data 03/16/26	Name of OSHA firm Emsl Analytical inc						
Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours -Describe/Facility closed during the abatement after school hours		Street Address 1056 Stelton Rd STE 5						
Other		City, State, Zip Code Piscataway, NJ 08854						
Scope of Work (Check all apply) > 3 sf or > 3 x xx > 160 sf or > 260 lf		X Full Containment with Negative Pressure Mini Closure Glovebag Procedure X Renovation Demolition Non - Exempted (*) and Non- Friable procedure						
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
Basement floor tile		X		VAT	225 SF	X		
Basement drywalls				Non acm				
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 03/18/26		City, WAYNESBURG OHIO				
Completed by Gustavo Ordon		Title President		Signature 		03/04/26		

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

RECEIVED

1090

MAR 30 2026

Date of Notification (1) 3/25/2026		Name of Building Owner/Operator (2) Blue Creek 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1750 Brielle Ave, Suite 2	
		City, State, Zip Code Ocean, NJ 07712	
		Name of Contact	Telephone Number

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 4 Lakeview Drive		Square Feet	# of Floors
City (5) Deal		Bldg. Age	
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) 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	License No. 1188
Start Date (10) 4/3/2026	Scheduled Completion Date (11) 04/30/2026	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 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	Roof Flashing	300 LF	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 3/25/2026

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

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

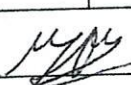
RECEIVED

Date of Notification (1) 3-30-2026		Name of Building Owner/Operator (2)							
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	485 Broadway		APR - 6 2026					
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code		Long Branch, NJ 07740					
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment #	Name of Contact		Telephone Number					
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)								
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation								
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 485 Broadway			Type of Facility (4)						
Street Address 485 Broadway			<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) Long Branch, NJ 07740		Square Feet 2,042	# of Floors 2	Bldg. Age 1910					
County (6) Monmouth		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Office / Commercial					
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 Igbinsosa		Telephone No. (646) 350-9079	Telephone No. 551-308-5069	License No. 02086					
Start Date (10) 4/1/26		Scheduled Completion Date (11) 4/2/26		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 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
Boiler		X		Boiler Insulation	15 SF	X			
Piping System		X		Pipe Insulation	60 LF	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 3/30/26			

0182

State of New Jersey


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

Date of Notification: 03/20/26		Name of Building owner						
Agency Notified EPA DEP X DOL X DOH	Type Notification Initial Amended X Emergency (including Justification) Extended	Street Address: 1244 S 11 th St						
		City, State, Zip South Plainfield NJ 07080						
		Name of Contact:	PHONE. APR - 8 2026					
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 1244 S 11 th St		Square Feet 2000	# of Floors 02					
City South Plainfield NJ		Bldg. Age 45						
County (6) Middlesex	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 03/21/26	Scheduled completion Date 03/23/26		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"/> Renovation <input type="checkbox"/> Demolition		<input checked="" 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		
	Ye	No	N/A			Removal	Repair	Encapsulate
Asbestos-Containing material (ACM) TO BE ABATED IN Facility (13)				Asbestos Containing Material (ACM) (i.e., thermal systems insulation, Surfacing, VAT, or other miscellaneous)				
Basement Pipe insulation		X		Thermal systems insulation	14 LF	X		
Basement transite board				ACM	26 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 03/27/26		City, WAYNESBURG OHIO					
Completed by Gustavo Ordon	Title President		Signature 		03/20/26			

0173

PAID

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

Date of Notification: 02/23/26		Name of Building owner		RECEIVED		
Agency Notified EPA DEP X DOL X DOH	Type Notification Initial Amended # x Emergency (including Justification) Extended	Street Address: 8 North Elk Ave City, State, Zip Dover NJ 07801		APR - 8 2026		
		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 8 North Elk Ave			Square Feet 2000	# of Floors 02	Bldg. Age 45	
City Dover		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)		
County (6) Morris						
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 02/24/26	Scheduled completion Data 02/25/26		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) X Renovation X Mini Closure X Demolition Full Containment with Negative Pressure Glovebag Procedure Non - Exempted (*) and Non- Friable procedure						
<input type="checkbox"/> > 3 sf or > 3 x <input checked="" type="checkbox"/> xx > 160 sf or > 260 lf						
Location of	Is Location Normally	Description of	Amount (Specify SF or LF)	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)		Removal	Repair	Encapsulate
	Ye s					
Basement asbestos debris in the heating pipes	X	ACM	85 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 02/27/26		City, WAYNESBURG OHIO		
Completed by Gustavo Ordon	Title President	Signature 		02/23/26		

4211

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

RECEIVED

Date of Notification (1) 3 / 26 / 26		Name of Building Owner/Operator (2) APR - 6 - 2026	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 568 Alabama Ave	
		City, State, Zip Code Brick, NJ 08724	
		Name of Contact	Telephone Number

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 568 Alabama 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) Brick		Square Feet 1570	# of Floors 2
County (6) Ocean		County Code (7)(STATE USE ONLY)	Bldg. Age 59
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) 3 / 27 / 26	Scheduled Completion Date (11) 3 / 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 checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile	600SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mastic	600SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Brick Industries, Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill	
City, State Brick, NJ		Disposal Date 3/31/26	City, State Morrisville, PA		
Completed By (Print or Type) Eric Plackis	Title President	Signature 	Date 3/26/26		

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

11953

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

CK# 11953

RECEIVED

APR - 2 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 3/25/2026		Name of Building Owner/Operator (2) Blueberry RVP, LLC	
Agencies Notified	Type Notification	Street Address	City, State, Zip Code
<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	6735 Conroy Rd., Ste 420	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Vacant Residential Property		Type of Facility (4)	
Street Address 283 Clarks Landing Rd.		<input type="checkbox"/> School (K-12)	<input type="checkbox"/> Subchapter 8 (Other than K-12)
City (5) Port Republic		<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Square Feet 2988	# of Floors 2
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) Unoccupied	
Street Address		Name of Abatement Contractor (9) American Demolition Corp.	
City, State, Zip Code		Street Address 2 English Lane	
Project Manager for Monitoring Firm		City, State, Zip Code Egg Harbor Twp., NJ 08234	
Telephone No.		Telephone No. 609-926-7373	License No. 02056
Start Date (10) 4/3/2026	Scheduled Completion Date (11) 4/18/2026	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 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	2000 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 3/25/2026	

4175 split

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

RECEIVED

Date of Notification (1) 03 / 23 / 26		Name of Building Owner/Operator (2) Windsor Regency Condos Job #2603-3506 check# 4178	
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 43 Garden View Terrace, Unit 9	
		City, State, Zip Code East Windsor NJ	
		Name of Contact	Telephone Number

MAR 30 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential- 43-09 Garden View Terrace		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 43-09 Garden View Terrace		Square Feet TBD	# of Floors 1
City (5) East Windsor		Bldg. Age 1968	
County (6) Mercer	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Vacant	
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	License No. 00862
Start Date (10) 04 / 08 / 26	Scheduled Completion Date (11) 04 / 09 / 26	Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 U.S. Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

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

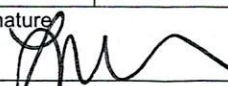
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Maintenance Shop & Furance Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	178 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance Staff Rm/Storage Rm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	80 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 04/09/2026	City, State Morrisville, PA		
Completed By (Print or Type) Kaysi Gruner	Title Office Admin	Signature 		Date 3/23/26	

COURTESY

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

RECEIVED

Date of Notification (1) 3 / 26 / 26		Name of Building Owner/Operator (2) Job # 2603-6561 Check # 17873 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 14 Vassar Ave City, State, Zip Code Somerdale, NJ 08083						
			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 and commercial buildings, homes, etc.)						
Street Address 14 Vassar Ave			Square Feet 1700	# of Floors 2	Bldg. Age 71 years old				
City (5) Somerdale		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) AbateTech, Inc.						
Street Address 30 Maple Ave. PO Box 25		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Lumberton, NJ 08048		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) 4 / 4 / 26		Scheduled Completion Date (11) 4 / 11 / 26		Name of OSHA Monitor EMSL Analytical					
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 200 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 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 Siding	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Siding	1600SF	<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	Name of Registered Landfill FAIRLESS Landfill					
City, State Lumberton, NJ		Disposal Date 4/11/26	City, State Morrisville, PA						
Completed By (Print or Type) Lauren Welch		Title Asst Opp Coord	Signature 		Date 3-26-24				

4212



PAID

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

RECEIVED

Date of Notification (1) 3 / 27 / 26		Name of Building Owner/Operator (2) APR - 6 2026							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 3100 Rt 138W City, State, Zip Code Wall, NJ 07719 Name of Contact Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 3100 Rt 138W		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) Wall	Square Feet 4000	# of Floors 1	Bldg. Age 65						
County (6) Monmouth	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Office							
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) 3 / 28 / 26	Scheduled Completion Date (11) 3 / 29 / 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
1 room, hallway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile	194SF	<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 3/31/26	City, State Morrisville, PA							
Completed By (Print or Type) Eric Plackis	Title President	Signature 	Date 3/27/26						

4214

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

Date of Notification (1) 3 / 30 / 26		Name of Building Owner/Operator (2) RECEIVED	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1301 3rd Avenue	
		City, State, Zip Code Spring Lake, NJ 07762	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 1301 3rd 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) Spring Lake		Square Feet 2000	# of Floors 2
County (6) Monmouth		County Code (7)(STATE USE ONLY)	Bldg. Age 90
Name of Monitoring Firm Hired by Building Owner (8) AZ Solution Consulting		Current Use (Prior if being demolished) Home (not commercial)	

Name of Abatement Contractor (9) Brick Industries, Inc.		ASCM No.	
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) 3 / 31 / 26	Scheduled Completion Date (11) 4 / 1 / 26	Name of OSHA Monitor AZ Solution Consulting	
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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 27 Susquehanna Ave	
		City, State, Zip Code Rochelle Park, NJ 07662	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Crawlspace	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler insulation	60SF	<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 4/2/26	City, State Morrisville, PA		
Completed By (Print or Type) Eric Plackis	Title President	Signature 	Date 3/30/26		

0179

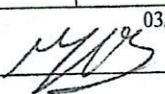
PAID
State Of New Jersey

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

RECEIVED

APR - 8 2026

Date of Notification: 03/06/26		Name of Building owner					
Agency Notified EPA DEP X DOL X DOH	Type Notification Initial Amended # X Emergency (including Justification) Extended	Street Address: 4 Donner CT					
		City, State, Zip Monmouth Junction NJ 08852					
		Name of Contact:	PHONE:				
Name of Facility Where Abatement is Taking Place House		Type of Facility (4) ASBESTOS CONTROL & LICENSED School (K-12) Subchapter 8 (Other than (K-12)) X Residential					
Street Address 4 Donner Ct		Square Feet 2000	# of Floors 02				
City Monmouth NJ		Bldg. Age 45					
County (6) Middlesex	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 03/07/26	Scheduled completion Date 03/09/26	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					
		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		<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			
Asbestos-Containing material (ACM) TO BE ABATED IN Facility (13)	Used Solely by Maintenance/Custodial Staff? (12)	Asbestos Containing Material (ACM) (i.e., thermal systems insulation, Surfacing, VAT, or other miscellaneous)		Removal	Repair	Encapsulate	Enclosure
	Ye s						
Basement floor tile, mastic	X	VAT/acm	606 SF	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 03/18/26	City, WAYNESBURG OHIO				
Completed by Gustavo Ordon	Title President	Signature 03/06/26					



0185

PAID
State Of New Jersey

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

Date of Notification: 03/24/26		Name of Building owner					
Agency Notified EPA DEP X DOL X DOH	Type Notification Initial Amended # X Emergency (including Justification) Extended	Street Address: 207 Dellwood Rd					
		City, State, Zip Code Metuchen NJ 08840					
		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 207 Dellwood		Square Feet 2000	# of Floors 02				
City Metuchen NJ		Bldg. Age 45					
County (6) Middlesex	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 03/25/26	Scheduled completion Data 03/27/26	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"/> 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			
Asbestos-Containing material (ACM) TO BE ABATED IN Facility (13)	Used Solely by Maintenance/Custodial Staff? (12)		Asbestos Containing Material (ACM) (i.e., thermal systems insulation, Surfacing, VAT, or other miscellaneous)	Removal	Repair	Encapsulate	Enclosure
	Ye s	No					
Basement bedroom floor tile mastic	X	VAT/ACM	100 SF	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 03/13/26	City, WAYNESBURG OHIO				
Completed by Gustavo Ordon	Title President	Signature 	03/24/25				

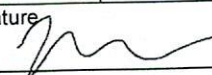
RECEIVED

APR - 8 2026

OS CONTROL & LICENSING

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

RECEIVED

Date of Notification (1) 4/2/2026		Name of Building Owner/Operator (2) APR 6 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 type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 39 landvale road		City, State, Zip Code Spotswood NJ					
		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 39 Landvale Rd			Square Feet unknown	# of Floors 2	Bldg. Age unknown				
City (5) Spotswood		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
County (6) Middlesex		Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.					
Name of Abatement Contractor (9) Gold Coast Management LLC		Street Address 30 Sherman Ave		City, State, Zip Code Jersey City, NJ 07307					
Street Address		Telephone No. 908-270-8556		License No. 02109					
City, State, Zip Code		Name of OSHA Monitor John Kim		Street Address 30 Sherman Ave					
Project Manager for Monitoring Firm TBD		Telephone No.		City, State, Zip Code Jersey City, NJ 07307					
Start Date (10) 4/6/2026		Scheduled Completion Date (11) 4/8/2026		Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____					
Scope of Work (Check All That Apply) <input 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 checked="" 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
Basement			X	VAT	50 SF	X			
Living Room			X	Popcorn ceiling	150 SF	X			
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. NJ860		Cubic Yards of Waste 5		Name of Registered Landfill Conestoga Landfill			
City, State Elizabeth, NJ		Disposal Date		City, State Morgantown PA					
Completed by John Kim		Title President		Signature 		Date 4/2/2026			

4215

PAID

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

RECEIVED

Date of Notification (1) 3 / 31 / 26		Name of Building Owner/Operator (2) APR - 6 2026								
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 611 Boulton Ave								
		City, State, Zip Code Point Pleasant, NJ 08742								
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) 611 Boulton 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) Point Pleasant		Square Feet 2000	# of Floors 2							
County (6) Ocean		County Code (7)(STATE USE ONLY)	Bldg. Age 70							
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) 4 / 1 / 26		Scheduled Completion Date (11) 4 / 2 / 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								
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	
Bedroom, family room, foyer	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile	400SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bedroom, family room, foyer	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 4/3/26		City, State Morrisville, PA						
Completed By (Print or Type) Eric Plackis		Title President		Signature 				Date 3/31/26		

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

7818

07603

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

Date of Notification (1) 03 / 20 / 26		Name of Building Owner/Operator (2) Greater Bergen Community Actions		RECEIVED CHECK#4818					
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 505 Main Street-Suite 300							
		City, State, Zip Code Hackensack, NJ 07601							
		Name of Contact		Telephone Number		ASBESTOS CONTROL LICENSING			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)			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 215 Ridgefield Avenue			Square Feet 2,500	# of Floors 2	Bldg. Age 50+				
City (5) Bogota Borough		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Residence					
County (6) BERGEN		Name of Monitoring Firm Hired by Building Owner (8)		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. 201-295-1700		License No. 01074					
Start Date (10) 03 / 30 / 26		Scheduled Completion Date (11) 04 / 04 / 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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00AM -____PM/____PM-____AM			Street Address						
			City, State, Zip Code						
Scope of Work (Check all that apply)									
<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
Garage Ceiling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 3/20/26			

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

PAID

Date of Notification (1) 3-26-26

Name of Building Owner/Operator (2) TECON Custom Builders

Street Address 70 Box 956

City, State, Zip Code Ocean City NJ 08226

Name of Contact ASBESTOS

Telephone Number 08226

Agencies Notified

EPA Initial

DEP Amended

DOL Emergency (including justification)

DOH Cancellation

DCA

FACILITY INFORMATION

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

Street Address 31 Walnut Rd

City (5) Ocean City

County (6) Atlantic

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 910 sq

of Floors 2

Blgd. Age 70

Current Use (Prior if being demolished) Resident

Name of Abatement Contractor (9) Am. Ice Abatement Contractors LLC

Street Address 1212 Burlington Ave

City, State, Zip Code Asbury NJ 08015

Telephone No. 609-346-5916

License No. 01070

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Project Manager for Monitoring Firm

Telephone No.

Start Date (10) April 6 26

Scheduled Completion Date (11) April 15 26

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other - Describe:

Name of OSHA Monitor Self

Street Address

City, State, Zip Code

Scope of Work (Check All That Apply)

< 25 sf or < 25 lf

> 160 sf or > 260 lf

Renovation

Demolition

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely for Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (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
<u>outside</u>			<input checked="" type="checkbox"/>	<u>ACM siding</u>	<u>2000 SF</u>				

Name of Registered Waste Hauler Cape May

State Cape May

Name of Registered Landfill Cape May Landfill

City, State Cape May NJ

Disposal Date 1-3-26

Signature [Signature]

Date 3-26-26

NJDEP Waste Form # 11

Cubic Yards of Waste

* Do not use this form for asbestos measure exempted activities

0184

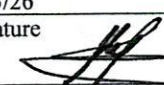
State Of New Jersey

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

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APR - 8 2026

Date of Notification: 03/26/26		Name of Building owner APH Developers LLC							
Agency Notified EPA DEP X DOL X DOH	Type Notification X Initial Amended Emergency (including Justification) Extended	Street Address: 15 Raleigh Court							
		City, State, Zip Berkeley Heights, NJ 07922							
		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 754 Linden Avenue		Square Feet 2000	# of Floors 02						
City Rahway, NJ 07065		Bldg. Age 45							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner		ASCM No.	Name of Abatement Contractor (9) CVK Contracting LLC						
Street		Street Address: 269 Walker St. Apt 6							
City, State, Zip		City, State, Zip Code Fairview, NJ 07022							
Project Manager for Monitoring Fir	Telephone No.	Telephone No. 973-641-5400	License No 02044						
Start Date 04/04/26	Scheduled completion Data 04/10/26	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		X Full Containment with Negative Pressure Mini Closure Glovebag Procedure Non - Exempted (*) and Non- Friable procedure							
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
First Floor Plaster	X			ACM	2,500 SF	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 04/13/26		City, WAYNESBURG OHIO					
Completed by Gustavo Ordon	Title President	Signature 		03/26/26					

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

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APR - 2 2026

Date of Notification (1) 03/18/2026		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 95 Clinton Ave	
		City, State, Zip Code Hillsdale NJ 07642	
		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 95 Clinton Ave		Square Feet	# of Floors
City (5) Hillsdale		Bldg. Age	
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) 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) 03/27/2026	Scheduled Completion Date (11) 04/04/2026	Name of OSHA Monitor ILV Contracting LLC	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 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"/> 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
Attic			NA	Vermiculate Insulation	900	x		x	

Name of Registered Waste Hauler ILV Contracting LLC	NJDEP Waste Hauler ID No. 113851	Cubic Yards of Waste	Name of Registered Landfill Grand Central Landfill
City, State Clifton New Jersey	Disposal Date TBD	City, State Pen Argyl, PA	
Completed by Ivana Velkov	Title President	Signature <i>I Velkov</i>	Date 03/18/2026

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



RECEIVED

Date of Notification (1) 03/18/2026		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 326 Orenda Circle City, State, Zip Code Westfield New Jersey 07090 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 326 Orenda Circle		Square Feet	# of Floors							
City (5) Westfield		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) 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) 03/30/2026	Scheduled Completion Date (11) 04/11/2026	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 New Jersey 07013								
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			NA	Asbestos Tiles	586	x		x		
Name of Registered Waste Hauler ILV Contracting LLC		NJDEP Waste Hauler ID No. 113851	Cubic Yards of Waste	Name of Registered Landfill Grand Central Landfill						
City, State Clifton New Jersey			Disposal Date TBD	City, State Pen Arqyl, PA						
Completed by Ivana Velkov		Title President	Signature <i>I Velkov</i>				Date 03/18/2026			

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

RECEIVED

Date of Notification (1) 03/24/2026		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 70 Overbrook dr								
		City, State, Zip Code Colonia New Jersey 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	# of Floors 2							
City (5) Colonia		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)		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 New Jersey 07013								
Project Manager for Monitoring Firm		Telephone No. 917-403-3160	License No. 02132							
Start Date (10) 04/02/2026	Scheduled Completion Date (11) 04/09/2026	Name of OSHA Monitor ILV Contracting LLC								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 16 Hillcrest Ave								
		City, State, Zip Code Clifton New Jersey 07013								
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) 18	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
First floor			NA	Tiles and Mastic		X	X			
Name of Registered Waste Hauler ILV Contracting LLC		NJDEP Waste Hauler ID No. 113851	Cubic Yards of Waste	Name of Registered Landfill Grand Central Landfield						
City, State Clifton, New Jersey		Disposal Date TBD		City, State Pen Argyl, PA						
Completed by Ivana Velkov		Title President	Signature <i>I Velkov</i>				Date 03/24/2026			

50228

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

RECEIVED
50228
APR - 6 2026

Date of Notification (1) 03 / 31 / 26		Name of Building Owner/Operator (2) Legacy Custom Home Builders	
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 5021 Industrial Road	
		City, State, Zip Code Wall, NJ 07727	
		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 179 Cartagena Drive		Square Feet 2000	# of Floors 2
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) 04 / 10 / 26	Scheduled Completion Date (11) 04 / 14 / 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	2200 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 5	Name of Registered Landfill Fairless Landfill
City, State Toms River, New Jersey		Disposal Date 04/14/26	City, State Morrisville, Pennsylvania
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 3/31/26

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

no check

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

RECEIVED

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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation		Street Address 276-280 Lyons Ave
	City, State, Zip Code Newark NJ 07112		Name of Contact _____
	Telephone Number _____		_____

MAR 27 2026

ASBESTOS CONTROL & LICENSING

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 NJ 07070		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.	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 LF	x			
EXTERIOR		x		ROOF	1100 SF				

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

4213

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

RECEIVED

Date of Notification (1) 3 / 27 / 26		Name of Building Owner/Operator (2) PAID	
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 3 King Road	
		City, State, Zip Code Landing, NJ 07850	
		Name of Contact	Telephone Number

APR - 6 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 3 King 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 and commercial buildings, homes, etc.)	
Street Address 3 King Road		Square Feet 1152	# of Floors 1
City (5) Landing		Bldg. Age 106	
County (6) Morris	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Home	

Name of Monitoring Firm Hired by Building Owner (8) Aleksander Zivanov		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

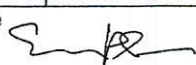
Start Date (10) 3 / 30 / 26	Scheduled Completion Date (11) 3 / 31 / 26	Name of OSHA Monitor AZ Solution Consulting		
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Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___AM-___PM/___PM-___AM		Street Address 27 Susquehanna Ave		
		City, State, Zip Code Rochelle Park, NJ 07662		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile	500SF	<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 4/1/26	City, State Morrisville, PA		
Completed By (Print or Type) Eric Plackis	Title President	Signature 		Date 3/27/26	