

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

RECEIVED

Date of Notification (1) 08/18/2026		Name of Building Owner/Operator (2) Newark Board of Education		AUG 24 2026				
Agencies Notified		Type Notification		Street Address				
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA		☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation		765 Broad Street				
				City, State, Zip Code Newark, NJ 07102				
		Name of Contact Benjamin Olagadeyo		Telephone Number 973- 332-4012				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Weequahic High School				Type of Facility (4)				
Street Address 279 Chancellor Ave				☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)				
City (5) Newark				Square Feet 50,000+	# of Floors 2			
County (6) Essex				Bldg. Age 50+				
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. 0003		Name of Abatement Contractor (9) Spes Contracting LLC				
Street Address 1253 North Church Street		Street Address 59 Beaverbrook Rd. Suite 302 E						
City, State, Zip Code Moorestown, New Jersey 08057		City, State, Zip Code Lincoln Park, NJ 07035						
Project Manager for Monitoring Firm Jim Guilardi		Telephone No. 609-314-1683		Telephone No. 973-807-6330	License No. 01383			
Start Date (10) 08/20/2026		Scheduled Completion Date (11) 08/25/2026		Name of OSHA Monitor Spes Contracting LLC				
Occupancy Status During Abatement (Check Only One)				Street Address 59 Beaverbrook Rd. Suite 302 E				
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____				City, State, Zip Code Lincoln Park, NJ 07035				
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) <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
Kitchen Basement		X		Floor Tile/Mastic	1200 SF	X		
Name of Registered Waste Hauler Spes Contracting LLC		NJDEP Waste Hauler ID No. 0038075		Cubic Yards of Waste 20	Name of Registered Landfill Tri State Transfer & Associates			
City, State Lincoln Park, NJ 07035				Disposal Date TBD	City, State Bronx, NY			
Completed by Branislav Pavlov		Title General Manager		Signature 		Date 08/18/2026		

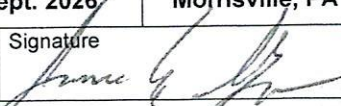
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) 08/13/2026		Name of Building Owner/Operator (2) East Brunswick Public Schools	
Agencies Notified	Type Notification	Street Address 18 Edgeboro Rd.	
☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code East Brunswick, NJ 08816	
		Name of Contact Karen Deignan	Telephone Number 732-613-6727
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) EAST BRUNSWICK H.S.		Type of Facility (4) ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 380 CRANBURY RD		Square Feet	# of Floors
City (5) East Brunswick		Bldg. Age	
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) school	
Name of Monitoring Firm Hired by Building Owner (8) EDI		ASCM No.	Name of Abatement Contractor (9) VMC Company, Inc.
Street Address 5434 King Ave		Street Address 208 Piaget Ave	
City, State, Zip Code Pennsauken, NJ 08109		City, State, Zip Code Clifton, NJ 07011	
Project Manager for Monitoring Firm TIM GROMEN		Telephone No. 888-306-4545	License No. 00704
Start Date (10) 08/25/2026	Scheduled Completion Date (11) 08/25/2026	Name of OSHA Monitor VMC Company, Inc.	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address	
		City, State, Zip Code	
Scope of Work (Check All That Apply)			
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition	
		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) In Facility (13) TO BE ABATED	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
KITCHEN		X	PIPE INSUL. WRAP & CUT.
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste
City, State Elizabeth, NJ		Name of Registered Landfill IESI Landfill	
		Disposal Date	City, State Bethlehem, PA
Completed by Voytek Roszkowski	Title President	Signature <i>V. Roszkowski</i>	Date 08/13/2026

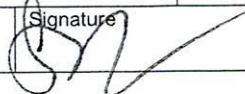
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

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Date of Notification (1) 08 / 19 / 26		Name of Building Owner/Operator (2) STMB Properties LLC							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 40 River Road							
		City, State, Zip Code Summit, NJ 07901							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 559 Morris Avenue		Square Feet 1,700	# of Floors 2						
City (5) Summit	Bldg. Age 80 + yrs.								
County (6) Union	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) ABS Environmental Group		ASCM No. N/A	Name of Abatement Contractor (9) SafeAir Solutions						
Street Address P.O. Box 483		Street Address P.O. Box 11							
City, State, Zip Code Glenwood, NJ 07418		City, State, Zip Code Cedar Grove, NJ 07009							
Project Manager for Monitoring Firm Scott Higgins		Telephone No. 973-764-2276	Telephone No. 973-868-3323						
License No. 02115									
Start Date (10) 08 / 31 / 26	Scheduled Completion Date (11) 09 / 25 / 26	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
☐ >3 sf or >3 lf ☐ Renovation ☒ ≥160 sf or ≥260 lf ☒ Demolition									
☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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 - Throughout	☐	☐	☒	Wall/Ceiling Plaster	2,905 SF	☒	☐	☐	☐
2nd Floor - Throughout & attic	☐	☐	☒	Wall/Ceiling Plaster	2,514 SF	☒	☐	☐	☐
Garage Roof	☐	☐	☒	Asphalt Roofing Materials	600 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill					
City, State Elizabeth, NJ		Disposal Date Sept. 2026		City, State Morrisville, PA					
Completed By (Print or Type) James E Unger		Title President		Signature 				Date 8-19-26	

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

RECEIVED

Date of Notification (1) 08/21/2026		Name of Building Owner/Operator (2) Church Without Borders							
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		Street Address 60 Branch Street						
			City, State, Zip Code Medford, NJ 08055						
		Name of Contact John Megaw	Telephone Number 609-283-8028						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Church Without Borders		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 60 Branch Street		Square Feet 6,560	# of Floors 3						
City (5) Medford		Bldg. Age 172							
County (6) Burlington	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Church							
Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental, Inc.		ASCM No. _____	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 617 Stokes Road, Suite 318		Street Address 623 Cutler Avenue							
City, State, Zip Code Medford, NJ 08055		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Mark Rubnitz		Telephone No. 609-868-1676	License No. 00842						
Start Date (10) 08/31/2026	Scheduled Completion Date (11) 09/11/2026		Name of OSHA Monitor EMSL Analytical, Inc.						
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check All That Apply) ☒ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf ☒ Renovation ☐ Demolition ☒ Full Containment with Negative Pressure ☒ Mini-Enclosure ☒ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
Heater Room	X			Pipe Insulation	50 LF	X			
Under Stairs		X		Pipe Insulation	40 LF	X			
2nd Floor		X		Floor Tile & Mastic	1,630 SF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 12	Name of Registered Landfill Conestoga Landfill				
City, State Freehold, NJ				Disposal Date 09/11/2026	City, State Morgantown, PA				
Completed by Samantha Brown		Title Operations Coordinator			Signature 			Date 08/21/2026	

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

RECEIVED
14506

Date of Notification (1)

8 / 20 /2026

Agencies Notified

☒ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☐ Initial Notification
☒ Amended Notification #6
☐ Cancellation
☐ On Hold
☐ EMERGENCY NOTIFICATION

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

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

JERSEY SHORE UNIVERSITY MEDICAL CENTER

Street Address

1945 STATE HWY. 33

City (5)

NEPTUNE

County (6)

MONMOUTH

County Code (7)
(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL TACTICS INC.

Street Address

64 BROAD STREET

City, State, Zip Code

MATAWAN, NJ

Project Manager for Monitoring Firm

THOMAS GEIGER

Telephone Number

732-290-2217

Expected State Date (10)

5 / 1 /2026
Month Day Year

Sched. Completion Date (11)

12 / 30 /2026
Month Day Year

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: MON. -FRID. 7AM-3:30 PM

Type of Facility (4)

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

Square Feet
1,000,000

of Floors
6

Bldg. Age
89

Current Use (Prior if being demolished)

COMMERCIAL

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 OSHA Monitor

QUALITY ENVIRONMENTAL

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-Enclo.
☐ Glovebag Procedure
☐ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
2ND FLOOR MEHANDRU WING			X	FLOOR TILE MASTIC	5,785 SF	X			
ADDITION TO SCOPE:									
1ST FLOOR PATIENT EXPERIENCE AREA			X	VAT & MASTIC	1,500 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
25

Disposal Date

1/12/2026-12/30/2026

Name of Registered Landfill

GRAND CENTRAL SANITARY LANDFILL

City, State

PLAINFIELD TOWNSHIP, PA

Date

8.20.26

Completed by (Print or Type)

BENJAMIN SANCHEZ

Title

DIRECTOR OF OPERATIONS

Signature

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

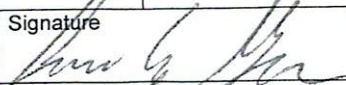
Check # 5975

Project #

Date of Notification (1) 08/15/2026		Name of Building Owner/Operator (2) AUG 24 2026							
Agencies Notified	Type Notification	Street Address							
☐ EPA ☐ DEP ☐ DOL ☐ DOH ☐ DCA	☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	107 N Maple Ave							
		City, State, Zip Code Basking Ridge, NJ 07920							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)							
Street Address 107 N Maple Ave		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Basking Ridge, NJ 07920		Square Feet	# of Floors						
		Bldg. Age							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)						
			Nick Restoration LLC						
Street Address		Street Address							
		72 Brookside Rd							
City, State, Zip Code		City, State, Zip Code							
		Randolph, NJ 07869							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		973933-2550	01358						
Start Date (10) 08/25/2026	Scheduled Completion Date (11) 08/27/2026	Name of OSHA Monitor							
		Nick Restoration LLC							
Occupancy Status During Abatement (Check Only One)		Street Address							
☒ Facility Closed/Vacated During Entire Period of Abatement		72 Brookside Rd							
☐ Abatement Performed Outside of Normal Facility Hours		City, State, Zip Code							
☐ Other - Describe:		Randolph, NJ 07869							
Scope of Work (Check All That Apply)									
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition							
		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
Outside of the house		x		Transit	100 Sf	x			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill					
Century		04509	TBD	G.R.O.W.S					
City, State		Disposal Date		City, State					
Elizabeth NJ		TBD		Tullytown, Pa					
Completed by		Title	Signature	Date					
Nikica Mrda		President	<i>Nikica Mrda</i>	08/15/2026					

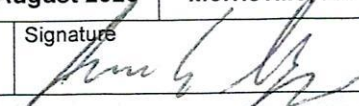
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NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

RECEIVED

Date of Notification (1) 08 / 20 / 26		Name of Building Owner/Operator (2) STMB Properties LLC							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☒ Amended Amendment # 1 ☐ Emergency (including justification) ☐ Cancellation	Street Address 40 River Road							
		City, State, Zip Code Summit, NJ 07901							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 565 Morris Avenue									
City (5) Summit	Square Feet 4,200	# of Floors 2	Bldg. Age 80 + yrs.						
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) ABS Environmental Group		ASCM No. N/A	Name of Abatement Contractor (9) SafeAir Solutions						
Street Address P.O. Box 483		Street Address P.O. Box 11							
City, State, Zip Code Glenwood, NJ 07418		City, State, Zip Code Cedar Grove, NJ 07009							
Project Manager for Monitoring Firm Scott Higgins		Telephone No. 973-764-2276	Telephone No. 973-868-3323						
License No. 02115									
Start Date (10) 08 / 24 / 26	Scheduled Completion Date (11) 09 / 10 / 26	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-3PM/11PM-AM		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
☐ ≥ 3 sf or ≥ 3 lf ☐ Renovation ☒ ≥ 160 sf or ≥ 260 lf ☒ Demolition ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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	☐	☐	☒	Flue Packing Material	1 SF	☒	☐	☐	☐
1st Floor - Throughout	☐	☐	☒	Wall/Ceiling Plaster	2,849 SF	☒	☐	☐	☐
2nd Floor - Throughout	☐	☐	☒	Wall/Ceiling Plaster	4,927 SF	☒	☐	☐	☐
1st & 2nd Floor Kitchens	☐	☐	☒	Vinyl Flooring Materials	495 SF	☐	☐	☐	☐
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill					
City, State Elizabeth, NJ		Disposal Date August 2026		City, State Morrisville, PA					
Completed By (Print or Type) James E Unger		Title President		Signature 		Date 8-20-26			

State of New Jersey
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Name of Facility Where Abatement is Taking Place (3) House				Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 563 Morris Avenue									
City (5) Summit		Square Feet 1,500	# of Floors 2	Bldg. Age 80 + yrs.					
County (6) Union		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) House					
Name of Monitoring Firm Hired by Building Owner (8) ABS Environmental Group		ASCM No. N/A	Name of Abatement Contractor (9) SafeAir Solutions						
Street Address P.O. Box 483		Street Address P.O. Box 11							
City, State, Zip Code Glenwood, NJ 07418		City, State, Zip Code Cedar Grove, NJ 07009							
Project Manager for Monitoring Firm Scott Higgins		Telephone No. 973-764-2276	Telephone No. 973-868-3323	License No. 02115					
Start Date (10) 08 / 20 / 26		Scheduled Completion Date (11) 09 / 20 / 26		Name of OSHA Monitor Same as above					
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address					
				City, State, Zip Code					
Scope of Work (Check all that apply)									
☐ ≥ 3 sf or ≥ 3 lf		☐ Renovation		☒ Full Containment with Negative Pressure					
☒ ≥ 160 sf or ≥ 260 lf		☒ Demolition		☐ Mini-Enclosure					
				☐ Glovebag Procedure					
				☐ 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 - Thruog	☐	☐	☒	Wall/Ceiling Plaster	3,518 SF	☒	☐	☐	☐
2nd Floor - Throughout	☐	☐	☒	Wall/Ceiling Plaster	1,783 SF	☒	☐	☐	☐
	☐	☐	☐			☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill				
City, State Elizabeth, NJ				Disposal Date August 2026	City, State Morrisville, PA				
Completed By (Print or Type) James E Unger		Title President		Signature 		Date 8-20-26			

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

8 / 18 / 2026

Type Notification

X	Initial Notification
	Amended Notification
	Cancellation
	On Hold
	EMERGENCY NOTIFICATION

Telephone Number
848-275-1901

[illegible]

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

Square Feet	# of Floors	Bldg. Age
310,000	4	83

310,000		
Current Use (Prior if being demolished)		

Name of Abatement Contractor (9) BAR ENVIRONMENTAL CORPORATION

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SUFFERN, NEW YORK 10901

Telephone Number	License Number
845-369-7500	1101

843-555-7555	Name of OSHA Monitor
	QUALITY ENVIRONMENTAL

Street Address	1376 ROUTE 9
----------------	--------------

City, State, Zip Code
WAPPINGER FALLS, NY 12590

Telephone Number
908-715-2600

Expected State Date (10)		
8 /	28	/2026
Month	Day	Year

Sched. Completion Date (11)
12 / 30 /2026
Month Day Year

Month	Day	Year	
Occupancy Status During Abatement (Check only one)			
☐ Occupied During Entire Period ☐ Vacant During Entire Period ☐ Occupied Part of Period ☐ Vacant Part of Period			

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

Scope of Work (Check all that apply)

☒ Renovation

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

X	Full Containment
	Mini-Enclo ,
	Glovebag Procedure
	<u>Non-Friable Procedure</u>

Location of
Asbestos-containing
Material (ACM)
TO BE ABATED
in Facility (13)

Is Location normally used solely by Maint/Custodial Staff (12)

1	2	3	4	5	6	7	8

Amount
(Specify
SF or LF)

Abatement Type

ENCLOSURE
ENCAPSULE
REPAIR
REMOVAL

1ST FLOOR OLD STERILE STORAGE RM

Yes	No	N/A
-----	----	-----

VAT & MASTIC

500 SF

	X
--	---

[illegible][illegible]

--	--

Name of Registered Landfill
GRAND CENTRAL SANITARY LANDFILL

Title
DIRECTOR OF OPERATIONS

Disposal Date	8/28/26-12/30/26
---------------	------------------

City, State
PLAINFIELD TOWNSHIP, PA

Signature _____

Date 8-18-26

11641

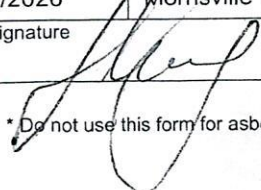
PAID

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

RECEIVED

Print Form

AUG 26 2026

Date of Notification (1) 08/17/2026		Name of Building Owner/Operator (2) ASBESTOS CONTROL & LICENSING							
Agencies Notified	Type Notification	Street Address 177 State Street							
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Bloomfield NJ 07003							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Dwelling		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 177 State St		Square Feet N/A	# of Floors N/A						
City (5) Bloomfield NJ 07003		Bldg. Age N/A							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Private Dwelling							
Name of Monitoring Firm Hired by Building Owner (8) Iris Lab		ASCM No.	Name of Abatement Contractor (9) Teal Management						
Street Address 2333 US-22		Street Address 24 Morley Drive							
City, State, Zip Code Union NJ 07083		City, State, Zip Code Woodland PaRK nj 07424							
Project Manager for Monitoring Firm Rick Eustaquo		Telephone No. 908-206-0073	Telephone No. 862-243-1471						
License No. 02063									
Start Date (10) 8/27/2026	Scheduled Completion Date (11) 09/13/2026	Name of OSHA Monitor Teal Management							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address 24 Morley Drive							
		City, State, Zip Code Woodland Park NJ 07424							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition							
		☒ Full Containment with Negative Pressure ☒ Mini-Enclosure ☒ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	pipe insulation	120 LF	x			
Name of Registered Waste Hauler Teal Management		NJDEP Waste Hauler ID No. 40229	Cubic Yards of Waste 8 CY	Name of Registered Landfill Fairless Landfill					
City, State Woodland PaRK nj 07424		Disposal Date 09/13/2026		City, State Morrisville PA					
Completed by Tome Maslarkov		Title Project Manager		Signature 		Date 08/17/2026			

11689

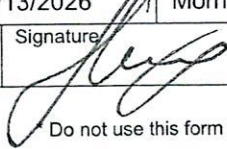
PAID

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

RECEIVED

Print Form

AUG 28 2026

Date of Notification (1) 08/26/2026		Name of Building Owner/Operator (2)							
Agencies Notified	Type Notification	Street Address 177 State St							
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	☐ Initial ☒ Amended Amendment # 1 ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Bloomfield NJ 07003							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Dwelling		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 177 State St		Square Feet N/A	# of Floors N/A						
City (5) Bloomfield NJ 07003		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Private Dwelling							
Name of Monitoring Firm Hired by Building Owner (8) Iris Lab		ASCM No.	Name of Abatement Contractor (9) Teal Management						
Street Address 2333 US-22		Street Address 24 Morley Drive							
City, State, Zip Code Union NJ 07083		City, State, Zip Code Woodland PaRK nj 07424							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 908-206-0073	License No. 02063						
Start Date (10) 09/02/2026	Scheduled Completion Date (11) 09/13/2026	Name of OSHA Monitor Teal Management							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address 24 Morley Drive							
		City, State, Zip Code Woodland Park NJ 07424							
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) <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	120 LF	X			
Name of Registered Waste Hauler Teal Management		NJDEP Waste Hauler ID No. 40229	Cubic Yards of Waste 10CY	Name of Registered Landfill Fairless Landfill					
City, State Woodland PaRK nj 07424		Disposal Date 09/13/2026		City, State Morrisville PA					
Completed by Tome Maslarkov		Title Project Manager		Signature 				Date 08/26/2026	

5536650554

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

RECEIVED

Date of Notification (1) <u>08 / 08 / 2026</u>		Name of Building Owner/Operator (2) <u>AUG 17 2026</u>					
Agencies Notified ☐ EPA ☒ DOLWD ☐ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation	Street Address <u>550 FAIRVIEW AVE</u> City, State, Zip Code <u>WESTWOOD, NEW JERSEY 07675</u> Name of Contact Telephone Number					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENTIAL APARTMENT</u>		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <u>550 FAIRVIEW AVE</u>		Square Feet <u>38,000 SF</u>	# of Floors <u>4</u>				
City (5) <u>WESTWOOD</u>		Bldg. Age <u>1970</u>					
County (6) <u>BERGEN COUNTY</u>		County Code (7) (STATE USE ONLY) <u>RESIDENTIAL APARTMENT</u>					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.					
Street Address		Name of Abatement Contractor (9) <u>TRUE STAR CONTRACTING, LLC</u>					
City, State, Zip Code		Street Address <u>54 HEDDEN TERRACE</u>					
Project Manager for Monitoring Firm		City, State, Zip Code <u>NORTH ARLINGTON, NEW JERSEY 07031</u>					
Telephone No.		Telephone No. <u>(201) 790-4530</u>	License No. <u>02047</u>				
Start Date (10) <u>08 / 17 / 2026</u>	Scheduled Completion Date (11) <u>08 / 20 / 2026</u>	Name of OSHA Monitor					
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address					
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		City, State, Zip Code					
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) <u>650 SF</u>	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
<u>CEILING APT: 318</u>	☐ ☐ ☒	<u>POPCORN CEILING</u>	<u>650 SF</u>	☒	☐	☐	☐
	☐ ☐ ☐			☐	☐	☐	☐
	☐ ☐ ☐			☐	☐	☐	☐
	☐ ☐ ☐			☐	☐	☐	☐
Name of Registered Waste Hauler <u>TRUE STAR CONTRACTING</u>		NJDEP Waste Hauler ID No. <u>0041405</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>KEYSTONE LANDFILL</u>			
City, State <u>NORTH ARLINGTON, NEW JERSEY</u>		Disposal Date <u>TBD</u>		City, State <u>DUNMORE, PA</u>			
Completed By (Print or Type) <u>NESTOR M. ALVIZ</u>		Title <u>PROJECT MANAGER</u>		Signature <u>Nestor Alviz</u>		Date <u>08/08/2026</u>	

55346650561

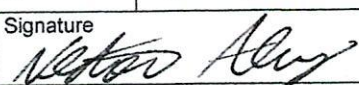
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

RECEIVED

Date of Notification (1) <u>08 / 11 / 2026</u>		Name of Building Owner/Operator (2) <u>ETERNA PRIME CRAFTED LIVING LLC</u>						
Agencies Notified ☐ EPA ☒ DOLWD ☐ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation	Street Address <u>61 W PALISADE AVE</u> City, State, Zip Code <u>ENGLEWOOD, NEW JERSEY 07631</u> Name of Contact Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>HOME</u>		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)						
Street Address <u>61 DAVIS AVENUE</u>		Square Feet <u>2600 SF</u>						
City (5) <u>KEARNY</u>		# of Floors <u>2</u>						
County (6) <u>HUDSON COUNTY</u>		Bldg. Age <u>1928</u>						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <u>HOME</u>						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <u>TRUE STAR CONTRACTING LLC</u>						
Street Address		Street Address <u>54 HEDDEN TERRACE</u>						
City, State, Zip Code		City, State, Zip Code <u>NORTH ARLINGTON, NEW JERSEY 07031</u>						
Project Manager for Monitoring Firm		Telephone No. <u>(201) 790-4530</u>						
Telephone No.		License No. <u>02047</u>						
Start Date (10) <u>08 / 31 / 2026</u>		Scheduled Completion Date (11) <u>09 / 11 / 2026</u>						
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address City, State, Zip Code						
Scope of Work (Check all that apply) ☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf ☐ Renovation ☒ Demolition ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <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) <u>2,600 SF</u>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<u>INTERIOR WALLS/CEILING</u>	☐	☐	☐	<u>ASBESTOS PLASTER</u>	☒	☐	☐	☐
	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐		☐	☐	☐	☐
Name of Registered Waste Hauler <u>TRUE STAR CONTRACTING</u>		NJDEP Waste Hauler ID No. <u>0041405</u>	Cubic Yards of Waste <u>27</u>	Name of Registered Landfill <u>KEYSTONE LANDFILL</u>				
City, State <u>NORTH ARLINGTON, NEW JERSEY</u>		Disposal Date <u>TBD</u>		City, State <u>DUNMORE, PA</u>				
Completed By (Print or Type) <u>NESTOR M. ALVES</u>		Title <u>PROJECT MANAGER</u>		Signature <u>Nestor Alves</u>		Date <u>08/11/2026</u>		

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

RECEIVED

Date of Notification (1) 08 / 11 / 26		Name of Building Owner/Operator (2) Lincoln Tech							
Agencies Notified ☐ EPA ☒ DOLWD ☐ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 2299 Vauxhall Road							
		City, State, Zip Code Union, New Jersey 07083							
		Name of Contact Denzil Harickdeo	Telephone Number (917) 226-2558						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Lincoln Tech (Private Training School)		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 2299 Vauxhall Road		Square Feet 65,000 SF	# of Floors 2						
City (5) Union		Bldg. Age 1972							
County (6) Union County		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Training School						
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. (201) 790-4530	License No. 02047						
Start Date (10) 08 / 21 / 26	Scheduled Completion Date (11) 08 / 25 / 26	Name of OSHA Monitor							
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 08:00AM-04:30PM / ____ PM- ____ AM		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
Office 1	☐	☒	☐	VAT & Black Mastic	280 SF	☒	☐	☐	☐
Office 2	☐	☒	☐	VAT & Black Mastic	340 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler True Star Contracting		NJDEP Waste Hauler ID No. 0041405	Cubic Yards of Waste 5	Name of Registered Landfill Chrin Bro Landfill					
City, State North Arlington, New Jersey		Disposal Date TBD		City, State Easton, PA					
Completed By (Print or Type) Nestor M. Alvez		Title Project Manager		Signature 		Date 08/11/2026			

55346650547

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

RECEIVED

Date of Notification (1) <u>08 / 11 / 2026</u>		Name of Building Owner/Operator (2) <u>DAVE COLVIN</u>		AUG 17 2026					
Agencies Notified ☐ EPA ☒ DOLWD ☐ DOH ☐ DCA (NJAC 5:23-8)		Type Notification ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation		Street Address <u>215 COUNTY AVENUE</u>					
		City, State, Zip Code <u>SECAUCUS, NEW JERSEY 07094</u>		Telephone Number <u>(732) 754-6507</u>					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>COMMERCIAL INDUSTRIAL BUILDING</u>				Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <u>215 COUNTY AVENUE</u>				Square Feet <u>130,000 SF</u>					
City (5) <u>SECAUCUS</u>				# of Floors <u>1</u>					
County (6) <u>HUDSON COUNTY</u>				Bldg. Age <u>1985</u>					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <u>COMMERCIAL BUILDING</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>IRIS ENVIRONMENTAL LAB</u>		ASCM No. <u>00158</u>		Name of Abatement Contractor (9) <u>TRUE STAR CONTRACTING LLC</u>					
Street Address <u>2333 US HIGHWAY 22 WEST</u>		Street Address <u>54 HEDDEN TERRACE, N</u>							
City, State, Zip Code <u>UNION, NEW JERSEY 07083</u>		City, State, Zip Code <u>NORTH ARLINGTON, NEW JERSEY 07031</u>							
Project Manager for Monitoring Firm		Telephone No. <u>(201) 790-4530</u>		License No. <u>02047</u>					
Start Date (10) <u>08 / 24 / 2026</u>		Scheduled Completion Date (11) <u>09 / 04 / 2026</u>		Name of OSHA Monitor					
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address City, State, Zip Code					
Scope of Work (Check all that apply)									
☐ >3 sf or >3 lf ☒ >160 sf or >260 lf		☐ Renovation ☒ Demolition		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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) <u>13,500 SF</u>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>INTERIOR FLOORING</u>	☐	☒	☐	<u>ASBESTOS VAT - BLACK MASC</u>	☒	☐	☐	☐	
	☐	☐	☐		☐	☐	☐	☐	
	☐	☐	☐		☐	☐	☐	☐	
	☐	☐	☐		☐	☐	☐	☐	
Name of Registered Waste Hauler <u>TRUE STAR CONTRACTING</u>		NJDEP Waste Hauler ID No. <u>0041405</u>		Cubic Yards of Waste <u>11 CY</u>		Name of Registered Landfill <u>CHRIS BRO LANDFILL</u>			
City, State <u>NORTH ARLINGTON, NEW JERSEY</u>		Disposal Date <u>TBD</u>		City, State <u>EASTON, PA</u>					
Completed By (Print or Type) <u>NESTOR H. ALVAREZ</u>		Title <u>PROJECT MANAGER</u>		Signature <u>[Signature]</u>		Date <u>08/11/2026</u>			

6448

EMERGENCY

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

PLEASE WAIVE 10 DAY

WAITING PERIOD

AUG 17 2026

Date of Notification (1) 8-12-26		Name of Building Owner/Operator (2) KCS DEMOLITION & TRUCKING	
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended ☐ Amendment # ☒ Emergency (including justification) ☐ Cancellation	Street Address 212 KENDLE RD	
		City, State, Zip Code FRANKLINVILLE NT 08322	
		Name of Contact	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 73 ROBBINS LN		Square Feet 1500	# of Floors 2
City (5) PILESGROVE		Bldg. Age 50+	
County (6) SALEM	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT	
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) KLEMCO INC	
Street Address		Street Address 369 S. SPRUCE AVE	
City, State, Zip Code		City, State, Zip Code MAPLE SHADE NJ 08052	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856-779-0472	License No. 1371
Start Date (10) 8-17-26	Scheduled Completion Date (11) 8-27-26	Name of OSHA Monitor N/A	
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:		Street Address	
		City, State, Zip Code	
Scope of Work (Check all that apply)			
☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf		☐ Renovation ☒ Demolition	
		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
SIDING			TRANSITE
Name of Registered Waste Hauler KLEMCO INC	NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 5	Name of Registered Landfill SALEM COUNTY LANDFILL
City, State MAPLE SHADE N.J. 08052	Disposal Date	City, State SALEM NJ	
Completed By MICHAEL KLEMM	Title PRES.	Signature M. Klemm	Date

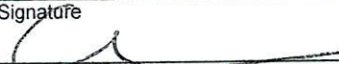
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) 8/12/26		Name of Building Owner/Operator (2) Belfor Property Restoration							
Agencies Notified		Street Address							
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		41 Twosome Drive Suite 7 City, State, Zip Code Moorestown NJ 08057							
Type Notification ☐ Initial ☐ Amended ☐ Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation		Telephone Number 							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 32 Essex Lane		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Willingboro NJ 08046		Square Feet 1000+	# of Floors 1.5						
County (6) Burlington		County Code (7) (STATE USE ONLY)	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 8/13/26	Scheduled Completion Date (11) 8/18/26	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☒ Renovation ☒ ≥160 sf or ≥260 lf ☐ Demolition									
☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☒ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Living Room, Hall Closet			x	Floor Tile & Mastic	348 SF	x			
Name of Registered Waste Hauler Pernaco Inc		NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Hills					
City, State Berlin NJ		Disposal Date 8/18/26		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 8/12/26			

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

RECEIVED

Date of Notification (1) 8/12/26		Name of Building Owner/Operator (2) Monmouth County Park System		AUG 17 2026					
Agencies Notified		Type Notification		Street Address					
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		☒ Initial ☐ Amended ☐ Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		805 Newman Springs Road					
				City, State, Zip Code Lincroft NJ 07738					
				Name of Contact					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vacant Residence				Type of Facility (4)					
Street Address 45 Riverview Ave				☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Neptune City NJ 07754				Square Feet 1000+	# of Floors 2				
County (6) Monmouth				County Code (7) (STATE USE ONLY) _____	Bldg. Age 50+				
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics Inc			ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.					
Street Address 64 Broad Street			Street Address PO Box 329						
City, State, Zip Code Matawan NJ 07747			City, State, Zip Code West Berlin NJ 08091						
Project Manager for Monitoring Firm Thomas P Geiger			Telephone No. 732-290-2217	Telephone No. 856-753-9800	License No. 00727				
Start Date (10) 8/25/26		Scheduled Completion Date (11) 8/31/26		Name of OSHA Monitor Same					
Occupancy Status During Abatement (Check Only One)				Street Address					
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____				City, State, Zip Code					
Scope of Work (Check All That Apply)									
☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf		☐ Renovation ☒ Demolition		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☒ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.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 Laundry			x	Vinyl Flooring Material	170 SF	x			
1st Floor Pantry			x	Vinyl Flooring Material	77 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 Berlin NJ			Disposal Date 8/31/26		City, State Morrisville PA 19067				
Completed by Anthony T Perna			Title President		Signature 			Date 8/12/26	

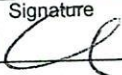
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 State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) 8/13/26		Name of Building Owner/Operator (2) AUG 17 2026							
Agencies Notified	Type Notification	Street Address 10 E 38th St							
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Brant Beach NJ 08008							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 10 E 38th St		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Brant Beach NJ 08008		Square Feet 1000+	# of Floors 2						
County (6) Ocean		County Code (7) (STATE USE ONLY) _____	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8) N/A		Current Use (Prior if being demolished) House & Garage							
Street Address		Name of Abatement Contractor (9) Pernaco Inc.							
City, State, Zip Code		Street Address PO Box 329							
Project Manager for Monitoring Firm		City, State, Zip Code West Berlin NJ 08091							
Telephone No.		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 8/25/26	Scheduled Completion Date (11) 8/31/26	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One)		Street Address							
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf		☐ Renovation ☒ Demolition							
		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	2300 SF	x			
Name of Registered Waste Hauler Pernaco Inc		NJDEP Waste Hauler ID No. 21787		Cubic Yards of Waste 4	Name of Registered Landfill Fairless Hills				
City, State Berlin NJ		Disposal Date 8/31/26		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 8/13/26		

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

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Date of Notification (1) 8/14/26		Name of Building Owner/Operator (2) Frabri Builders Inc		AUG 17 2026					
Agencies Notified		Type Notification		Street Address					
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		1310 West Blvd					
				City, State, Zip Code Vineland NJ 08360					
		Name of Contact Andrew Frabri		Telephone Number 856-696-2024					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vineland Municipal Electric Utilities				Type of Facility (4)					
Street Address 415 North West Ave				☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Vineland NJ 08360		Square Feet 1000+		# of Floors 2	Bldg. Age 50+				
County (6) Cumberland		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Coastal Environmental		ASCM No. _____		Name of Abatement Contractor (9) Pernaco Inc.					
Street Address PO Box 167				Street Address PO Box 329					
City, State, Zip Code Hammonton NJ 08037				City, State, Zip Code West Berlin NJ 08091					
Project Manager for Monitoring Firm Cathy Ledden		Telephone No. 609-820-9312		Telephone No. 856-753-9800	License No. 00727				
Start Date (10) 8/27/26		Scheduled Completion Date (11) 9/1/26		Name of OSHA Monitor Same					
Occupancy Status During Abatement (Check Only One)				Street Address					
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____				City, State, Zip Code					
Scope of Work (Check All That Apply)									
☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf		☒ Renovation ☐ Demolition		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Main Corridor & Break Room			x	Floor Tile Only	1073 SF	x			
Name of Registered Waste Hauler Pernaco Inc		NJDEP Waste Hauler ID No. 21787		Cubic Yards of Waste 4	Name of Registered Landfill Cumberland County Landfill				
City, State Berlin NJ		Disposal Date 9/1/26		City, State Millville New Jersey					
Completed by Anthony T Perna		Title President		Signature 			Date 8/14/26		

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

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10702

Date of Notification (1) 8/14/26		Name of Building Owner/Operator (2) AUG 17 2026							
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation							
Street Address 1874 E Sherman Avenue City, State, Zip Code Vineland NJ 08360 Name of Contact _____ Telephone Number _____									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 1874 E Sherman Avenue		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Vineland NJ 08360		Square Feet 1000+	# of Floors 1						
County (6) Cumberland		Bldg. Age 50+							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 8/25/26	Scheduled Completion Date (11) 8/31/26	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf		☐ Renovation ☒ Demolition							
		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1000 SF	x			
Name of Registered Waste Hauler Pernaco Inc		NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste 3	Name of Registered Landfill Cumberland County Landfill					
City, State Berlin NJ		Disposal Date 8/31/26		City, State Millville New Jersey					
Completed by Anthony T Perna		Title President	Signature 			Date 8/14/26			

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

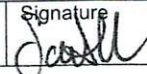
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Date of Notification (1) 08-14-2026		Name of Building Owner / Operator (2) Hakim International Trading and Marketing, Inc. and Hakim Enterprises, LLC							
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended ☒ Emergency ☐ Cancellation	Street Address 37 Hunting Dr City, State & Zip Code Dumont, NJ 07628 Name of Contact Joseph Hakim							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) BLOCK 1573, LOT 1.02 ---Site of Former Warehouse		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 533 Whitehead Road		Square Feet	# of Floors 75						
City (5) Hamilton	County (6) Mercer	Bldg. Age							
County Code (7)		Current Use (Prior if being demolished) Commercial Buildings							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services Inc.		ASCM No.							
Street Address P.O. Box 365		Name of Abatement Contractor (9) Resource Management Group, LLC.							
City, State & Zip Code Berlin, NJ 08009		Street Address 2115 Hamilton Avenue, Suite 202							
Project Manager for Monitoring Firm Jim Proctor		Telephone Number 609-839-2432	License Number 01185						
Scheduled Start Date (10) 08-19-2026	Scheduled Completion Date (11) 04-01-2027	Name of OSHA Monitor J&S Environmental Laboratories, Inc.							
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed During Normal Hours Describe: 7:30 am to 3:30pm ☐ Facility Occupied During Abatement		Street Address 2333 Route 22 West							
Scope of Work (Check all that apply)		City, State & Zip Code Union, NJ 07083							
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf ≥260 lf		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glove Bag Procedures ☒ 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 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) 400 TONS	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ACM Building Debris	☐	☐	☒	ACM Building Debris		☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
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 08-14-2026			

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

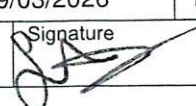
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AUG 17 2026

Date of Notification (1) 08/12/2026		Name of Building Owner/Operator (2) 							
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☐ Initial ☒ Amended Amendment # 1 ☐ Emergency (including justification) ☐ Cancellation		Street Address 9 Peacock Lane						
			City, State, Zip Code Willingboro, NJ 08046						
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 9 Peacock Lane		Square Feet 2,431	# of Floors 2						
City (5) Willingboro		Bldg. Age 66							
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Management & Environmental Consulting Serv		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address PO Box 341		Street Address 623 Cutler Avenue							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Nora Pearce		Telephone No. 609-298-4070	License No. 00842						
Start Date (10) 09/01/2026	Scheduled Completion Date (11) 09/03/2026		Name of OSHA Monitor EMSL Analytical, Inc.						
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check All That Apply) ☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf									
		☒ Renovation ☐ Demolition							
		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
Den/Sitting Room			X	Floor Tile & Mastic	132 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 09/03/2026	City, State Morgantown, PA					
Completed by Samantha Brown		Title Operations Coordinator	Signature 	Date 08/12/2026					

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

RECEIVED

Date of Notification (1) 08/12/2026		Name of Building Owner/Operator (2) AUG 17 2026							
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		Street Address 9 Peacock Lane						
			City, State, Zip Code Willingboro, NJ 08046						
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 9 Peacock Lane		Square Feet 2,431	# of Floors 2						
City (5) Willingboro		Bldg. Age 66							
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Management & Environmental Consulting Serv		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address PO Box 341		Street Address 623 Cutler Avenue							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Nora Pearse		Telephone No. 609-298-4070	License No. 00842						
Start Date (10) 09/01/2026	Scheduled Completion Date (11) 09/03/2026	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check All That Apply) ☒ ≥3 sf or ≥3 lf ☒ Renovation ☐ ≥160 sf or ≥260 lf ☐ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
Den/Sitting Room			X	Floor Tile & Mastic	132 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 09/03/2026		City, State Morgantown, PA					
Completed by Samantha Brown		Title Operations Coordinator		Signature 			Date 08/12/2026		

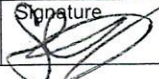
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) 08/12/2026		Name of Building Owner/Operator (2) AUG 17 2026							
Agencies Notified	Type Notification	Street Address							
☒ EPA ☒ DEP ☒ DOL	☒ Initial ☐ Amended Amendment # _____	3 Stagecoach Road							
☒ DOH ☐ DCA	☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Southampton, NJ 08088							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 3 Stagecoach Road		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Southampton		Square Feet 1,358	# of Floors 1						
County (6) Burlington		County Code (7) (STATE USE ONLY) _____	Bldg. Age 72						
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	License No. 00842						
Start Date (10) 08/31/2026		Scheduled Completion Date (11) 09/01/2026							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor EMSL Analytical, Inc.							
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check All That Apply)									
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition							
		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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			X	Duct paper	4 SF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Conestoga Landfill					
City, State Freehold, NJ			Disposal Date 09/01/2026	City, State Morgantown, PA					
Completed by Christina Fay		Title VP of Operations	Signature 	Date 08/12/2026					

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

RECEIVED

Date of Notification (1) 08/11/2026		Name of Building Owner/Operator (2) AUG 17 2026							
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		Street Address 218 Maine Avenue City, State, Zip Code Cherry Hill, NJ 08002 Name of Contact _____ Telephone Number _____						
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) 218 Maine Avenue		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Cherry Hill	Square Feet 1,820	# of Floors 2	Bldg. Age 72						
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						
Start Date (10) 08/28/2026		Scheduled Completion Date (11) 09/02/2026	License No. 00842						
Name of OSHA Monitor EMSL Analytical, Inc.									
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check All That Apply) ☒ ≥3 sf or ≥3 lf ☒ Renovation ☒ ≥160 sf or ≥260 lf ☐ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Lower-Level Open Area			X	Floor Tile & Mastic	140 SF	X			
2nd Floor Bathroom Closet			X	Floor Tile	9 SF	X			
2nd Floor Bedroom Closets			X	Floor Tile	27 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 09/02/2026		City, State Morgantown, PA					
Completed by Samantha Brown		Title Operations Coordinator		Signature 				Date 08/11/2026	

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

RECEIVED

AUG 17 2026

Date of Notification (1) 08/13/2026		Name of Building Owner/Operator (2)							
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☐ Initial ☒ Amended Amendment # 1 ☐ Emergency (including justification) ☐ Cancellation		Street Address 448 Gladstone Avenue						
			City, State, Zip Code Haddonfield, NJ 08033						
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 448 Gladstone Avenue		Square Feet 1,591	# of Floors 2						
City (5) Haddonfield		Bldg. Age 72							
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 Pearce		Telephone No. 609-298-4070	Telephone No. 856-755-0099						
		License No. 00842							
Start Date (10) 08/24/2026	Scheduled Completion Date (11) 08/28/2026	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check All That Apply)									
☒ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition							
		☒ Full Containment with Negative Pressure ☒ Mini-Enclosure ☒ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement			X	Floor Tile & Mastic	250 SF	X			
2nd Floor Primary Bathroom			X	Floor Tile & Mastic	40 SF	X			
2nd Floor Primary Bathroom			X	Duct Paper	5 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 08/28/2026	City, State Morgantown, PA					
Completed by Samantha Brown		Title Operations Coordinator			Signature 			Date 08/13/2026	

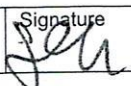
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) 08/14/2026		Name of Building Owner/Operator (2) Essex County College		AUG 17 2026					
Agencies Notified		Type Notification		Street Address					
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA		☒ Initial ☐ Amended ☐ Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		303 Univeristy Ave					
				City, State, Zip Code Newark, NJ 07102					
		Name of Contact Jeff Shapiro		Telephone Number 973 877 3142					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Essex County College				Type of Facility (4)					
Street Address 303 University Ave				☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Newark, NJ, 07102				Square Feet 50,000+	# of Floors 3				
				Bldg. Age 1972					
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) Iris Environmental Laboratories Inc.		ASCM No. _____		Name of Abatement Contractor (9) Spes Contracting LLC					
Street Address 2666 Route 22				Street Address 59 Beaverbrook Rd. Ste 302 E					
City, State, Zip Code West Union, NJ 07083				City, State, Zip Code Lincoln Park, NJ, 07035					
Project Manager for Monitoring Firm Rick E.		Telephone No. 973 494 3762		Telephone No. 973 807 6330	License No. 01383				
Start Date (10) 08/24/2026		Scheduled Completion Date (11) 09/02/2026		Name of OSHA Monitor Spes Contracting LLC					
Occupancy Status During Abatement (Check Only One)				Street Address 59 Beaverbrook Rd. Ste 302 E					
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____				City, State, Zip Code Lincoln Park, NJ, 07035					
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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd Floor Music Room		X		Floor Tiles & Associated Mastic	830 SF	X			
2nd Floor Music Room		X		Glue Dots	5 SF	X			
Name of Registered Waste Hauler Spes Contracting LLC		NJDEP Waste Hauler ID No. 0038075		Cubic Yards of Waste 20	Name of Registered Landfill Tristate Transfer & Associates				
City, State Lincoln Park, NJ				Disposal Date TBD	City, State Bronx, NY				
Completed by Branislav Pavlov		Title General Manager		Signature 		Date 08/14/2026			

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

RECEIVED

Date of Notification (1) 08/11/2026		Name of Building Owner/Operator (2)							
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☐ Initial ☒ Amended Amendment # 1 ☐ Emergency (including justification) ☐ Cancellation		Street Address 218 Maine Avenue					
		City, State, Zip Code Cherry Hill, NJ 08002		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 218 Maine Avenue				Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Cherry Hill		Square Feet 1,820		# of Floors 2	Bldg. Age 72				
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 Pearce		Telephone No. 609-298-4070		Telephone No. 856-755-0099	License No. 00842				
Start Date (10) 08/28/2026		Scheduled Completion Date (11) 09/02/2026		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:				Street Address 200 Route 130 North					
				City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check All That Apply) ☒ ≥3 sf or ≥3 lf ☒ Renovation ☐ ≥160 sf or ≥260 lf ☐ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Lower-Level Open Area			X	Floor Tile & Mastic	110 SF	X			
2nd Floor Bathroom Closet			X	Floor Tile	9 SF	X			
2nd Floor Bedroom Closets			X	Floor Tile	27 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 09/02/2026	City, State Morgantown, PA				
Completed by Samantha Brown		Title Operations Coordinator		Signature 		Date 08/11/2026			

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

RECEIVED

Date of Notification (1) 08/10/2026		Name of Building Owner/Operator (2) LEVIN MANAGEMENT							
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		Street Address PO BOX 326						
			City, State, Zip Code PLAINFIELD, NJ 07061						
			Name of Contact ROBERT BECKER	Telephone Number 908-226-5272					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PARAMUS PLACE SHOPPING CENTER		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 164 ROUTE 4 WEST		Square Feet # of Floors Bldg. Age							
City (5) PARAMUS		Current Use (Prior if being demolished)							
County (6) BERGAN		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.							
Street Address 		Street Address 11 VREELAND AVENUE							
City, State, Zip Code 		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm 		Telephone No. 973-956-8700							
Start Date (10) 08/24/2026		Scheduled Completion Date (11) 09/25/2026							
Name of OSHA Monitor SAME AS (9) ABOVE		License No. 00494							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address 							
City, State, Zip Code 		 							
Scope of Work (Check All That Apply) ☐ ≥3 sf or ≥3 lf ☒ Renovation ☒ ≥160 sf or ≥260 lf ☐ Demolition ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
VACANT STORE		X		TILE AND MASTIC	45,000 SF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING, INC.		NJDEP Waste Hauler ID No. 18743		Cubic Yards of Waste 100+/-		Name of Registered Landfill WASTE MANAGEMENT			
City, State TOTOWA, NJ 07512		Disposal Date 09/25/2026		City, State MORRISVILLE, PA					
Completed by ALEXANDRA LLAQUE		Title PROJECT COORDINATOR		Signature <i>Alexandra Llaque</i>		Date 08/10/2026			

6450 CK# 6450

PAID

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

AUG 17 2026

Date of Notification (1) 8-11-26		Name of Building Owner/Operator (2) V-SQUARED PROPERTIES	
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation		Street Address 151 BUCKWALTER RD
			City, State, Zip Code ROYERS FORD PA 19468
			Name of Contact Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 117 N GRANVILLE AVE		Square Feet 1500	# of Floors 2
City (5) MARGATE		Bldg. Age 50+	Current Use (Prior if being demolished) VACANT
County (6) ATLANTIC		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) KLEMMCO INC	
Street Address N/A		Street Address 369 S. SPRUCE AVE	
City, State, Zip Code N/A		City, State, Zip Code MAPLE SHADE NJ 08052	
Project Manager for Monitoring Firm N/A		Telephone No. 856-779-0472	License No. 1371
Start Date (10) 8-21-26		Scheduled Completion Date (11) 8-31-26	
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 N/A	
Street Address N/A		City, State, Zip Code	
Scope of Work (Check all that apply) ☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf ☐ Renovation ☒ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Amount (Specify SF or LF) 1600 SF		
SIDING	☒		TRANSITE
Name of Registered Waste Hauler KLEMMCO INC		NJDEP Waste Hauler ID No. 17904	Name of Registered Landfill ACUA
City, State MAPLE SHADE N.J. 08052		Disposal Date	City, State PLEASANTVILLE, NJ
Completed By MICHAEL KLEMM		Title PRES.	Signature [Signature]
		Date 8-11-26	

CK# 6450
6450

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

RECEIVED

AUG 17 2026

Date of Notification (1) 8-11-26		Name of Building Owner/Operator (2) REUTER CONSTRUCTION	
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	
Street Address 959 N. BEECHAM RD		City, State, Zip Code WILLIAMSTOWN N.J 08094	
Name of Contact _____		Telephone Number _____	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 28 N HANOVER AVE		Square Feet: 1500 # of Floors: 2 Bldg Age: 50	
City (5) MARGATE		Current Use (Prior if being demolished) VACANT	
County (6) ATLANTIC		County Code (7) / STATE USE ONLY _____	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	
Street Address _____		Name of Abatement Contractor (9) KLEWCO INC	
City, State, Zip Code _____		Street Address 369 S SPRUCE AVE	
Project Manager for Monitoring Firm _____		City, State, Zip Code MAPLE SHADE N.J 08052	
Telephone No _____		Telephone No 856-779-0472	
Start Date (10) 8-22-26		License No # 01371	
Scheduled Completion Date (11) 8-22-26		Name of OSHA Monitor N/A	
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address _____	
Scope of Work (Check all that apply) ☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure	
☐ 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) SIDING	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
			TRANSITE
			2500 SF
Name of Registered Waste Hauler KLEWCO INC		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 4
City, State MAPLE SHADE N.J		Disposal Date _____	Name of Registered Landfill _____
Completed By MICHAEL KLEWCO		Title PRES	Signature <i>[Signature]</i>
			Date 8-11-26

0446 CK 4446

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

RECEIVED

AUG 14 2026

Date of Notification (1) 8-9-26		Name of Building Owner/Operator (2) BOB HOME REPAIR								
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address P.O. BOX 322								
		City, State, Zip Code BRIGANTINE N.J. 08203								
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)								
Street Address 201 27TH ST		Square Feet 1000	# of Floors 2							
City (5) BRIGANTINE		Bldg. Age 50+								
County (6) ATLANTIC	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) 8-20-26	Scheduled Completion Date (11) 8-30-26	Name of OSHA Monitor N/A								
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address								
		City, State, Zip Code								
Scope of Work (Check all that apply)										
☐ ≥ 3 sf or ≥ 3 ft ☒ ≥ 160 sf or ≥ 260 ft		☐ 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	
SIDING			X	TRANSITE	1250 SF	X				
Name of Registered Waste Hauler KLEMCO INC		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 5	Name of Registered Landfill ACUA						
City, State MAPLE SHADE N.J.		Disposal Date	City, State PLEASANTVILLE							
Completed By MICHAEL KLEMM		Title PRES	Signature MICHAEL KLEMM		Date 8-9-26					

6446 CKU 6446

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

RECEIVED
 AUG 14 2026

Date of Notification (1) 8-9-26		Name of Building Owner/Operator (2) KCS RECYCLING & DISPOSAL	
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		Street Address 4408 HARDING HWY
			City, State, Zip Code NEWFIELD NJ 08344
			Name of Contact _____ Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 1024 SUNPIKE RD		Square Feet 1500	# of Floors 2
City (5) CAPE MAY		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) 8-19-26	Scheduled Completion Date (11) 8-29-26		Name of OSHA Monitor N/A
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address _____ City, State, Zip Code _____	
Scope of Work (Check all that apply) ☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf ☐ Renovation ☒ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) SIDING	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) TRANSITE
	Amount (Specify SF or LF) 2000 SF		
		Abatement Type Removal Repair Encapsulate Enclosure	
Name of Registered Waste Hauler KLEMCO INC		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 5
City, State MAPLE SHADE N.J 08052		Disposal Date _____	Name of Registered Landfill C MCMUA
City, State WOODBINE NJ			
Completed By MICHAEL KLEMM	Title PRES.	Signature [Signature]	Date 8-9-26

Check # 7549

Print Form

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

RECEIVED

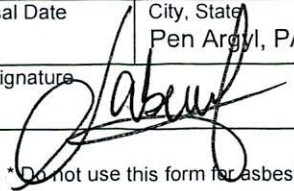
Date of Notification (1) 07/22/2026		Name of Building Owner/Operator (2) EVERSTEAD OF TOTOWA LLC		AUG 17 2026	
Agencies Notified		Type Notification		Street Address	
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA		☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		140 Shepards Lane	
				City, State, Zip Code Totowa, New Jersey 07512	
				ASBESTOS CONTROL & LICENSING	
				Name of Contact Mr. Carl Crawford	
				Telephone Number (201) 992-6474	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Saint Joseph Home for the Elderly				Type of Facility (4)	
Street Address 140 Shepards Lane				☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Totowa				Square Feet 150,000 SF	# of Floors 4
				Bldg. Age 65	
County (6) Passaic		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Vacant	
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No. _____		Name of Abatement Contractor (9) Sky Contracting, LLC	
Street Address				Street Address 1385 Valley Road, Suite K	
City, State, Zip Code				City, State, Zip Code Wayne, New Jersey 07470	
Project Manager for Monitoring Firm		Telephone No. _____		Telephone No. (973) 928-5300	License No. 00874
Start Date (10) 08/03/2026		Scheduled Completion Date (11) 12/31/2026		Name of OSHA Monitor Sky Contracting, LLC	
Occupancy Status During Abatement (Check Only One)				Street Address 1385 Valley Road, Suite K	
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____				City, State, Zip Code Wayne, New Jersey 07470	
Scope of Work (Check All That Apply)					
☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf		☒ Renovation ☐ Demolition		☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☒ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <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)
	Yes	No	N/A		
See attached		X			SF/LF
Name of Registered Waste Hauler Century Waste Services LLC		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Landfill
City, State Elizabeth, New Jersey		Disposal Date TBD		City, State Pen Argyl, PA	
Completed by Sabinne Worth		Title Office Manager		Signature 	Date 07/23/2026

Table 2 - Asbestos Containing Material Quantity
Saint Joseph's Home for the Elderly
140 Shepherds Lane
Totowa, New Jersey

Material	Location	Quantity
12" Tan Floor Tile with Brow Streaks and associated Mastic (HA 06/06A)	Maintenance Closet (Basement)	15 SF
	Housekeeping Office (Basement)	80 SF
	Housekeeping Services Office (Basement)	56 SF
	Office (Ken's Office) (Basement)	570 SF

Table 2 - Asbestos Containing Material Quantity
Saint Joseph's Home for the Elderly
140 Shepherds Lane
Totowa, New Jersey

Material	Location	Quantity
	Men's Staff Locker Room (Basement)	185 SF
	Women's Staff Locker Room (Basement)	480 SF
	Women's Lounge (Basement)	185 SF
	Private Office (Basement)	380 SF
	Bathroom in Private Office (Basement)	30 SF
	Clothing Center (Basement)	975 SF
	Office in Laundry Room (Basement)	80 SF
	Central Stairwell (Basement)	105 SF
	Basement Hall to Laundry Room	460 SF
	Basement Hall from Laundry Room to Boiler Room	1,280 SF
	Basement Hall from Laundry Room to Women's Locker Room	825 SF
	Total	5,706 SF
12" White Floor Tile with Grey/Black Streaks and associated Mastic (HA 09/09A)	Food Storage Room (Basement)	430 SF
	Total	430 SF
Fire Door (Wood) (HA 18)	Basement Private Office	20 SF
	Basement Laundry Room	20 SF
	Linen Chute in Basement Laundry Room	20 SF
	Janitors Closet in Basement Laundry Room	20 SF
	Mechanical Room in Basement Laundry Room	20 SF
	First Floor Hall to South Wing	48 SF
	First Floor Hall at Auditorium	48 SF
	First Floor Hall to North Wing	48 SF
	First Floor Hall to Kitchen	48 SF
	First Floor Hall at Maintenance Entrance adjacent to Kitchen	48 SF
	First Floor Hall at Kitchen	48 SF
	Second Floor Hall to South Wing	48 SF
	Second Floor Hall to West Wing	48 SF
	Second Floor Hall to North Wing	48 SF
	Third Floor Hall to South Wing	48 SF
	Third Floor Hall to Convent	48 SF
	Fourth Floor Hall to South Wing	48 SF
	Fourth Floor Hall to C Wing	48 SF
	Total	724 SF
White Sink Undercoat	Bathroom in Private Office (Basement)	3 SF

Table 2 - Asbestos Containing Material Quantity
Saint Joseph's Home for the Elderly
140 Shepherds Lane
Totowa, New Jersey

Material	Location	Quantity
(HA 19)	Kitchenette between Room 123 and 124 (First Floor)	3 SF
	First Floor Copy Machine Room	3 SF
	First Floor Developing Room in Dental Suite	3 SF
	Work Sacristy in Rear of Chapel (First Floor)	3 SF
	First Floor Barber Shop	3 SF
	First Floor Hall to Doctors Office	3 SF
	First Floor Hall to Rehab Area	3 SF
	First Floor Storage Room	3 SF
	First Floor Kitchen in Room 1D	3 SF
	First Floor Kitchen in Room 1C	3 SF
	First Floor Kitchen in Room 1B	3 SF
	First Floor Kitchen in Room 1A	3 SF
	First Floor Kitchen in Room 1I	3 SF
	First Floor Kitchen in Room 1H	3 SF
	First Floor Kitchen in Room 1G	3 SF
	First Floor Kitchen in Room 1F	3 SF
	First Floor Kitchen in Room 1E	3 SF
	First Floor Kitchenette in front of Conference Room	3 SF
	First Floor Employee Dining Room	3 SF
	Second Floor Soiled Utility Room/Kitchenette	3 SF
	Second Floor Clean Utility Room	3 SF
	Second Floor Medicine Prep Room	3 SF
	Second Floor Clean Utility Room in Hall Between South and West Wing	3 SF
	Kitchen in Apartment 2E	3 SF
	Kitchen in Apartment 2F	3 SF
	Kitchen in Apartment 2G	3 SF
	Kitchen in Apartment 2H	3 SF
	Kitchen in Apartment 2I	3 SF
	Kitchen in Apartment 2A	3 SF
	Kitchen in Apartment 2B	3 SF
	Kitchen in Apartment 2C	3 SF
	Kitchen in Apartment 2D	3 SF
	Third Floor Kitchenette by South Stairwell	3 SF
	Third Floor Office/Kitchenette adjacent to Third Floor Lounge	3 SF
	Third Floor Lounge	3 SF
	Third Floor Kitchen adjacent to Refectory	6 SF

Table 2 - Asbestos Containing Material Quantity
Saint Joseph's Home for the Elderly
140 Shepherds Lane
Totowa, New Jersey

Material	Location	Quantity
	Fourth Floor Clean Utility Room adjacent to Lounge	3 SF
	Total	118 SF
12" Cream Floor Tile with Tan Streaks and associated Mastic (HA 22/22A)	Basement Laundry Room	1,970 SF
	Basement Linen Chute in Laundry Room	140 SF
	Total	2,110 SF
12" White Floor Tile with Brown Streaks and associated Mastic (HA 25/25A)	Room 123 (Below Laminate Flooring) (Includes Closets)	275 SF
	Kitchenette between Rooms 123 and 124 (Below Laminate Flooring)	70 SF
	Office Behind Kitchenette (Below Laminate Flooring) (Includes Closets)	180 SF
	Room 124 (Below Carpet) (Includes Closets)	265 SF
	Room 125 (Below Laminate Flooring) (Includes Closets)	275 SF
	Room 126 (Includes Closets)	175 SF
	Room 127 (Below Laminate Flooring) (Includes Closets)	230 SF
	Room 128 (Below Laminate Flooring) (Includes Closets)	275 SF
	First Floor Library adjacent to Room 128 (Below Carpet) (Includes Closets)	645 SF
	First Floor Linen Storage between South Stairwell and Library (Below Non-ACM Linoleum)	18 SF
	Room 131 (Below Laminate Flooring) (Includes Closets)	555 SF
	Room 133 (Located in Closets)	8 SF
	Room 135 (Below Laminate Flooring) (Includes Closets)	195 SF
	Room 136 (Below Laminate Flooring) (Includes Closets)	275 SF
	Room 137 (Includes Closets)	275 SF
	Room 139 (Below Carpet) (Includes Closets)	275 SF
	Room 140 (Below Laminate Flooring) (Includes Closets)	275 SF
	Room 142 (Below Laminate Flooring) (Includes Closets)	275 SF
	First Floor South Wing Hall (Below Laminate Flooring)	1,520 SF
	First Floor Copy Machine Room	100 SF

Table 2 - Asbestos Containing Material Quantity
Saint Joseph's Home for the Elderly
140 Shepherds Lane
Totowa, New Jersey

Material	Location	Quantity
	First Floor Dental Suite	80 SF
	First Floor Developing Room in Dental Suite	45 SF
	First Floor Director of Nursing Office	100 SF
	Private Office across from Beauty Salon (First Floor)	195 SF
	Residents Country Store Room (First Floor)	195 SF
	Storage in Residents Country Store Room (First Floor)	70 SF
	First Floor Auditorium	3,800 SF
	Mechanical Room in Auditorium	130 SF
	Stage Storage Room in Auditorium	100 SF
	12" White Floor Tile with Brown Streaks and associated Mastic (HA 25/25A) Work Sacristy in Rear of Chapel (First Floor)	170 SF
	Priests Sacristy adjacent to Chapel Entrance (Below Carpet) (First Floor)	145 SF
	First Floor Office adjacent to Chapel (Below Carpet)	220 SF
	Main Entrance Vestibule (Below Carpet)	160 SF
	Lobby/Waiting Area/Welcome Desk (Below Carpet)	500 SF
	Mail Room behind Welcome Desk (Below Carpet)	110 SF
	Administrator Office behind Welcome Desk (Includes Closet)	120 SF
	Private Office by Mail Room (Below Carpet)	100 SF
	Payroll Office behind Welcome Desk	100 SF
	Social Worker Office behind Welcome Desk	140 SF
	Hall to Administrators Office (Includes Closet)	135 SF
	First Floor Central Stairwell	70 SF
	First Floor Barber Shop	145 SF
	First Floor Beauty Salon (Includes Closet)	185 SF
	Hall to Therapeutic Recreation Room	240 SF
	Computer Room adjacent to Therapeutic Recreation Room (Below Carpet)	170 SF
	Hall from Computer Room to Doctors Office (Includes Closet)	275 SF

Table 2 - Asbestos Containing Material Quantity
Saint Joseph's Home for the Elderly
140 Shepherds Lane
Totowa, New Jersey

Material	Location	Quantity
	Hall from Dental Exam Rooms to Doctors Office	140 SF
	First Floor Doctors Office	100 SF
	First Floor Exam Room	80 SF
	First Floor Exam Room	80 SF
	First Floor Therapeutic Recreation Room (Includes Closet)	1,140 SF
	Office in First Floor Therapeutic Recreation Room	80 SF
	Kiln Room in First Floor Therapeutic Recreation Room	200 SF
	First Floor Hall to Rehab Area	375 SF
	First Floor QA Office	65 SF
	First Floor Nursing Services Office	70 SF
	First Floor Rehab Office	70 SF
	First Floor Changing Room	70 SF
	First Floor Physical Therapy Room	615 SF
	Hall from First Floor Dining Room to Dental Suite	250 SF
	Room 1D (Below Carpet) (Includes Closets)	345 SF
	Bathroom Closet in Room 1C	5 SF
	First Floor North Wing Common Area/Laundry Room (Below Carpet) (Includes Closets)	345 SF
	Room 1I (Below Carpet and Non-ACM Linoleum Flooring) (Includes Closets)	430 SF
	Room 1H (Located in Bedroom Closet and Closet in Bathroom)	10 SF
	Room 1G (Below Carpet) (Includes Closets)	445 SF
	Room 1F (Located in Bedroom Closet)	5 SF
	Room 1E (Below Carpet/Confirmed ACM 12" Floor Tile in Kitchen) (Includes Closets)	450 SF
	Bathroom Closet in Room 1E	4 SF
	First Floor Kitchenette in Front of Conference Room	100 SF
	Conference Room in Rear of First Floor Kitchenette (Below Carpet)	320 SF
	Office across from North Wing Janitors Closet	90 SF
	Lunch Room across from First Floor Service Elevator	120 SF
	Employee Dining Room	625 SF

Table 2 - Asbestos Containing Material Quantity
Saint Joseph's Home for the Elderly
140 Shepherds Lane
Totowa, New Jersey

Material	Location	Quantity
	Sisters Office in First Floor Kitchen Area	50 SF
	Food Supervisor's Office in First Floor Kitchen Area	60 SF
	First Floor Resident Dining Room across from Central Stairwell	4,220 SF
	Fourth Floor South Stairwell	35 SF
	Room 431 (Includes Closets)	385 SF
	Room 430 (Includes Closets)	175 SF
	Storage Room between 430 and 429	30 SF
	Room 429 (Includes Closets)	276 SF
	Room 428 (Includes Closets)	276 SF
	Room 427 (Includes Closets)	175 SF
	Room 426 (Includes Closets)	276 SF
	Room 425 (Includes Closets)	276 SF
	Room 424 (Includes Closets)	180 SF
	Room 423 (Includes Closets)	276 SF
	Room 422 (Includes Closets)	276 SF
	Room 421 (Includes Closets)	175 SF
	Room 420 (Includes Closets)	276 SF
	Fourth Floor Clean Utility Room	80 SF
	Fourth Floor Lounge adjacent to Elevators	841 SF
	Laundry Room in Fourth Floor Lounge adjacent to Elevators	120 SF
	Bathtub Room in Fourth Floor Lounge adjacent to Elevators	240 SF
	Fourth Floor Central Stairwell	70 SF
	Closets in Room C8 (Fourth Floor) (Two Closets)	25 SF
	Closets in Room C7 (Fourth Floor) (Two Closets)	25 SF
	Closets in Room C6 (Fourth Floor) (Two Closets)	25 SF
	Closets in Room C5 (Fourth Floor) (Two Closets)	25 SF
	Closets in Room C4 (Fourth Floor) (Two Closets)	100 SF
	Fourth Floor Kitchenette/Lounge across from Central Stairwell	180 SF
	Fourth Floor Sisters Office adjacent to Linen Chute	96 SF
	Fourth Floor Linen Chute	48 SF
	Room 444 (Includes Closets)	265 SF
	Room 443 (Includes Closets)	200 SF
	Linen Closet adjacent to Room 443	21 SF

Table 2 - Asbestos Containing Material Quantity
Saint Joseph's Home for the Elderly
140 Shepherds Lane
Totowa, New Jersey

Material	Location	Quantity
	Room 442 (Includes Closets)	260 SF
	Room 441 (Includes Closets)	260 SF
	Electrical Closet in Hall adjacent to 441	25 SF
	Room 440 (Includes Closets)	175 SF
	Room 439 (Includes Closets)	260 SF
	Room 438 (Includes Closets)	260 SF
	Room 437 (Includes Closets)	175 SF
	Room 436 (Includes Closets)	260 SF
	Room 435 (Includes Closets)	260 SF
	Room 434 (Includes Closets)	175 SF
	Room between Room 433 and 434	260 SF
	Room 433	290 SF
	Fourth Floor Hall from Room 433 to 444	2,050 SF
	Fourth Floor Hall from C Wing to Room 444	600 SF
	Total	35,578 SF
Glue associated with 6" Brown Cove Base (HA 32A)	Room 133	50 LF
	Room 131	120 LF
	Second Floor Apartment between Stairwell and Apartment 2A	65 LF
	Third Floor Kitchenette by South Stairwell	50 LF
	Room 333	50 LF
	Fourth Floor C Wing Hallway	235 LF
	Total	570 LF
Mastic associated with 12" Cream Speckled Floor Tile (HA 37A)	Room 1A (Below Laminate Flooring and Carpet) (Includes Closets)	490 SF
	Room 244	265 SF
	Third Floor Chapel	225 SF
	Room 334 Bedroom (Partially Under Carpet)	470 SF
	Total	1,450 SF
Mastic associated with 12" White Floor Tile with Black Specks (HA 39A)	Bathroom in Third Floor Lounge	72 SF
	Total	72 SF
Mastic associated with 12" Blue Floor Tile with Specks (HA 40A)	Bathroom in Third Floor Lounge	72 SF
	Total	72 SF
Grey Floor Leveler and associated Mastic (HA 42/42A)	Third Floor Chapel (Below Carpet)	1,130 SF
	Total	1,130 SF

Table 2 - Asbestos Containing Material Quantity
Saint Joseph's Home for the Elderly
140 Shepherds Lane
Totowa, New Jersey

Material	Location	Quantity
12" White Floor Tile with Multi Colored Specks and associated Mastic (HA 43/43A)	Room 220 (Includes Closets)	265 SF
	Room 221 (Includes Closets)	200 SF
	Storage between Room 221 and Room 222	35 SF
	Room 222 (Includes Closets)	265 SF
	Room 223 (Includes Closets)	265 SF
	Room 224 (Includes Closets)	200 SF
	Room 225 (Includes Closets)	265 SF
	Room 226 (Includes Closets)	265 SF
	Room 227 (Includes Closets)	200 SF
	Room 228 (Includes Closets)	265 SF
	Room 229 (Includes Closets)	265 SF
	Storage Room by Room 230	35 SF
	Room 230 (Includes Closets)	200 SF
	Room 231 (Includes Closets)	320 SF
	Second Floor South Stairwell	40 SF
	Second Floor Living Room adjacent to South Stairwell	270 SF
	Room 233 (Includes Closets)	265 SF
	Room 234 (Includes Closets)	175 SF
	Second Floor Nurses Station	45 SF
	Room 235 (Includes Closets)	265 SF
	Room 236 (Includes Closets)	265 SF
	Room 237 (Includes Closets)	175 SF
	Room 238 (Includes Closets)	265 SF
	Second Floor Medicine Prep Room	265 SF
	Room 240 (Includes Closets)	175 SF
	Electrical Room adjacent to Room 240	30 SF
	Room 241 (Includes Closets)	265 SF
	Room 242 (Includes Closets)	265 SF
	Linen Closet adjacent to 242	25 SF
	Room 243 (Includes Closets)	175 SF
	Closets in Room 244	10 SF
	Second Floor South Wing Hall	1,900 SF
	Second Floor Sisters Office near Dining Room (Below Laminate Flooring)	100 SF
	Closet in Second Floor Dining Room	10 SF
	Closet in Pantry adjacent to Second Floor Dining Room	30 SF
	Second Floor Lounge adjacent to Central Stairwell	2,950 SF
	Second Floor Terrace overlook Chapel	800 SF
	Bath Tub Room in Second Floor Lounge	175 SF

Table 2 - Asbestos Containing Material Quantity
Saint Joseph's Home for the Elderly
140 Shepherds Lane
Totowa, New Jersey

Material	Location	Quantity
	Salon in Second Floor Lounge	110 SF
	Second Floor West Wing Stairwell	32 SF
	Third Floor South Stairwell	40 SF
	Room 331 (Includes Closets)	355 SF
	Room 330 (Includes Closets)	180 SF
	Third Floor Storage Room between 330 and 329 (Below Non-ACM Linoleum)	35 SF
	Room 329 (Includes Closets)	355 SF
	Room 328 (Includes Closets)	355 SF
	Room 327 (Includes Closets)	180 SF
	Room 326 (Includes Closets)	355 SF
	Room 325 (Includes Closets)	355 SF
	Room 324 (Includes Closets)	180 SF
	Room 323 (Includes Closets)	355 SF
	Room 322 (Includes Closets)	355 SF
	Room 321 (Includes Closets)	180 SF
	Room 320 (Includes Closets)	355 SF
	Room 344 (Includes Closets)	355 SF
	Room 343 (Includes Closets)	180 SF
	Linen Closet adjacent to 343 (Below Non-ACM Linoleum)	20 SF
	Room 342 (Includes Closets)	355 SF
	Room 341 (Includes Closets)	355 SF
	Electrical Closet adjacent to 341 (Below Non-ACM Linoleum)	20 SF
	Room 340 (Includes Closets)	180 SF
	Room 339 (Includes Closets)	355 SF
	Room 338 (Includes Closets)	355 SF
	Room 337 (Includes Closets)	180 SF
	Room 336 (Includes Closets)	355 SF
	Room 333 (Includes Closets) (Below Carpet)	255 SF
	Third Floor Kitchenette by South Stairwell (Below Carpet)	255 SF
	Third Floor South Wing Hall (Below Non-ACM Linoleum)	2,050 SF
	Third Floor Office/Kitchenette adjacent to Third Floor Lounge	70 SF
	Third Floor Lounge	955 SF
	Nurses Office in Third Floor Lounge	270 SF
	Third Floor Linen Chute	40 SF
	Third Floor Seamstress Office (Below Carpet)	160 SF

Table 2 - Asbestos Containing Material Quantity
Saint Joseph's Home for the Elderly
140 Shepherds Lane
Totowa, New Jersey

Material	Location	Quantity
	Third Floor Office adjacent to Seamstress Office (Below Carpet) (Includes Closet)	290 SF
	Third Floor Office adjacent to Seamstress Office (Below Carpet)	290 SF
	Third Floor Office adjacent to Seamstress Office (Below Carpet)	300 SF
	Third Floor Central Stairwell	90 SF
	Third Floor Hall from South Wing to Convent	1,050 SF
	Third Floor Laundry Room	160 SF
	Room 350 (Includes Closets)	140 SF
	Room 351 (Includes Closets)	170 SF
	Room 352 (Includes Closets)	170 SF
	Room 353 (Includes Closets)	230 SF
	Storage Room adjacent to Room 354	40 SF
	Room 354 (Includes Closets)	120 SF
	Room 355 (Includes Closets)	144 SF
	Room 356 (Includes Closets)	144 SF
	Vestry Room adjacent to Room 356	320 SF
	Room 357 (Includes Closets)	144 SF
	Housekeeping Closet adjacent to 357	30 SF
	Third Floor West Wing Stairwell	40 SF
	Third Floor Linen Room adjacent to West Wing Stairwell	280 SF
	Room 358 (Includes Closets)	125 SF
	Room 359 (Includes Closets)	120 SF
	Room 360 (Includes Closets)	144 SF
	Private Office adjacent to Room 360	260 SF
	Room 361 (Includes Closets)	144 SF
	Office adjacent to Room 361	144 SF
	Third Floor West Wing Hall (Includes all Four Hallways)	2,250 SF
	Third Floor St. John Vianney Study Room	290 SF
	Third Floor Storage Room adjacent to Bathroom	16 SF
	Room 364 (Includes Closets)	310 SF
	Room 365 (Includes Closets)	325 SF
	Third Floor Community Room	775 SF
	Room 301 (Includes Closets)	144 SF
	Room 302 (Includes Closets)	144 SF
	Room 303 (Includes Closets)	144 SF
	Room 304 (Includes Closets)	144 SF
	Room 305 (Includes Closets)	144 SF
	Room 306 (Includes Closets)	144 SF

Table 2 - Asbestos Containing Material Quantity
Saint Joseph's Home for the Elderly
140 Shepherds Lane
Totowa, New Jersey

Material	Location	Quantity
	Room 307 (Includes Closets)	144 SF
	Office/Storage across from 307	340 SF
	Room 308 (Includes Closets)	144 SF
	Third Floor Library	300 SF
	Third Floor North Stairwell (Below Carpet)	40 SF
	Room 310 (Includes Closets)	160 SF
	Room 311 (Includes Closets)	144 SF
	Room 312 (Includes Closets)	144 SF
	Storage across from Room 313	260 SF
	Room 313 (Includes Closets)	144 SF
	Room 314 (Includes Closets)	144 SF
	Room 315 (Includes Closets)	144 SF
	Room 316 (Includes Closets)	144 SF
	Third Floor Archives Room	144 SF
	Third Floor Locker Area	196 SF
	Storage adjacent to Third Floor Locker Area	65 SF
	Telephone Room adjacent to Third Floor Locker Area	12 SF
	Third Floor Office adjacent to Kitchen	285 SF
	Third Floor Refectory	1,300 SF
	Third Floor Hall from Chapel to Room 364	1,100 SF
	Third Floor Hall from Kitchen to Locker Room	900 SF
	Third Floor Hall from Archives Room to 310	575 SF
	Third Floor Hall from 310 to 308	370 SF
	Third Floor Hall from Room 308 to 301	576 SF
	Third Floor Middle Hall with Skylight (In Rear of Locker Area)	480 SF
	Total	40,701 SF
Floor Tile below Light Grey Linoleum Sheet Floor (HA 44A)	Second Floor Linen Chute	25 SF
	Total	25 SF
12" Light Tan Floor Tile with Brown/White Specks and associated Mastic (HA 50/50A)	Kitchen in Room 1D	50 SF
	Kitchen in Room 1C (Below Non-ACM 12" Tile)	50 SF
	Bathroom Closet in Room 1A	5 SF
	Kitchen in Room 1H (Below Laminate Flooring)	50 SF

Table 2 - Asbestos Containing Material Quantity
Saint Joseph's Home for the Elderly
140 Shepherds Lane
Totowa, New Jersey

Material	Location	Quantity
	Kitchen in Room 1F (Below Laminate Flooring and Non-ACM 12" Floor Tile)	50 SF
	Bathroom Closet in Room 1F	4 SF
	Kitchen in Room 1E (Multi-Layer)	50 SF
	Kitchen in Apartment 2E	50 SF
	Apartment 2F (Kitchen and Closet)	54 SF
	Kitchen in Apartment 2G (Below Non-ACM Linoleum)	50 SF
	Kitchen in Apartment 2H	50 SF
	Kitchen in Apartment 2B	112 SF
	Kitchen in Apartment 2C	50 SF
	Kitchen in Apartment 2D	50 SF
	Total	675 SF
Residual Carpet Glue/Mastic (HA 51)	Room 133 (Below Carpet)	265 SF
	Room 1C (Below Carpet) (Includes Closets)	390 SF
	Room 1B (Below Laminate Flooring and Carpet) (Includes Closets)	340 SF
	Room 1H (Below Carpet) (Includes Closets)	390 SF
	Room 1F (Below Carpet) (Includes Closets)	400 SF
	First Floor North Wing Hall (Below Carpet)	1,190 SF
	Apartment 2E (Below Carpet) (Includes Closets)	384 SF
	Apartment 2F (Below Carpet) (Includes Closets)	384 SF
	Apartment 2H (Below Carpet) (Includes Closets)	400 SF
	Apartment between Stairwell and Apartment 2A (Below Carpet)	265 SF
	Apartment 2B (Below Carpet) (Includes Closets)	355 SF
	Apartment 2C (Below Carpet) (Includes Closets)	360 SF
	Apartment 2D (Below Carpet) (Includes Closets)	335 SF
	Total	5,458 SF
12" White Floor Tile with Red/Brown Horizontal Streaks and associated Mastic (HA 53/53A)	Second Floor Sisters Office near Second Floor Welcome Desk (Below Laminate Flooring and Non-ACM Linoleum)	65 SF

Table 2 - Asbestos Containing Material Quantity
Saint Joseph's Home for the Elderly
140 Shepherds Lane
Totowa, New Jersey

Material	Location	Quantity
	Soiled Utility Room/Kitchenette near Second Floor Welcome Desk	140 SF
	Second Floor Welcome Desk between North and West Wings (Below Laminate Flooring and Non-ACM Linoleum)	390 SF
	Storage Room in Rear of Second Floor Welcome Desk	35 SF
	Locker Area in Rear of Second Floor Welcome Desk (Below Laminate Flooring and Non-ACM Linoleum)	145 SF
	Second Floor Clean Utility Room (Below Laminate Flooring and Non-ACM Linoleum)	90 SF
	Second Floor Medicine Prep Room (Below Laminate Flooring and Non-ACM Linoleum)	80 SF
	Office in Bathing Area across from Medicine Prep Room (Second Floor)	120 SF
	Storage Room in Bathing Area across from Medicine Prep Room (Second Floor)	112 SF
	Second Floor Central Stairwell (Below Non-ACM Linoleum)	60 SF
	Second Floor Conference Room adjacent to Lounge	224 SF
	Office in Second Floor Conference Room adjacent to Lounge	290 SF
	Second Floor Hall from South Wing to West Wing (Below Laminate Flooring and Non-ACM Linoleum)	2,400 SF
	Clean Utility Room in Second Floor Hall from South Wing to West Wing (Below Non-ACM Linoleum)	60 SF
	Room 250 (Includes Closets)	260 SF
	Room 251 (Includes Closets)	190 SF
	Room 252 (Includes Closets)	260 SF
	Room 253 (Includes Closets)	260 SF
	Linen Storage adjacent to 235	35 SF
	Room 254 (Includes Closets)	190 SF
	Room 255 (Includes Closets)	260 SF
	Room 256 (Includes Closets)	260 SF
	Room 257 (Includes Closets)	190 SF
	Second Floor Stretcher Alcove adjacent to 257	40 SF

Table 2 - Asbestos Containing Material Quantity
Saint Joseph's Home for the Elderly
140 Shepherds Lane
Totowa, New Jersey

Material	Location	Quantity
	Room 258 (Includes Closets)	260 SF
	Second Floor West Wing Stairwell	90 SF
	Room 259A (Includes Closets)	280 SF
	Room 259 (Includes Closets)	260 SF
	Second Floor Linen Storage adjacent to 260	35 SF
	Room 260 (Includes Closets)	190 SF
	Room 261 (Includes Closets)	260 SF
	Room 262 (Includes Closets)	260 SF
	Room 263 (Includes Closets)	190 SF
	Room 264 (Includes Closets)	260 SF
	Room 265 (Includes Closets)	260 SF
	Room 266 (Includes Closets)	190 SF
	Room 267 (Includes Closets)	260 SF
	Second Floor West Wing Hall	1,345 SF
	Second Floor North Wing Hall (Below Carpet)	1,125 SF
	Bathroom Closet in Apartment 2E	4 SF
	Bathroom Closet in Apartment 2F	8 SF
	Apartment 2G (Below Carpet) (Includes Closets)	400 SF
	Bathroom Closet in Apartment 2H	4 SF
	Apartment 2I (Below Carpet) (Includes Closets)	420 SF
	Bathroom Closet in Apartment 2I	4 SF
	Second Floor North Hall Stairwell	80 SF
	Apartment 2A (Below Carpet and Laminate Flooring in Kitchen) (Includes Closets)	430 SF
	Kitchen Closet in Apartment 2B	4 SF
	Closet in Bedroom in Apartment 2C (Below Carpet)	4 SF
	Closet in Bathroom in Apartment 2C	8 SF
	Closet across from Kitchen in Apartment 2D (Below Carpet)	6 SF
	Closet in Bedroom in Apartment 2D (Below Carpet)	4 SF
	Total	12,797 SF
12" Yellow Floor Tile and associated Mastic (HA 54/54A)	First Floor Linen Chute across from Elevators	35 SF
	First Floor Hall from Chapel to Kitchen Area	1,300 SF
	First Floor Hall from Electrical Room to North Wing	280 SF

Table 2 - Asbestos Containing Material Quantity Saint Joseph's Home for the Elderly 140 Shepherds Lane Totowa, New Jersey		
Material	Location	Quantity
	First Floor Hall from Dining Room to South Wing	1,300 SF
	First Floor Hall from Dining Room to Dental Suite	650 SF
	First Floor Hall from South Wing to Lobby	650 SF
	First Floor Hall from Dental Suite to Chapel	325 SF
	First Floor Volunteer Office	110 SF
	Storage Room in First Floor Volunteer Office	10 SF
	Total	4,660 SF
12" Brown Border Floor Tile and associated Mastic (HA 55/55A)	First Floor Auditorium	250 SF
	First Floor Hall from Dental Suite to Chapel	185 SF
	First Floor Resident Dining Room	670 SF
	Total	1,105 SF
Mastic associated with 12" Light Grey Floor Tile (HA 60A)	Room 132 (Includes Closets) (Below Carpet)	190 SF
	Room 134 (Includes Closets) (Below Carpet)	275 SF
	Room 141 (Below Laminate Flooring) (Includes Closets)	275 SF
	Bedroom Closets in Apartment 2H	14 SF
	Kitchen in Apartment 2I (Multi-Layer)	50 SF
	Total	804 SF
Mastic associated with 12" Grey Speckled Floor Tile (HA 66A)	First Floor Hall to Kitchen Area (Adjacent to Service Elevator)	460 SF
	Total	460 SF

LF – Linear Feet | SF – Square Feet

Table 3 -Trace Asbestos Containing Material Quantity Saint Joseph's Home for the Elderly 140 Shepherds Lane Totowa, New Jersey		
Material	Location	Quantity
	First Floor Priests Sacristy adjacent to Chapel Entrance	6 SF
	Kitchenette in Second Floor South Wing Hall (Adjacent to Room 234)	3 SF
	Total	9 SF

Table 3 -Trace Asbestos Containing Material Quantity Saint Joseph's Home for the Elderly 140 Shepherds Lane Totowa, New Jersey		
Material	Location	Quantity

LF – Linear Feet | SF – Square Feet

Table 4 – Assumed Asbestos Containing Material Quantity Saint Joseph's Home for the Elderly 140 Shepherds Lane Totowa, New Jersey		
Material	Location	Quantity
Fire Door (Metal) (HA 08)	Throughout Basement, First Floor, Second Floor, Third Floor, Fourth Floor Mechanical Rooms and Stairwells (44 Doors Total)	880 SF
	Total	880 SF
Black Vinyl Duct Vibration Collar (HA 30)	Throughout Basement, First Floor, Second Floor, Third Floor, Fourth Floor Mechanical Rooms	65 SF
	Total	65 SF

LF – Linear Feet | SF – Square Feet

3868

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

Check 3868

RECEIVED

Date of Notification (1) 08/11/2026		Name of Building Owner/Operator (2)							
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended ☐ Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		Street Address 15 Bowser Rd City, State, Zip Code New Brunswick, NJ 08901 Name of Contact Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential House			Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 15 Bowser Rd			Square Feet 1,592		# of Floors 1				
City (5) New Brunswick, NJ 08901			Bldg. Age 1951						
County (6) Middlesex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) VEL Construction, LLC					
Street Address		Street Address 75 Voorhis Place							
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-466-0166					
				License No. 02126					
Start Date (10) 08/20/2026		Scheduled Completion Date (11) 08/27/2026		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____			Street Address						
			City, State, Zip Code						
Scope of Work (Check All That Apply) ☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf									
		☒ Renovation ☐ Demolition		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Floor tile & mastic	654 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 08/27/2026		City, State Pen Argyl, PA			
Completed by Lubica Perez		Title Owner		Signature Lubica Perez		Date 08/11/2026			

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

RECEIVED
Check 3867

AUG 25 2026

Date of Notification (1) 08/12/2026		Name of Building Owner/Operator (2)							
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	Street Address 24 Eisele Ave							
		City, State, Zip Code Ocean Township, NJ 07712							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 24 Eisele Ave		Square Feet 2,120	# of Floors 2						
City (5) Ocean Township, NJ 07712		Bldg. Age 1959							
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) 08/14/2026	Scheduled Completion Date (11) 08/21/2026	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) ☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf ☒ Renovation ☐ Demolition ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Floor tile & mastic	100 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 08/21/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner		Signature Lubica Perez				Date 08/12/2026	

3869

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

RECEIVED
Check 3869

Date of Notification (1) 08/12/2026		Name of Building Owner/Operator (2) AUG 25 2026							
Agencies Notified	Type Notification	Street Address 95 New St							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Nutley, NJ 07110							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4)							
Street Address 95 New St		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Nutley, NJ 07110	Square Feet 1,512	# of Floors 2	Bldg. Age 1925						
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC						
Street Address		Street Address 75 Voorhis Place							
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456							
Project Manager for Monitoring Firm		Telephone No. 201-466-0166	License No. 02126						
Start Date (10) 08/13/2026	Scheduled Completion Date (11) 08/22/2026	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition							
		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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									
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 08/22/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner		Signature Lubica Perez				Date 08/12/2026	

VEL Construction LLC

95 New Street, Nutley, NJ

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Is Location Normally Used Solely by Maintenance/ Custodial Staff?	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type
Living Room	No	ceiling sheetrock, plaster, and wood lath	400 SF	Removal
Living Room	No	North Wall	110 SF	Removal
Living Room	No	West wall - half	70 SF	Removal
2nd Floor Office	No	ceiling sheetrock, plaster, and wood lath	120 SF	Removal
2nd Floor Office	No	North Wall	85 SF	Removal
2nd Floor Office	No	West wall	70 SF	Removal
Middle walk in closet	No	ceiling sheetrock, plaster, and wood lath	90 SF	Removal
Middle walk in closet	No	North Wall along office	70 SF	Removal
Middle walk in closet	No	West wall to window	50 SF	Removal

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

Check 3883
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Date of Notification (1) 08/12/2026		Name of Building Owner/Operator (2)							
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 7 Eldridge Rd							
		City, State, Zip Code Mt Tabor, NJ 07878							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 7 Eldridge Rd		Square Feet 1,220	# of Floors 1						
City (5) Mt Tabor, NJ 07878		Bldg. Age 1950							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC						
Street Address		Street Address 75 Voorhis Place							
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-466-0166						
Start Date (10) 08/21/2026		Scheduled Completion Date (11) 08/28/2026	License No. 02126						
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							
		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) <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
Laundry room		X		Floor tile	178 SF	X			
TV room		X		Floor tile	209 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 08/28/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner	Signature <i>Lubica Perez</i>			Date 08/12/2026			

3870

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

Check 3870

RECEIVED

Date of Notification (1) 08/12/2026		Name of Building Owner/Operator (2) PALE							
Agencies Notified	Type Notification	Street Address 1 Bedford Pl							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Morristown, NJ 07960							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1 Bedford Pl		Square Feet 2,919	# of Floors 1						
City (5) Morristown, NJ 07960		Bldg. Age 1958							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC						
Street Address		Street Address 75 Voorhis Place							
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456							
Project Manager for Monitoring Firm		Telephone No. 201-466-0166	License No. 02126						
Start Date (10) 08/21/2026	Scheduled Completion Date (11) 08/28/2026	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf		☒ Renovation ☐ Demolition							
		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bathroom		x		Walls and ceiling	258 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 08/28/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner	Signature Lubica Perez				Date 08/12/2026		

3885

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

RECEIVED

Print Form

Check 3885

AUG 25 2026

Date of Notification (1) 08/13/2026		Name of Building Owner/Operator (2)							
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 105 Sussex St							
		City, State, Zip Code Jersey City, NJ 07302							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 105 Sussex St		Square Feet 1,305	# of Floors 1						
City (5) Jersey City, NJ 07302		Bldg. Age 1900							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC						
Street Address		Street Address 75 Voorhis Place							
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456							
Project Manager for Monitoring Firm		Telephone No. 201-466-0166	License No. 02126						
Start Date (10) 08/22/2026	Scheduled Completion Date (11) 08/28/2026	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition							
		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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) 490 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First Floor		X		mastic		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 08/28/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner		Signature Lubica Perez				Date 08/13/2026	

6454 CK# 6454

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AUG 28 2026

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

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 8-22-26		Name of Building Owner/Operator (2) REUTER CONSTRUCTION					
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation					
Street Address 959 N. BEECHAM RD		City, State, Zip Code WILLIAMSTOWN NJ 08094					
Name of Contact		Telephone Number					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 137 76th ST.		Square Feet 1500					
City (5) SEA ISLE CITY		# of Floors 2					
County (6) CAPE MAY		Bldg. Age SD 1					
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.					
Street Address		Name of Abatement Contractor (9) KLEWCO INC					
City, State, Zip Code		Street Address 369 S SPRUCE AVE					
Project Manager for Monitoring Firm		City, State, Zip Code MAPLE SHADE N.J 08052					
Telephone No		Telephone No 856-779-0472					
Start Date (10) 9-1-26		License No. # 01371					
Scheduled Completion Date (11) 9-10-26		Name of OSHA Monitor N/A					
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address					
Scope of Work (Check all that apply) ☐ >3 sf or >3 ft ☒ >160 sf or >260 ft ☐ Renovation ☒ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (") and Non-Friable Procedure		City, State, Zip Code					
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) 1250 SF	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
				X			
Name of Registered Waste Hauler KLEWCO 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		Disposal Date		City, State WOODBINE NJ		Signature [Signature]	
Completed By MICHAEL KLEWCO		Title PRES		Date 8-22-26			

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CK# 6454

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

AUG 28 2025

Date of Notification (1) 8-22-26		Name of Building Owner/Operator (2) HARRBAUGH DEVELOPERS						
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation		Street Address 318 GLASSBORO RD					
	City, State, Zip Code WOODBURY HEIGHTS N.J 08097		Name of Contact SAME					
		Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)						
Street Address 9906 SUNSET DR		Square Feet 1500	# of Floors 2					
City (5) STONE HARBOR		Bldg. Age 50+						
County (6) CAPE MAY		Current Use (Prior if being demolished) VACANT						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.						
Street Address		Name of Abatement Contractor (9) KLEMMCO INC						
City, State, Zip Code		Street Address 369 S. SPRUCE AVE						
Project Manager for Monitoring Firm		City, State, Zip Code MAPLE SHADE N.J 08052						
Telephone No.		Telephone No. 856 779-0472						
Start Date (10) 9-2-26		License No. 01371						
Scheduled Completion Date (11) 9-12-26		Name of OSHA Monitor N/A						
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:		Street Address						
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		City, State, Zip Code						
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 KLEMMCO INC		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 5 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 SUPER	Signature M. KLEMM		Date 8-22-26			

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

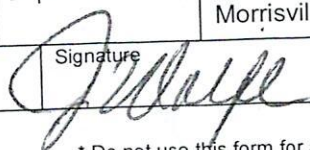
RECEIVED

Date of Notification (1) 6/24/2026		Name of Building Owner/Operator (2) BASF CORPORATION		AUG 17 2026					
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☐ DOH ☐ DCA		Type Notification ☐ Initial ☒ Amended Amendment # 13 ☐ Emergency (including justification) ☐ Cancellation		Street Address 25 MIDDLESEX ESSEX TPKE City, State, Zip Code ISLEIN NJ 08830 Name of Contact Felix J. Spittler Telephone Number 614-593-6647					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) BASF CORPORATION - 3 STORY R&D BLDG				Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 25 MIDDLESEX TPKE				Square Feet 50,000	# of Floors 3				
City (5) ISELIN				Bldg. Age 60+					
County (6) MIDDLESEX		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) COMMERCIAL					
Name of Monitoring Firm Hired by Building Owner (8) Atlas Technical Consultants		ASCM No.		Name of Abatement Contractor (9) PRISM Response					
Street Address 3 Terri Lane, Suite 4				Street Address 300 Penn Center Boulevard, Suite 701					
City, State, Zip Code Burlington, NJ 08016				City, State, Zip Code Pittsburgh, PA 15235					
Project Manager for Monitoring Firm John Lutz		Telephone No. 609.571.7522		Telephone No. 570-708-7776	License No. 01121				
Start Date (10) 04/27/2026		Scheduled Completion Date (11) 07/31/26		Name of OSHA Monitor PRISM Response					
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:				Street Address 300 Penn Center Boulevard, Suite 701					
				City, State, Zip Code Pittsburgh, PA 15235					
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) In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See attached asbestos survey			X	See attached asbestos survey		X			
Throughout 1st floor			X	ACM Pipe fittings	305	X			
			X			X			
			X			X			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill				
City, State Central New Jersey				Disposal Date	City, State Morrisville, Pennsylvania				
Completed by Jessica Wolfe		Title Administrative Support		Signature <i>J. Wolfe</i>		Date 8/14/2026			

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)

RECEIVED

Date of Notification (1) 8/14/2026		Name of Building Owner/Operator (2) BASF CORPORATION		AUG 17 2026	
Agencies Notified		Type Notification		Street Address 25 MIDDLESEX ESSEX TPKE	
☒ EPA ☒ DEP ☒ DOL ☐ DOH ☐ DCA		☐ Initial ☒ Amended Amendment #3 ☐ Emergency (including justification) ☐ Cancellation		City, State, Zip Code ISLEIN NJ 08830	
				ASBESTOS CONTROL & LICENSING	
				Name of Contact Felix J. Spittler	
				Telephone Number 614-593-6647	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) BASF CORPORATION - 1STORY R&D BLDG				Type of Facility (4)	
Street Address 25 MIDDLESEX TPKE				☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
City (5) ISELIN				Square Feet 20,000	
County (6) MIDDLESEX				# of Floors 1	
County Code (7) (STATE USE ONLY)				Bldg. Age 50+	
Name of Monitoring Firm Hired by Building Owner (8) Atlas Technical Consultants				Current Use (Prior if being demolished) COMMERCIAL	
ASCM No.				Name of Abatement Contractor (9) PRISM Response	
Street Address 3 Terri Lane, Suite 4				Street Address 300 Penn Center Boulevard, Suite 701	
City, State, Zip Code Burlington, NJ 08016				City, State, Zip Code Pittsburgh, PA 15235	
Project Manager for Monitoring Firm John Lutz				Telephone No. 609.571.7522	
Telephone No. 609.571.7522				License No. 01121	
Start Date (10) 04/27/2026				Scheduled Completion Date (11) 10/31/2026	
Name of OSHA Monitor PRISM Response				Street Address 300 Penn Center Boulevard, Suite 701	
Occupancy Status During Abatement (Check Only One)				City, State, Zip Code Pittsburgh, PA 15235	
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: *** PRISM IS OFFSITE UNTIL FURTHER NOTICE.					
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) 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)	
		Yes No N/A		Amount (Specify SF or LF)	
See attached asbestos survey				See attached asbestos survey	
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste	
City, State Central New Jersey		Disposal Date		Name of Registered Landfill Fairless Landfill	
Completed by Jessica Wolfe		Title Administrative Support		Signature 	
				Date 8/14/2026	

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

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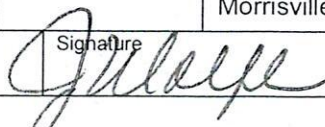
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Date of Notification (1) 6/24/2026 8/14/26		Name of Building Owner/Operator (2) BASF CORPORATION		AUG 17 2026					
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☐ DOH ☐ DCA		Type Notification ☐ Initial ☒ Amended Amendment # 1-3 ☐ Emergency (including justification) ☐ Cancellation		Street Address 25 MIDDLESEX ESSEX TPKE					
		City, State, Zip Code ISLEIN NJ 08830		ASBESTOS CONTROL & LICENSING					
		Name of Contact Felix J. Spittler		Telephone Number 614-593-6647					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) BASF CORPORATION - ANNEX BLDG			Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 25 MIDDLESEX TPKE			Square Feet 20,000	# of Floors 1	Bldg. Age 60+				
City (5) ISELIN			Current Use (Prior if being demolished) COMMERCIAL						
County (6) MIDDLESEX			County Code (7) (STATE USE ONLY)						
Name of Monitoring Firm Hired by Building Owner (8) Atlas Technical Consultants			Name of Abatement Contractor (9) PRISM Response						
Street Address 3 Terri Lane, Suite 4			Street Address 300 Penn Center Boulevard, Suite 701						
City, State, Zip Code Burlington, NJ 08016			City, State, Zip Code Pittsburgh, PA 15235						
Project Manager for Monitoring Firm John Lutz			Telephone No. 609.571.7522		License No. 01121				
Start Date (10) 04/27/2026		Scheduled Completion Date (11) 07/31/2026		Name of OSHA Monitor PRISM Response					
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____			Street Address 300 Penn Center Boulevard, Suite 701						
			City, State, Zip Code Pittsburgh, PA 15235						
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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See attached asbestos survey			X	See attached asbestos survey		X			
			X			X			
			X			X			
			X			X			
Name of Registered Waste Hauler Waste Management			NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill				
City, State Central New Jersey			Disposal Date		City, State Morrisville, Pennsylvania				
Completed by Jessica Wolfe			Title Administrative Support		Signature <i>J Wolfe</i>		Date 6/24/2026 8/14/26		

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

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

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Date of Notification (1) 6/24/2026 8/14/26		Name of Building Owner/Operator (2) BASF CORPORATION		AUG 17 2026					
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☐ DOH ☐ DCA		Type Notification ☐ Initial ☒ Amended Amendment # <u>3</u> ☐ Emergency (including justification) ☐ Cancellation		Street Address 25 MIDDLESEX ESSEX TPKE City, State, Zip Code ISLEIN NJ 08830 Name of Contact Felix J. Spittler Telephone Number 614-593-6647					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) BASF CORPORATION - HIGH HAZARD BLDG				Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 25 MIDDLESEX TPKE				Square Feet 5,000					
City (5) ISELIN				# of Floors 1					
County (6) MIDDLESEX				Bldg. Age 50+					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) COMMERCIAL							
Name of Monitoring Firm Hired by Building Owner (8) Atlas Technical Consultants		ASCM No.		Name of Abatement Contractor (9) PRISM Response					
Street Address 3 Terri Lane, Suite 4		Street Address 300 Penn Center Boulevard, Suite 701							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Pittsburgh, PA 15235							
Project Manager for Monitoring Firm John Lutz		Telephone No. 609.571.7522		Telephone No. 570-708-7776					
Start Date (10) 04/27/2026		Scheduled Completion Date (11) 07/31/2026		License No. 01121					
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 PRISM Response					
Street Address 300 Penn Center Boulevard, Suite 701				City, State, Zip Code Pittsburgh, PA 15235					
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
See attached asbestos survey			X	See attached asbestos survey		X			
			X			X			
			X			X			
			X			X			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste		Name of Registered Landfill Fairless Landfill			
City, State Central New Jersey				Disposal Date		City, State Morrisville, Pennsylvania			
Completed by Jessica Wolfe		Title Administrative Support		Signature 		Date 6/24/2026 8/14/26			

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

RECEIVED

Date of Notification (1) 6/24/2026		Name of Building Owner/Operator (2) BASF CORPORATION		AUG 17 2026					
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☐ DOH ☐ DCA		Type Notification ☐ Initial ☒ Amended Amendment # <u>13</u> ☐ Emergency (including justification) ☐ Cancellation		Street Address 25 MIDDLESEX ESSEX TPKE City, State, Zip Code ISLEIN NJ 08830 Name of Contact Felix J. Spittler Telephone Number 614-593-6647					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) BASF CORPORATION - CONNECTOR BLDG				Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 25 MIDDLESEX TPKE				Square Feet 5,000	# of Floors 1				
City (5) ISELIN				Bldg. Age 50+					
County (6) MIDDLESEX		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) COMMERCIAL					
Name of Monitoring Firm Atlas Technical Consultants		Firm Hired by Building Owner (8) ASCN No.		Name of Abatement Contractor (9) PRISM Response					
Street Address 3 Terri Lane, Suite 4				Street Address 300 Penn Center Boulevard, Suite 701					
City, State, Zip Code Burlington, NJ 08016				City, State, Zip Code Pittsburgh, PA 15235					
Project Manager for Monitoring Firm Johh Lutz		Telephone No. 609.571.7522		Telephone No. 570-708-7776	License No. 01121				
Start Date (10) 04/27/2026		Scheduled Completion Date (11) 07/31/26		Name of OSHA Monitor PRISM Response					
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____				Street Address 300 Penn Center Boulevard, Suite 701 City, State, Zip Code Pittsburgh, PA 15235					
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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See attached asbestos survey			X	See attached asbestos survey		X			
			X			X			
			X			X			
			X			X			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill				
City, State Central New Jersey				Disposal Date	City, State Morrisville, Pennsylvania				
Completed by Jessica Wolfe		Title Administrative Support		Signature <i>J. Wolfe</i>		Date 6/24/2026			

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

Summary of Asbestos Materials

Summary of Asbestos Materials			
3 Story R&D Building			
ACM	Location/Description	Quantity	
1'x1' Floor Tile (Red w/ Long White Streaks and Associated Mastic	Throughout Labs, Offices, Hallways & Stairwells	1 st Floor: 7,000 SF 2 nd Floor: 17,900 SF 3 rd Floor: 10,100 SF Penthouse: NA	
1'x1' Tan w/ White & Brown Streak Floor Tile & Mastic	Throughout Labs, Offices, Hallways & Stairwells	1 st Floor: 2,800 SF 2 nd Floor: 1,700 SF 3 rd Floor: 1,500 SF Penthouse: NA	
Mastic Associated w/ 1'x1' Cream & Tan Chip Floor Tile	Throughout Hallway	1 st Floor: 2,000 SF 2 nd Floor: NA 3 rd Floor: NA Penthouse: NA	
Mastic Associated w/ 1'x1' Beige w/ White & Dark Brown Smudge Floor Tile	Throughout South Exit Hallway	1 st Floor: 600 SF 2 nd Floor: NA 3 rd Floor: NA Penthouse: NA	
3 Story R&D Building			
ACM	Location/Description	Quantity	
Cementitious Pipe Fitting Insulation	Throughout Labs, Offices, Hallway & Utility Closets	1 st Floor: 265 Fittings 2 nd Floor: 200 Fittings 3 rd Floor: 12 Fittings Penthouse: 50 Fittings	
Lab Bench/Tables/Drying Racks	Throughout Labs	1 st Floor: 1,300SF 2 nd Floor: 3,500 SF 3 rd Floor: 2,300 SF Penthouse: 10 SF	
Fume Hood & Chemical Cabinet Lining (Transite)	Throughout Labs	1 st Floor: 1,380SF 2 nd Floor: 1,500 SF 3 rd Floor: 2,700 SF Penthouse: NA	
Tar Floor Penetration Berms	Throughout Floor	Penthouse: 30 SF	
Single Story R&D Building			
ACM	Location/Description	Quantity	
1'xi' Floor Tile (Red w/ Long White Streaks and Associated Mastic	Throughout Hallways (Border)	350 SF	
1'x1' Floor Tile Red/Dark Red & White Speckled and Associated Mastic	Lab Room 30 and Hallway	60 SF	

1'x1' Tan w/ White & Brown Streak Floor Tile & Mastic	Throughout Hallways, Labs, & Offices	7,800 SF
Mastic Associated w/ Red/Light Red Floor Tile	Lab Rooms 31, 47A, 48	125 SF
Cementitious Pipe Fitting Insulation	Throughout Labs, Pilot Plant, Hallway & Basement 03	Fittings: 62 Basement: 250 Fittings on F/G Lines Roof Drains: (10)
Thermal System Pipe Insulation	Throughout Offices, Pilot Plant, Hallway & Basement 03	400 LF Basement: 650 LF w/Fittings
Lab Bench/Tables/Drying Racks	Throughout Labs	200 SF
Fume Hood & Chemical Cabinet Lining (Transite)	Throughout Labs	1,400 SF
Window/Metal Window Panel Glazing	Pilot Plant	202 Panels (4'x6')

Window Caulk	Between Exterior Window Frames and Brickwork	200 LF x 1"
Door Caulk	Between Exterior Door Frames and Brickwork	80 LF x 1"
Roof Perimeter Flashing	On Old Section Of Built Up Roof	450 SF (300 x 1½')
Interior Flashing	On Roof Fan and HVAC Unit Bases	300 SF
Tar Sealant	On Tops of Roof HYAC Units and Circular Duct Work	75 SF

Connector Building		
ACM	Location/Description	Quantity
Floor Mastic Associated w/ 1'x1' Red/Light Red Speckled Floor Tile	Room 44A	160 SF
Cementitious Pipe Fitting Insulation	Room 44A, Hallway, Mechanical Room & Weld Shop	Fittings: 35

High Hazzard Building		
ACM	Location/Description	Quantity
Lab Bench	In Maintenance Storage Room 100	40 SF

Annex Headquarters Building		
ACM	Location/Description	Quantity
Waterproofing Tar	On Interior Cement Block Wall Throughout Building	1,000 LF x 8"
	On Vertical Structural Steel Columns	25 Columns x 25 SF Each (Includes Front Exterior Lally Columns)

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

RECEIVED
Check 3892

Date of Notification (1) 08/19/2026		Name of Building Owner/Operator (2) AUG 25 2026							
Agencies Notified	Type Notification	Street Address 310 Briarly Dr ASBESTOS CONTROL & LICENSING							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Franklin Lakes, NJ 07417							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 310 Briarly Dr		Square Feet 9,134	# of Floors 2						
City (5) Franklin Lakes, NJ 07417		Bldg. Age 1963							
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) 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) 08/28/2026	Scheduled Completion Date (11) 09/04/2026	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf		☒ Renovation ☐ Demolition							
		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.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	675 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 09/04/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner		Signature Lubica Perez				Date 08/19/2026	

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

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Date of Notification (1) 08/18/2026		Name of Building Owner/Operator (2) AUG 25 2026							
Agencies Notified	Type Notification	Street Address 20 Robin Hood Rd							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☐ Initial ☐ Amended ☐ Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Summit, NJ 07901							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 20 Robin Hood Rd		Square Feet 3,192	# of Floors 2						
City (5) Summit, NJ 07901		Bldg. Age 1930							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC						
Street Address		Street Address 75 Voorhis Place							
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456							
Project Manager for Monitoring Firm		Telephone No. 201-466-0166	License No. 02126						
Start Date (10) 08/19/2026	Scheduled Completion Date (11) 08/26/2026	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition							
		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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 utility room		x		Floor tile	58 SF	x			
Basement utility room		x		mastic	143 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 08/26/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner	Signature Lubica Perez			Date 08/18/2026			

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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) 08/17/2026		Name of Building Owner/Operator (2) ASBESTOS CONTROL & LICENSING							
Agencies Notified	Type Notification	Street Address 8 Wyoming Dr							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☐ Initial ☐ Amended ☐ Amendment # ☒ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Hazlet, NJ 07730							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4)							
Street Address 8 Wyoming Dr		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Hazlet, NJ 07730		Square Feet 1,277	# of Floors 1						
County (6) Monmouth		Bldg. Age 1959							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) 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) 08/18/2026	Scheduled Completion Date (11) 08/25/2026	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:		City, State, Zip Code							
Scope of Work (Check All That Apply)									
☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf ☒ Renovation ☐ Demolition ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Floor tile & mastic	420 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 08/25/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner	Signature Lubica Perez			Date 08/17/2026			

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

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Date of Notification (1) 08/17/2026		Name of Building Owner/Operator (2) AUG 25 2026							
Agencies Notified	Type Notification	Street Address 4 Pitney Dr							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Mendham Township, NJ 07945							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 4 Pitney Dr		Square Feet 2,587	# of Floors 2						
City (5) Mendham Township, NJ 07945		Bldg. Age 1970							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC						
Street Address		Street Address 75 Voorhis Place							
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456							
Project Manager for Monitoring Firm		Telephone No. 201-466-0166	License No. 02126						
Start Date (10) 08/26/2026	Scheduled Completion Date (11) 09/04/2026	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf		☒ Renovation ☐ Demolition	☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First floor		X		Floor tile & mastic	1,048 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 09/04/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner		Signature Lubica Perez				Date 08/17/2026	

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

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AUG 25 2026

Date of Notification (1) 08/17/2026		Name of Building Owner/Operator (2)							
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 41 Wickom Ave							
		City, State, Zip Code Hamilton Township, NJ 08690							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 41 Wickom Ave		Square Feet 1,550	# of Floors 1						
City (5) Hamilton Township, NJ 08690		Bldg. Age 1950							
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. 201-466-0166	License No. 02126						
Start Date (10) 08/26/2026	Scheduled Completion Date (11) 09/02/2026	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition							
		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Floor tile	630 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 09/02/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner	Signature Lubica Perez			Date 08/17/2026			

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

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Date of Notification (1) 08/18/2026		Name of Building Owner/Operator (2) AUG 25 2026							
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 20 Stockton Dr ASBESTOS CONTROL & LICENSING							
		City, State, Zip Code Marlboro Township, NJ 07746							
		Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 20 Stockton Dr		Square Feet 1,906	# of Floors 1						
City (5) Marlboro Township, NJ 07746		Bldg. Age 1952							
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) _____							
Name of Monitoring Firm Hired by Building Owner (8) _____		ASCM No. _____	Name of Abatement Contractor (9) VEL Construction, LLC						
Street Address _____		Street Address 75 Voorhis Place							
City, State, Zip Code _____		City, State, Zip Code Ringwood NJ 07456							
Project Manager for Monitoring Firm _____		Telephone No. _____	Telephone No. 201-466-0166						
Start Date (10) 08/27/2026		Scheduled Completion Date (11) 09/03/2026	License No. 02126						
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 _____							
		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
First floor		X		Floor tile & mastic	1280 SF	X			
First floor		X		ceramic tile	450 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 09/03/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner		Signature Lubica Perez			Date 08/18/2026		

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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) 08/15/2026		Name of Building Owner/Operator (2)							
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 15 Westminster Terrace							
		City, State, Zip Code West Orange, NJ 07052							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 15 Westminster Terrace		Square Feet 1,438	# of Floors 1						
City (5) West Orange, NJ 07052		Bldg. Age 1962							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC						
Street Address		Street Address 75 Voorhis Place							
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456							
Project Manager for Monitoring Firm		Telephone No. 201-466-0166	License No. 02126						
Start Date (10) 08/24/2026	Scheduled Completion Date (11) 08/31/2026	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf		☒ Renovation ☐ Demolition ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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) 700 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Attic		X		vermiculite and fiberglass batt ins		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 08/31/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner	Signature Lubica Perez				Date 08/15/2026		

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

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Date of Notification (1) 08/13/2026		Name of Building Owner/Operator (2) AUG 25 2026							
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	Street Address 150 Newbury Rd							
		City, State, Zip Code Howell Township, NJ 07731							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 150 Newbury Rd		Square Feet 1,900	# of Floors 2						
City (5) Howell Township, NJ 07731		Bldg. Age 1958							
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) 08/22/2026	Scheduled Completion Date (11) 08/29/2026	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) ☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf ☒ Renovation ☐ Demolition ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First floor		X		Floor tile & mastic	528 SF	X			
Hallway		X		laminate flooring over tiles	79 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 08/29/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner	Signature Lubica Perez			Date 08/13/2026			

4146

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

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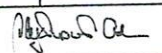
AUG 1 2026
 Check No. 4148

Date of Notification (1) 07/14/2026		Name of Building Owner/Operator (2) Matthew Homs							
Agencies Notified ☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 40 Prospect St 1-4J							
		City, State, Zip Code Norwalk, Ct 06850							
		Name of Contact Matthew Homs							
		Telephone Number 862-219-2837							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Apartment Building		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 735 Greens Avenue		Square Feet 20,000 # of Floors 2 Bldg. Age 50+							
City (5) Long Branch, New Jersey 07740		Current Use (Prior if being demolished) Building							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Name of Abatement Contractor (9) Lilich Corporation							
Name of Monitoring Firm Hired by Building Owner (8) Lis Consulting Services, LLC.		ASCM No.							
Street Address 3 B Cottage Court		Street Address 246 Union Boulevard							
City, State, Zip Code Whiting, NJ 08759		City, State, Zip Code Totowa, New Jersey 07512							
Project Manager for Monitoring Firm Barbara Lis		Telephone No. 732-735-2788	Telephone No. 973-225-8400 License No. 01104						
Start Date (10) 07/25/2026	Scheduled Completion Date (11) 08/01/2026	Name of OSHA Monitor Iris Environmental Laboratories, LLC							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address 2333 Route 22 West City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply) ☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf ☒ Renovation ☐ Demolition ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glove Bag Procedure / Limited Containment & Tent ☐ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF of LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Unit 11B		X		Wall/Ceiling joint compound	140 SF	X			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 20	Name of Registered Landfill Fairless Landfill					
City, State Elizabeth, NJ		Disposal Date July/2026		City, State Morrisville, PA					
Completed by Adriana Olejarova		Title President		Signature		Date 07/14/2026			

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AUG 26 2026

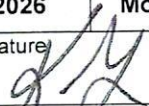
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 08/13/2026		Name of Building Owner/Operator (2) Dunellen Public Schools		Check No. 4165	
Agencies Notified ☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☐ Initial ☒ Amended Amendment # <u>1</u> ☐ Emergency (including justification) ☒ Cancellation		Street Address 411 First Street City, State, Zip Code Dunellen, New Jersey 08812 Name of Contact Ronnie Haynes	
				Telephone Number (973) 239-1551	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Dunellen High School			Type of Facility (4) ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 411 First Street			Square Feet 60,000		
City (5) Dunellen, New Jersey 08812			# of Floors 2		Bldg. Age 50+
County (6) Middlesex		County Code (7) (STATE USE ONLY) -		Current Use (Prior if being demolished) High School	
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants, Inc.		ASCM No. 00057		Name of Abatement Contractor (9) Lilich Corporation	
Street Address PO BOX 385		Street Address 246 Union Blvd			
City, State, Zip Code Oceananville, New Jersey 08231		City, State, Zip Code Totowa, New Jersey 07512			
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609-577-8801		Telephone No. 973-225-8400	
License No. 01104					
Start Date (10) 08/13/2026		Scheduled Completion Date (11) 08/16/2026		Name of OSHA Monitor LIS CONSULTING SERVICES, LLC	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____			Street Address 3 B Cottage Court City, State, Zip Code Whiting, New Jersey		
Scope of Work (Check All That Apply) ☒ ≥ 3 sf or ≥ 3 lf ☒ Renovation ☐ ≥ 160 sf or ≥ 260 lf ☐ Demolition ☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☐ Glove Bag Procedure / Limited Containment & Tent ☐ Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF of LF)
		Yes	No		
Throughout the building			X		45 LF
Throughout the building			X		10 EA
			X		
			X		
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 3	Name of Registered Landfill Grand Central Landfill
City, State Elizabeth, New Jersey		Disposal Date August/2026		City, State Pen Argyl, PA	
Completed by Adriana Olejarova		Title President		Signature 	Date 08/13/2026

ASB-41 (R-08-08)

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

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

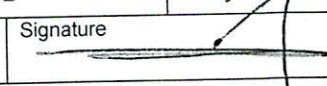
Date of Notification (1) 07 / 15 / 26		Name of Building Owner/Operator (2) Paco Housing Corporation I # 2510-3445-1 check #N/A							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☒ Amended Amendment # 1 ☐ Emergency (including justification) ☐ Cancellation	Street Address 192 Third Street City, State, Zip Code Jersey City, NJ 07302 Name of Contact Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 396 Manilla Avenue- Muilptle Units		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
City (5) Jersey City		Square Feet 1602	# of Floors 2 Bldg. Age 1974						
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) Finoq Environmental		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.						
Street Address 617 Stokes Road #4-318		Street Address 70 Stacy Haines Road Suite 4							
City, State, Zip Code Medford NJ 08055		City, State, Zip Code Lumberton NJ 08048							
Project Manager for Monitoring Firm Rebecca Rubnitz		Telephone No. 856-596-9994	Telephone No. 609-702-0400 License No. 00862						
Start Date (10) 07 / 29 / 26	Scheduled Completion Date (11) 08 / 12 / 26		Name of OSHA Monitor EMSL Analytical, Inc.						
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply) ☐ >3 sf or >3 lf ☒ >160 sf or >260 lf ☒ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☐ 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
SEE ATTACHED	☐	☐	☒			☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
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 08/12/2026		City, State Morrisville, PA					
Completed By (Print or Type) Kaysi Gruner		Title Office Admin		Signature 			Date 7/28/26		

SCOPE OF WORK(MUILTPLE UNITS)- 396 Manila Avenue, Jersey City NJ

O&M Repair Work

1. Unit 2A- Ceiling - 5 SF bubble
2. Unit 2B -Ceilings - 1 SF Repair in LR and 5 SF Bubble in BR
3. Unit 2C- Floor - 3 SF LR Ceiling - 1 SF bubble
4. Unit 2D Floor- 3 SF tiles Ceiling - LR 1 SF and Foyer 1 SF (1 left corner hole in foyer)
5. Unit 3A Floor - 2 SF tiles in Kitchen and LR Ceiling - total 8 SF bubbles
6. Unit 3D Floor - 3 Sf bedroom Ceiling - 14 SF living room and 5 SF BR
7. Unit 3E Floor - 2 SF bedroom Ceiling - 6 ft- Living room near window, 5ft-near door bedroom
8. Unit 3G- Ceiling - 5 SF living room and 4 sf in closet
9. Unit 3K - Ceiling - 6 SF living room
10. Unit 4A- Ceiling - 5 SF closet and hallway, 6 SF living room bubble

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

Date of Notification (1) 08/06/2026		Name of Building Owner/Operator (2) 101 East Main Street							
Agencies Notified	Type Notification	Street Address 101 East Main Street							
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended ☐ Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Little Falls, NJ 07424							
		Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 260 Park Street		Square Feet N/A	# of Floors N/A						
City (5) Montclair NJ, 07042		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) house							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) D&S Abatement Company LLC						
Street Address		Street Address 329 Parish Dr							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. 02097						
Start Date (10) 08/18/2026	Scheduled Completion Date (11) 08/31/2026	Name of OSHA Monitor D&S Abatement Company LLC							
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: <u>occupied</u>		Street Address 329 Parish Dr							
		City, State, Zip Code Wayne, NJ 07470							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition							
		☒ Full Containment with Negative Pressure ☒ Mini-Enclosure ☒ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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		X							
Name of Registered Waste Hauler D&S Abatement Company LLC		NJDEP Waste Hauler ID No. 0036309	Cubic Yards of Waste TBD	Name of Registered Landfill TRRF					
City, State Wayne NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Dejan Antic Dopsaj		Title President		Signature 				Date 08/06/2026	

4.0 CONCLUSION AND RECOMMENDATIONS

Refer to a Site Plan and sampling Locations Drawings for approximate locations of samples collected. Based on our field observation and results of sample analyses, presence of ACM was identified within the inspected building as follows:

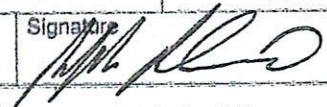
Location(s)	ACM or Assumed ACM	Field-Estimated Quantities
1 ST Floor Kitchen (see Drawings)	2 Layers of floor tiles & Linoleum	146 square feet
2 ND Floor, Stair Hall (see Drawings)	12-inch grey floor tiles	64 square feet.
2 ND Floor Bathroom (see Drawings)	12-inch tan floor tiles	64 square feet
3 RD Floor, Rear Bedroom (see Drawings)	Wood Pattern floor tiles under a layer of tiles and 2 layers of wood	179 square feet
Basement (see Drawings)	Ceiling Plaster	666 square feet
1 ST Floor, Rear Bedroom Closet (see Drawings)	TSI Pipe Insulation	5 linear feet
Basement (see Drawings)	TSI Pipe Insulation	1 linear foot
3 RD Floor, Stairs Hall (see Drawings)	Electrical Panel Insulation	1 square foot
Exterior Facade(see Drawings)	Window Glazing/Putty on 61 window sashes of various size	2,128 linear feet or 177 square feet
Roof (see Drawings)	Roof Flashing	100 square feet

Note: Refer to the attached drawings for filed observations/details pertinent to asbestos abatement planning.

Field-estimated quantities of ACM are provided in the table above. A contractor bidding on this project must verify field conditions and reported quantities to avoid any potential for a change order. A NJDOL Licensed Asbestos Abatement Contractor must be retained to remove the identified ACM from the interior and exterior portions of the subject building with final clearance air samples to be collected after the completion of their work by an independent monitoring consultant. SKY can provide a budgetary estimate for performing final clearance air monitoring and final visual inspection required at completion of interior asbestos abatement.

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

✓#2118

Date of Notification (1) 08 / 26 / 26		Name of Building Owner/Operator (2) 228 Main Street Corporation							
Agencies Notified ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	Street Address 96 Mendham Road							
		City, State, Zip Code Gladstone, NJ 07934							
		Name of Contact Randhir Jhamb	Telephone Number 908-715-4800						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) American Wellness Center		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 228 Main Street		Square Feet 5000	# of Floors 2						
City (5) Woodbridge, NJ 07095		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) 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. 201-262-5841	License No. 00156						
Start Date (10) 08 / 28 / 26	Scheduled Completion Date (11) 09 / 12 / 26	Name of OSHA Monitor Asbestos Analytical Labs							
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00 AM- PM/4:30 PM-____ AM		Street Address 51 Gage Road							
		City, State, Zip Code East Brunswick, NJ 08816							
Scope of Work (Check all that apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☒ 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 Floor	☐	☒	☐	Plaster Debris	100 SF	☒	☐	☐	☐
1st Floor	☐	☒	☐	Pipe Insulation	50 LF	☒	☐	☐	☐
Basement	☐	☒	☐	Plaster Debris	100 SF	☒	☐	☐	☐
Basement	☐	☒	☐	Pipe Insulation	50 LF	☒	☐	☐	☐
Name of Registered Waste Hauler Century Waste Services, LLC		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 2 Yards	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Elizabeth, NJ		Disposal Date 09-15-2026		City, State Pen Argyl, PA 08072					
Completed By (Print or Type) Ralph Barnhardt		Title Sr. Project Manager		Signature 			Date 08-26-2026		

[illegible]

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

Date of Notification (1) 08 / 17 / 26		Name of Building Owner/Operator (2) City of Paterson / Job #2607-3580 Chk. #4243						
Agencies Notified ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 155 Market Street 4th Floor						
		City, State, Zip Code Paterson NJ 07505						
		Name of Contact Jose Molina	Telephone Number 973-321-1450					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) New Public Safety Dispatch Center		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 163-167 Paterson Avenue		Square Feet 31000	# of Floors 4					
City (5) Paterson	County (6) Passaic	County Code (7) (STATE USE ONLY)	Bldg. Age 1940					
Name of Monitoring Firm Hired by Building Owner (8) OMEGA Environmental Services Inc		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.					
Street Address 280 Huyler Street		Street Address 70 Stacy Haines Road Suite 4						
City, State, Zip Code South Hackensack NJ 07606		City, State, Zip Code Lumberton NJ 08048						
Project Manager for Monitoring Firm Anton Rezin	Telephone No. 201-489-8700	Telephone No. 609-702-0400	License No. 00862					
Start Date (10) 08 / 26 / 26	Scheduled Completion Date (11) 09 / 09 / 26	Name of OSHA Monitor EMSL Analytical, Inc.						
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 200 U.S. Route 130 North						
		City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)								
☐ >3 sf or >3 lf ☒ >160 sf or >260 lf		☒ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
SEE ATTACHED	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐		☐	☐	☐	☐
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 09/09/2026	City, State Morrisville, PA 19067					
Completed By (Print or Type) Kaysi Gruner	Title Office Coordinator	Signature 			Date 8/17/26			

SCOPE OF WORK DISPATCH CENTER, PATERSON NJ

- Remove and dispose of approximately 300 SF of floor tile and mastic on wood using non friable methods.
- Encapsulate any residual material.
- Remove and dispose of approximately 260 SF of floor tile and mastic on first floor using non-friable methods.
- Remove and dispose of approximately 16 SF of mastic on cork on ceiling of walk in refrigerator using non-friable methods.
- Remove and dispose of 12 windows in openings on second floor with asbestos glazing.

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

Chen R # 440910

Date of Notification (1) 8 / 21 / 26		Name of Building Owner/Operator (2) Verizon Communications							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☒ Amended Amendment # 2 ☐ Emergency (including justification) ☐ Cancellation	Street Address 15 East Montgomery Street							
		City, State, Zip Code Pittsburgh, PA 15212							
		Name of Contact Brian Kingsbury (Owners Rep)	Telephone Number 201-388-0620						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Morganville Central Office		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 408 Tennet Road		Square Feet	# of Floors 3						
City (5) Morganville	County (6) Monmouth	County Code (7) (STATE USE ONLY)	Bldg. Age +75						
Name of Monitoring Firm Hired by Building Owner (8) RBS Environmental		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) 8 / 3 / 26	Scheduled Completion Date (11) 9 / 4 / 26	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC							
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 5PM-1AM *Bristol will be back onsite 9/3/26		Street Address 1123 BEAVER STREET							
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
North Wall Frame Area	☐	☐	☒	VAT & Mastic	220 SF	☒	☐	☐	☐
Southside Frame Area	☐	☐	☒	VAT & Mastic	170 SF	☒	☐	☐	☐
Adjacent to Restroom	☐	☐	☒	Vat & Mastic	20 SF	☒	☐	☐	☐
Rear Door Area	☐	☐	☒	VAT & Mastic	20 SF	☒	☐	☐	☐
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste	Name of Registered Landfill Conestoga Landfill					
City, State Freehold NJ		Disposal Date TBD	City, State Morgantown, PA						
Completed By (Print or Type) Dillan DeCaro		Title Estimator	Signature <i>Dillan DeCaro</i>				Date 8/21/26		

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

RECEIVED

check # 4696

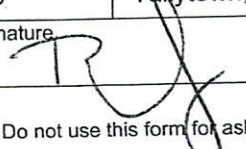
AUG 26 2026

Date of Notification (1) 8 / 21 / 26		Name of Building Owner/Operator (2) Verizon Communications							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☒ Amended Amendment # 2 ☐ Emergency (including justification) ☐ Cancellation	Street Address 15 East Montgomery Street City, State, Zip Code Pittsburgh, PA 15212 Name of Contact Brian Kingsbury (Owners Rep)							
		Telephone Number 201-388-0620							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Morganville Central Office		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 408 Tennet Road		Square Feet	# of Floors 3						
City (5) Morganville		Bldg. Age +75							
County (6) Monmouth	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) 8 / 3 / 26	Scheduled Completion Date (11) 9 / 4 / 26	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC							
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 5PM-1AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☒ Full Containment with Negative Pressure ☒ Mini-Enclosure ☐ Glovebag Procedure ☐ 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
Desk Area	☐	☐	☒	VAT & Mastic	120 SF	☒	☐	☐	☐
South Wall Near Generator	☐	☐	☒	Vat & Mastic	20 SF	☒	☐	☐	☐
Small Areas Throughout First Floor	☐	☐	☒	Vat & Mastic	20 SF	☒	☐	☐	☐
Pipe Insulation	☐	☐	☒	Vestibule Outside Bathroom	2 LF	☒	☐	☐	☐
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste	Name of Registered Landfill Conestoga Landfill					
City, State Freehold NJ			Disposal Date TBD	City, State Morgantown, PA					
Completed By (Print or Type) Dillan DeCaro		Title Estimator	Signature <i>Dellan DeCaro</i>			Date 8/21/26			

ASB-41
JAN 13 DD36059

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

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

Date of Notification (1) 8/18/26		Name of Building Owner/Operator (2)		RECEIVED					
Agencies Notified		Type Notification		Street Address 403 Monmouth Street					
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA		☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation		City, State, Zip Code Hightstown, New Jersey Name of Contact Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 403 Monmouth Street				Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Hightstown		Square Feet 150		# of Floors 1	Bldg. Age 60+				
County (6) Mercer		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) garage					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Ace Insulation Co., Inc					
Street Address		Street Address 95 Monrore Road		City, State, Zip Code Colts Neck, New Jersey 07722					
City, State, Zip Code		Telephone No. 7322941757		License No. 00029					
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor					
Start Date (10) 8/27/26		Scheduled Completion Date (11) 8/29/26		Street Address					
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: 7am-7pm				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
garage			x	siding	148 sf	x			
Name of Registered Waste Hauler Ace Insulation Co., Inc		NJDEP Waste Hauler ID No. 12086		Cubic Yards of Waste 1	Name of Registered Landfill GROWS				
City, State Colts Neck, New Jersey				Disposal Date 8/29/26	City, State Tullytown, PA				
Completed by Bree McGuire		Title Secretary Treasurer		Signature 		Date 8/18/26			

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

Date of Notification (1) 08/12/2026		Name of Building Owner/Operator (2) RECEIVED							
Agencies Notified	Type Notification	Street Address							
☐ EPA ☐ DEP ☒ DOL ☐ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	6 Washington Pl City, State, Zip Code Cranford NJ 07016 Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 6 Washington Place		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Cranford		Square Feet —	# of Floors 2						
County (6) Union		Bldg. Age 1920							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Bedroom							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Abated						
Street Address		Street Address 100-128 Union St, Suite 65							
City, State, Zip Code		City, State, Zip Code Elizabeth NJ 07202							
Project Manager for Monitoring Firm		Telephone No. 908-372-8375	License No. #02019						
Start Date (10) 08/26/2026	Scheduled Completion Date (11) 09/01/2026	Name of OSHA Monitor Ryan J Passos							
Occupancy Status During Abatement (Check Only One)		Street Address 100-128 Union St, Suite 65							
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		City, State, Zip Code Elizabeth NJ 07202							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf ☒ Renovation ☐ Demolition ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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			X	Wall materia - Plaster	750 S.F	X			
Name of Registered Waste Hauler ABATED LLC		NJDEP Waste Hauler ID No. 0038720	Cubic Yards of Waste 8	Name of Registered Landfill Fairless Hills PA (W-4)					
City, State Elizabeth NJ		Disposal Date 09/01/2026		City, State Morrisville PA					
Completed by Ryan J Passos		Title President		Signature 		Date 08/12/2026			

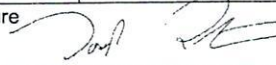
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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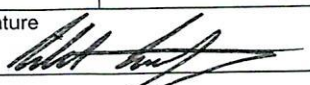
Date of Notification (1) 08/12/2026		Name of Building Owner/Operator (2) 1865 Morris Avenue LLC							
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☐ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	Street Address 1865 Morris Ave							
		City, State, Zip Code Union NJ 07083							
		Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 1865 Morris Avenue LLC		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1865 Morris Ave		Square Feet 2860	# of Floors 2						
City (5) Union		Bldg. Age —							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) N/A							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____	Name of Abatement Contractor (9) Abated						
Street Address		Street Address 100-128 Union St, Suite 65							
City, State, Zip Code		City, State, Zip Code Elizabeth NJ 07202							
Project Manager for Monitoring Firm		Telephone No. 908-372-8325	License No. # 02019						
Start Date (10) 08/22/2026	Scheduled Completion Date (11) 09/03/2026	Name of OSHA Monitor Ryan J Passas							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address 100-128 Union St, Suite 65							
		City, State, Zip Code Elizabeth NJ 07202							
Scope of Work (Check All That Apply) ☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf ☒ Renovation ☐ Demolition ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof			x	Flashing	40SF	x			
1st Floor and 2nd Floor			x	9x9 Floor tile	Approx 1,500SF	x			
Name of Registered Waste Hauler ABATED		NJDEP Waste Hauler ID No. 0038720	Cubic Yards of Waste 15	Name of Registered Landfill Fairless Hills (W-M)					
City, State Elizabeth NJ		Disposal Date 09/01/2026		City, State Morrisville PA					
Completed by Ryan J Passas		Title President	Signature 			Date 08/12/2026			

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

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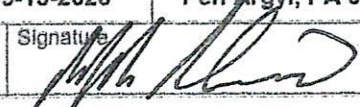
Date of Notification (1) 08/17/2026		Name of Building Owner/Operator (2)							
Agencies Notified	Type Notification	Street Address 156 N Main St							
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Pleasantville NJ 08232							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 156 N Main St		Square Feet	# of Floors						
City (5) Pleasantville		Bldg. Age							
County (6) Atlantic	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) 08/27/2026	Scheduled Completion Date (11) 08/27/2026	Name of OSHA Monitor AAA Lead Professionals							
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: _____		Street Address 6 White Dove Court							
		City, State, Zip Code Lakewood, NJ, 08701							
Scope of Work (Check All That Apply)									
☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf		☒ Renovation ☐ Demolition							
		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Interior				Floor Tile	550 SF	☒			
Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No 35103	Cubic Yards of Waste 6	Name of Registered Landfill IESI					
City, State Lakewood, NJ		Disposal Date 08/27/2026		City, State BETHLEHEM, PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature 		Date 08/17/2026			

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

Date of Notification (1) 8/26/26		Name of Building Owner/Operator (2) RECEIVED							
Agencies Notified	Type Notification	Street Address 2419 Mallow St.							
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Point Pleasant, NJ 08742							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 2419 Mallow St.		Square Feet 2100	# of Floors 2						
City (5) Point Pleasant		Bldg. Age 60 +/-							
County (6) Ocean	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) 8/28/26	Scheduled Completion Date (11) 8/30/26	Name of OSHA Monitor Same As Above							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Main Floor		X		VAT	176 SF	X			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 4 YD	Name of Registered Landfill Chrin Brothers Sanitary Landfill					
City, State Pompton Lakes, NJ		Disposal Date TBD		City, State Easton, PA					
Completed by Richard Cristofol		Title President		Signature 				Date 8/26/26	

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

✓ #2117
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Date of Notification (1) 08 / 26 / 26		Name of Building Owner/Operator (2)							
Agencies Notified ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 54 Sherman Place City, State, Zip Code Irvington, NJ 07111 Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 54 Sherman Place		Square Feet 5000							
City (5) Irvington, NJ 07111		# of Floors 2	Bldg. Age 50+						
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		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. 201-262-5841	License No. 00156						
Start Date (10) 08 / 27 / 26	Scheduled Completion Date (11) 08 / 28 / 26	Name of OSHA Monitor Asbestos Analytical Labs							
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00 AM - 4:30 PM - ____ AM		Street Address 51 Gage Road City, State, Zip Code East Brunswick, NJ 08816							
Scope of Work (Check all that apply)									
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☒ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	☐	☒	☐	Pipe Insulation	30 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Century Waste Services, LLC		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 2 Yards	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Elizabeth, NJ		Disposal Date 09-15-2026		City, State Pen Argyl, PA 08072					
Completed By (Print or Type) Ralph Barnhardt		Title Sr. Project Manager		Signature 		Date 08-26-2026			

1596



Print Form

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

RECEIVED

Date of Notification (1) 8/19/2026		Name of Building Owner/Operator (2)							
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☐ Initial ☐ Amended Amendment # ☒ Emergency (including justification) ☐ Cancellation							
Street Address 613 maple Ave		City, State, Zip Code Audubon NJ 08106							
Name of Contact		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 613 maple Ave		Square Feet 2,200	# of Floors 1						
City (5) Audubon		Bldg. Age 1959							
County (6) Camden		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential Living						
Name of Monitoring Firm Hired by Building Owner (8) EA consulting LLC		ASCM No.	Name of Abatement Contractor (9) Bellco Demolition						
Street Address 1720 Glassboro Road		Street Address 950 ridge rd A-6							
City, State, Zip Code Williamstown, NJ 08094		City, State, Zip Code Claymont, DE, 19703							
Project Manager for Monitoring Firm David costa		Telephone No. 856-803-0839	Telephone No. 856-298-2571						
Start Date (10) 8-24-2026		Scheduled Completion Date (11) 8-27-2026	License No. 02124						
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							
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) <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
Attic		X		Vermiculite	1300sf	X			
Name of Registered Waste Hauler Tri-state		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 30	Name of Registered Landfill Cherry Island					
City, State Wilmington, DE		Disposal Date		City, State					
Completed by Ronald Ormsby		Title Owner		Signature 		Date 8-19-2026			

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

CK# 0012
RECEIVED

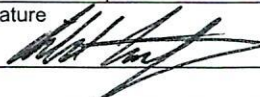
Date of Notification (1) 7/21/2026		Name of Building Owner/Operator (2) Private property/former bed bath and beyond							
Agencies Notified	Type Notification	Street Address 650 Liberty Ave							
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☒ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Union NJ							
		Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 650 Liberty Ave		Square Feet 25000SF	# of Floors 1 floors						
City (5) Union NJ		Bldg. Age +50							
County (6) Union County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) ACM Abatement Services LLC						
Street Address N/A		Street Address 31 Turnberry Road							
City, State, Zip Code N/A		City, State, Zip Code Little Falls NJ 07424							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	Telephone No. 201-218-4206						
Start Date (10) 7/22/2026		Scheduled Completion Date (11) 8/15/2026	License No. 02150						
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: 7:00 AM to 4:00 PM		Name of OSHA Monitor Hillman Consulting							
		Street Address 1620 Route 22 East							
		City, State, Zip Code Union NJ 07803							
Scope of Work (Check All That Apply)									
☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf		☐ Renovation ☒ Demolition	☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <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
Extreior			x	bricks/tar	250 SF	x			
Name of Registered Waste Hauler Mazza Recycling		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Blythe Township Landfill					
City, State 3230 Shafto Road Tinton Falls NJ 07753			Disposal Date	City, State 1061 Burma Rd New Philadelphia NJ					
Completed by Edwin Precilla		Title Principal	Signature <i>Edwin Precilla</i>			Date 7/21/2026			

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

2406-4404678

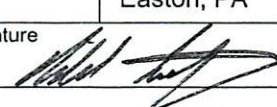
Date of Notification (1) 08/21/26		Name of Building Owner/Operator (2) NJ Division of Property Management and Construction (DPM&C)							
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation		Street Address 33 West State Street, 9th Floor City, State, Zip Code Trenton, NJ 07825 Name of Contact _____ Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 31 Worman Road			Square Feet 2,000 +						
City (5) Delaware Township			# of Floors 2		Bldg. Age 50 +				
County (6) Hunterdon		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) J.R. Contracting & Environmental Consulting, Inc.					
Street Address		Street Address 1141 Route 23							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm		Telephone No. _____		Telephone No. (973) 628-9500 License No. 00408					
Start Date (10) 08/27/26		Scheduled Completion Date (11) 09/30/26		Name of OSHA Monitor J.R. Contracting & Environmental Consulting, Inc.					
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____				Street Address 1141 Route 23 City, State, Zip Code Wayne, NJ 07470					
Scope of Work (Check All That Apply) ☐ ≥3 sf or ≥3 lf ☐ Renovation ☒ ≥160 sf or ≥260 lf ☒ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☒ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			X	Window Caulk	310 LF	X			
Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc.		NJDEP Waste Hauler ID No. 17819		Cubic Yards of Waste 40		Name of Registered Landfill Grand Central / Fairless Landfill			
City, State Wayne, New Jersey		Disposal Date		City, State Pen Argyl, Pennsylvania					
Completed by Jerry Bijelonic		Title Project Manager		Signature		Date 08/21/26			

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

Date of Notification (1) 8/31/26		Name of Building Owner/Operator (2)			
Agencies Notified		Type Notification		Street Address	
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		11 E. Young St. City, State, Zip Code Somerville, NJ 08876 Name of Contact _____ Telephone Number _____	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Residential Home				Type of Facility (4)	
Street Address 11 E. Young St.				☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Somerville				Square Feet 1800	# of Floors 2
County (6) Somerset				Bldg. Age 60 +/-	
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residential Home			
Name of Monitoring Firm Hired by Building Owner (8) Project Manager			ASCM No. _____		Name of Abatement Contractor (9) All Stages Abatement
Street Address			Street Address 55 Cannonball Rd.		
City, State, Zip Code			City, State, Zip Code Pompton Lakes, NJ 07442		
Project Manager for Monitoring Firm		Telephone No. _____		Telephone No. 201-600-3184	License No. 01305
Start Date (10) 9/11/26		Scheduled Completion Date (11) 9/14/26		Name of OSHA Monitor Same As Above	
Occupancy Status During Abatement (Check Only One)				Street Address	
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: 8 A.M to 4 P.M				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)
	Yes	No	N/A		
Kitchen		X		VAT	145 SF
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592		Cubic Yards of Waste 4 YD	Name of Registered Landfill Chrin Brothers Sanitary Landfill
City, State Pompton Lakes, NJ		Disposal Date TBD		City, State Easton, PA	
Completed by Richard Cristofol		Title President		Signature 	Date 8/31/26

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

RECEIVED

Date of Notification (1) 8/31/26		Name of Building Owner/Operator (2)			
Agencies Notified		Type Notification		Street Address	
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation		20 Ridge Rd.	
				City, State, Zip Code Lebanon, NJ 08833	
				Name of Contact _____ Telephone Number _____	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Residential Home				Type of Facility (4)	
Street Address 20 Ridge Rd.				☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Lebanon				Square Feet 2600	# of Floors 2
				Bldg. Age 60 +/-	
County (6) Hunterdon		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residential Home	
Name of Monitoring Firm Hired by Building Owner (8) Project Manager			ASCM No. _____		Name of Abatement Contractor (9) All Stages Abatement
Street Address			Street Address 55 Cannonball Rd.		
City, State, Zip Code			City, State, Zip Code Pompton Lakes, NJ 07442		
Project Manager for Monitoring Firm		Telephone No. _____		Telephone No. 201-600-3184	License No. 01305
Start Date (10) 9/1/26		Scheduled Completion Date (11) 9/4/26		Name of OSHA Monitor Same As Above	
Occupancy Status During Abatement (Check Only One)				Street Address	
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____				City, State, Zip Code	
Scope of Work (Check All That Apply)					
☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf		☒ Renovation ☐ Demolition		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <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)
	Yes	No	N/A		
Attic		X		Vermiculite	580 SF
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592		Cubic Yards of Waste 7 YD	Name of Registered Landfill Chrin Brothers Sanitary Landfill
City, State Pompton Lakes, NJ		Disposal Date TBD		City, State Easton, PA	
Completed by Richard Cristofol		Title President		Signature 	Date 8/31/26

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

RECEIVED

Date of Notification (1) 5 / 11 / 26		Name of Building Owner/Operator (2)							
Agencies Notified ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☐ Amended Amendment # ☒ Emergency (including justification) ☐ Cancellation	Street Address 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 City (5) Spring Lake County (6) Monmouth		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.) Square Feet 2000 # of Floors 2 Bldg. Age 90 Current Use (Prior if being demolished) Home (not commercial)							
Name of Monitoring Firm Hired by Building Owner (8) AZ Solution Consulting Street Address 27 Susquehanna Ave City, State, Zip Code Rochelle Park, NJ 07662 Project Manager for Monitoring Firm Aleksander Zivanov Start Date (10) 5 / 12 / 26		ASCM No. Name of Abatement Contractor (9) Brick Industries, Inc. Street Address PO Box 915 City, State, Zip Code Brick, NJ 08723 Telephone No. 347-612-1572 7328997499 License No. 01196							
Sched. Completion Date (11) 5 / 13 / 26 Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Name of OSHA Monitor AZ Solution Consulting Street Address 27 Susquehanna Ave City, State, Zip Code Rochelle Park, NJ 07662							
Scope of Work (Check all that apply) ☐ ≥ 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) <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	☐	☐	☒	Pipe insulation	100LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Brick Industries, Inc. City, State Brick, NJ		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste 4	Name of Registered Landfill Fairless Landfill City, State Morrisville, PA					
Completed By (Print or Type) Eric Plackis		Title President	Signature 			Date 5/11/26			

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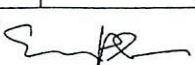
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 5:16)

RECEIVED

Date of Notification (1) 8 / 20 / 26		Name of Building Owner/Operator (2) SEP - 4 2026							
Agencies Notified ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☐ Amended Amendment # ☒ Emergency (including justification) ☐ Cancellation	Street Address 927 Monroe 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) Street Address 927 Monroe Ave		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
City (5) Asbury Park		Square Feet 2300	# of Floors 2						
County (6) Monmouth		County Code (7) (STATE USE ONLY)	Bldg. Age 106						
Name of Monitoring Firm Hired by Building Owner (8) Brick Industries, Inc.		ASCM No.	Name of Abatement Contractor (9) Brick Industries, Inc.						
Street Address PO Box 915		Street Address PO Box 915							
City, State, Zip Code Brick, NJ 08723		City, State, Zip Code Brick, NJ 08723							
Project Manager for Monitoring Firm Eric Plackis		Telephone No. 7328997499	License No. 01196						
Start Date (10) 8 / 21 / 26	Scheduled Completion Date (11) 8 / 22 / 26		Name of OSHA Monitor Brick Industries, Inc.						
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM		Street Address PO Box 915 City, State, Zip Code Brick, NJ 08723							
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) <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	☐	☐	☒	Pipe insulation	60LF	☒	☐	☐	☐
Basement	☐	☐	☒	Duct wrap	2SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
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 8/24/26		City, State Morrisville, PA					
Completed By (Print or Type) Eric Plackis		Title President		Signature 			Date 8/20/26		

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

RECEIVED

Date of Notification (1) 8 / 26 / 26		Name of Building Owner/Operator (2) SEP - 4 2026							
Agencies Notified ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☐ Amended Amendment # ☒ Emergency (including justification) ☐ Cancellation	Street Address 619 Ocean Avenue City, State, Zip Code Sea Girt, NJ 08750 Name of Contact Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Street Address 619 Ocean Avenue City (5) Sea Girt		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.) Square Feet 7000 # of Floors 2 Bldg. Age 50							
County (6) Monmouth	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) Brick Industries, Inc.		ASCM No.	Name of Abatement Contractor (9) Brick Industries, Inc.						
Street Address PO Box 915 City, State, Zip Code Brick, NJ 08723		Street Address PO Box 915 City, State, Zip Code Brick, NJ 08723							
Project Manager for Monitoring Firm Eric Plackis		Telephone No. 7328997499	License No. 01196						
Start Date (10) 8 / 27 / 26	Scheduled Completion Date (11) 8 / 28 / 26	Name of OSHA Monitor Brick Industries, Inc.							
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address PO Box 915 City, State, Zip Code Brick, NJ 08723							
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
HVAC closet	☐	☐	☐	Floor tile	25SF	☒	☐	☐	☐
Basement	☐	☐	☐	Duct wrap	1LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Brick Industries, Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill					
City, State Brick, NJ			Disposal Date 8/29/26	City, State Morrisville, PA					
Completed By (Print or Type) Eric Plackis		Title President	Signature 			Date 8/26/26			

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

RECEIVED

SEP - 4 2026

Date of Notification (1) 8 / 27 / 26		Name of Building Owner/Operator (2)							
Agencies Notified ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☐ Amended Amendment # ☒ Emergency (including justification) ☐ Cancellation	Street Address 9 Ilene Ct, Building 6, Unit 7							
		City, State, Zip Code Hillsborough, NJ 08844							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 140 Gainsboro Rd		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
City (5) Lawrence Township		Square Feet 1345	# of Floors 2						
		Bldg. Age 77							
County (6) Mercer	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Home						
Name of Monitoring Firm Hired by Building Owner (8) Indoor Air Services		ASCM No.	Name of Abatement Contractor (9) Brick Industries, Inc.						
Street Address 2015 Old York Road		Street Address PO Box 915							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Brick, NJ 08723							
Project Manager for Monitoring Firm Tom Worrell		Telephone No. 609-351-1362	License No. 01196						
Start Date (10) 8 / 28 / 26	Scheduled Completion Date (11) 8 / 29 / 26		Name of OSHA Monitor Indoor Air Services						
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 2015 Old York Road							
		City, State, Zip Code Burlington, NJ 08016							
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) <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	☐	☐	☒	Floor tile	650SF	☒	☐	☐	☐
Basement	☐	☐	☒	Mastic	650SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
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 8/31/26		City, State Morrisville, PA					
Completed By (Print or Type) Eric Plackis		Title President		Signature 			Date 8/27/26		

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

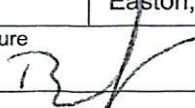
Date of Notification (1) 8/31/26		Name of Building Owner/Operator (2) MS# 26-135		RECEIVED SEP - 4 2026					
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation		Street Address 4 Howard Ave City, State, Zip Code Clifton, NJ 07013 Name of Contact _____ Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential				Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 4 Howard Ave				Square Feet 1,000					
City (5) Clifton, NJ				# of Floors 2					
County (6) Passaic				Bldg. Age 75					
County Code (7) (STATE USE ONLY) _____				Current Use (Prior if being demolished) Residential					
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No. _____		Name of Abatement Contractor (9) D&S Restoration, Inc				
Street Address			Street Address 20 California Ave						
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503						
Project Manager for Monitoring Firm			Telephone No. 973-345-8020		License No. 01169				
Start Date (10) 09/01/26		Scheduled Completion Date (11) 09/02/26		Name of OSHA Monitor D&S Restoration, Inc					
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: Regular Hours				Street Address 20 California Ave City, State, Zip Code Paterson, NJ 07503					
Scope of Work (Check All That Apply) ☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf ☒ Renovation ☐ Demolition ☒ Full Containment with Negative Pressure ☒ Mini-Enclosure ☒ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	7 LF	X			
Name of Registered Waste Hauler D&S Restoration, Inc			NJDEP Waste Hauler ID No. 13506		Cubic Yards of Waste 1/2 CYD		Name of Registered Landfill Tullytown Resource Recovery		
City, State 20 California Ave Paterson, NJ 07503					Disposal Date TBD		City, State Tullytown, PA		
Completed by Bogdan Joldzic			Title President		Signature <i>Bogdan Joldzic</i>		Date 08/31/2026		

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

Date of Notification (1) July/31/2026		Name of Building Owner/Operator (2) RECEIVED NJ							
Agencies Notified	Type Notification	Street Address							
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	☐ Initial ☒ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	40 Church Mall AUG - 5 2026							
		City, State, Zip Code Springfield, NJ 07008							
		Name of Contact	Telephone Number NJ DEPARTMENT OF LICENSING						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4)							
Street Address 2100 Lamberts Mill Road,		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Scotch Plains NJ, 07076		Square Feet N/A	# of Floors N/A						
		Bldg. Age N/A							
County (6) Burlington	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) house							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement Company LLC						
Street Address		Street Address 329 Parish Dr							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. 02097						
Start Date (10) 008/10/2026	Scheduled Completion Date (11) 08/20/2026	Name of OSHA Monitor D&S Abatement Company LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 329 Parish Dr							
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: non-occupied		City, State, Zip Code Wayne, NJ 07470							
Scope of Work (Check All That Apply)									
☐ ≥ 3 sf or ≥ 3 lf ☒ Renovation ☒ ≥ 160 sf or ≥ 260 lf ☐ Demolition									
☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior facade		X		Window Glazing/Putty	372 LF	X			
Basement		X		TSI Pipe & Pipe Elbow Insulation	230LF	X			
Basement Staircase only		X		Plaster	144 SF	X			
Roof		X		Ice Shield	96 SF	X			
Name of Registered Waste Hauler D&S Abatement Company LLC		NJDEP Waste Hauler ID No. 0036309	Cubic Yards of Waste TBD	Name of Registered Landfill TRRF					
City, State Wayne NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Dejan Antic Dopsaj		Title President		Signature		Date 07/31/2026			

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

RECEIVED

Date of Notification (1) 8/25/26		Name of Building Owner/Operator (2)							
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 411 Osprey Lane							
		City, State, Zip Code Brielle, New Jersey 08730							
		Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 821 South Street		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Pt. Pleasant		Square Feet 2000	# of Floors 1						
County (6) Ocean		Bldg. Age 100+							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) decommissioned church							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Ace Insulation Co., Inc							
City, State, Zip Code		Street Address 95 Montrose Road							
Project Manager for Monitoring Firm		City, State, Zip Code Colts Neck, New Jersey 07722							
Telephone No.		Telephone No. 732 294 1757	License No. 00029						
Start Date (10) 9/3/26	Scheduled Completion Date (11) 9/8/26	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: 7am-7pm		City, State, Zip Code							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☐ Renovation ☒ ≥160 sf or ≥260 lf ☒ Demolition									
☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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) 1800 sf	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior			x	siding		x			
Name of Registered Waste Hauler Ace Insulation Co., Inc		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 3	Name of Registered Landfill Chrins					
City, State Colts Neck, New Jersey		Disposal Date 9/8/26		City, State Easton, PA					
Completed by Bree McGuire		Title Secretary Treasurer		Signature 		Date 8/25/26			

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

Date of Notification (1) 8/20/26		Name of Building Owner/Operator (2) MS# 26-128							
Agencies Notified	Type Notification	Street Address 143 Ivy St							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Newark, NJ 07106							
		Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) REsidential		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 143 Ivy St		Square Feet 1,300	# of Floors 2						
City (5) Newark, NJ 07106		Bldg. Age 90							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Restoration, Inc						
Street Address		Street Address 20 California Ave							
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503							
Project Manager for Monitoring Firm		Telephone No. 973-345-8020	License No. 01169						
Start Date (10) 09/03/26	Scheduled Completion Date (11) 09/04/26	Name of OSHA Monitor D&S Restoration, Inc							
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: Regular Hours		Street Address 20 California Ave							
		City, State, Zip Code Paterson, NJ 07503							
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) <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	14 LF	X			
Name of Registered Waste Hauler D&S Restoration, Inc		NJDEP Waste Hauler ID No. 13506	Cubic Yards of Waste 1/2	Name of Registered Landfill Tullytown Recourse Recovery					
City, State 20 California Ave Paterson, NJ 07503			Disposal Date TBD	City, State Tullytown, PA					
Completed by Bogdan Joldzic		Title President	Signature <i>Bogdan Joldzic</i>			Date 08/20/2026			

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

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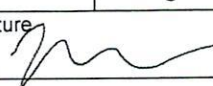
MS# 26-12

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 8/17/26		Name of Building Owner/Operator (2) 126							
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation							
Street Address 318 Beechwood Rd		City, State, Zip Code Ridgewood, NJ 07450							
Name of Contact		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) REsidential		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 318 Beechwood Rd		Square Feet 1300	# of Floors 2						
City (5) Ridgewood, NJ 07450		Bldg. Age 75							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Restoration, Inc						
Street Address		Street Address 20 California Ave							
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503							
Project Manager for Monitoring Firm		Telephone No. 973-345-8020	License No. 01169						
Start Date (10) 08/28/26	Scheduled Completion Date (11) 09/03/26	Name of OSHA Monitor D&S Restoration, Inc							
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: Regular Hours		Street Address 20 California Ave							
		City, State, Zip Code Paterson, NJ 07503							
Scope of Work (Check All That Apply) ☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf ☒ Renovation ☐ Demolition ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Paper Duct Insulation	21 SF	X			
Name of Registered Waste Hauler D&S Restoration, Inc		NJDEP Waste Hauler ID No. 13506	Cubic Yards of Waste 1	Name of Registered Landfill Tyllytown Recource Recovery					
City, State 20 California Ave Paterson, NJ 07503			Disposal Date TBD	City, State Tullytown, PA					
Completed by Bogdan Joldzic		Title President	Signature Bogdan Joldzic			Date 08/17/2026			

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

Date of Notification (1) 8/18/2026		Name of Building Owner/Operator (2) RECEIVED							
Agencies Notified	Type Notification	Street Address 9 Emmett St							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Chatham NJ 07928							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Single Family		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 9 Emmett St		Square Feet unknown	# of Floors 1						
City (5) Chatham		Bldg. Age unknown							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor (9) Gold Coast Management LLC						
Street Address		Street Address 30 Sherman Ave							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07307							
Project Manager for Monitoring Firm TBD		Telephone No. 908-270-8556	License No. 02109						
Start Date (10) 8/28/2026	Scheduled Completion Date (11) 8/29	Name of OSHA Monitor David Cuevas							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: <u>Basement</u>		Street Address 30 Sherman Ave							
		City, State, Zip Code Jersey City, NJ 07307							
Scope of Work (Check All That Apply)									
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☐ Renovation ☒ Demolition							
		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen			X	VAT	110 SF	X			
Basement			X	Pipe Elbows	15 LF	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 8/18/2025			

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

CK# 12202

Date of Notification (1) 8/17/2026		Name of Building Owner/Operator (2) RAID							
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended ☐ Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation							
Street Address 432 Sycamore Ave.,		City, State, Zip Code Egg Harbor Twp., NJ 08234							
Name of Contact		Telephone Number							
ASBESTOS CONTROL & LICENSING									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vacant Residential Property		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 22 Vernon Rd.		Square Feet 1866							
City (5) Marmora		# of Floors 2							
County (6) Cape May		Bldg. Age 100+							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Unoccupied							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
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							
Start Date (10) 8/26/2026		License No. 02056							
Scheduled Completion Date (11) 9/14/2026		Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address							
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		City, State, Zip Code							
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	1000sf	X			
Name of Registered Waste Hauler American Demolition Corp		NJDEP Waste Hauler ID No. 16473		Cubic Yards of Waste	Name of Registered Landfill CMCMUA				
City, State Egg Harbor Twp., NJ		Disposal Date TBD		City, State Woodbine, NJ					
Completed by Jannie Truehart		Title Project Manager		Signature <i>Jannie Truehart</i>			Date 8/17/2026		

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

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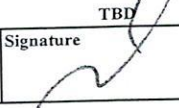
4404677

Date of Notification (1) 08/21/26		Name of Building Owner/Operator (2) NJ Division of Property Management and Construction (DPM&C)							
Agencies Notified	Type Notification	Street Address 33 West State Street, 9th Floor							
☒ EPA ☐ DEP ☒ DOL	☐ Initial ☐ Amended Amendment # _____	City, State, Zip Code Trenton, NJ 07825							
☒ DOH ☐ DCA	☒ Emergency (including justification) ☐ Cancellation	Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 322 North Union Street		Square Feet 2,000 +	# of Floors 2						
City (5) Lambertville		Bldg. Age 50 +							
County (6) Hunterdon	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) J.R. Contracting & Environmental Consulting, Inc.						
Street Address		Street Address 1141 Route 23							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. (973) 628-9500	License No. 00408						
Start Date (10) 08/27/26	Scheduled Completion Date (11) 09/30/26	Name of OSHA Monitor J.R. Contracting & Environmental Consulting, Inc.							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address 1141 Route 23							
		City, State, Zip Code Wayne, NJ 07470							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☐ Renovation ☒ Demolition							
		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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	Window Caulk	230 LF	X			
Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc.		NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste 40	Name of Registered Landfill Grand Central / Fairless Landfill					
City, State Wayne, New Jersey		Disposal Date		City, State Pen Argyl, Pennsylvania					
Completed by Jerry Bijelonic		Title Project Manager		Signature			Date 08/21/26		

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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) 0 8 / 2 1 / 2 6		Name of Building Owner/Operator (2) NJ Division of Property Management and Construction (DPM&C)					
Agencies Notified ☒ EPA ☒ DOL ☒ DOH ☐ DCA		Type of Notification ☐ Initial Notification ☐ Amended Notification Amendment ☐ Cancellation ☒ Emergency (inc. justification)					
Street Address 33 West State Street, 9th Floor		City, State, Zip Code TRENTON, NJ 08626					
Name of Contact		Telephone Number					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)					
Street Address 14 Montgomery Road		Square Feet 2,500					
City (5) Montgomery/Skillman	County (6) Somerset	County Code (7) (STATE USE ONLY)	# of Floors 2				
Name of Monitoring Firm Hired by Building Owner (8) ASCM		Bldg. Age 50 +					
Street Address		Current Use (Prior if being demolished) RESIDENCE					
Project Manager for Monitoring Firm		Name of Abatement Contractor (9) J.R. CONTRACTING & ENVIRONMENTAL CONSULTING INC.					
Telephone Number		Street Address 1141 ROUTE 23					
Scheduled State Date (10) 0 8 / 3 1 / 2 6 Month / Day / Year		City, State, Zip WAYNE, NJ 07470					
Scheduled Completion Date (11) 1 0 / 1 6 / 2 6 Month / Day / Year		Telephone Number 973 628-9500					
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: _____		License Number 00408					
Scope of Work (Check all that apply) ☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf		Name of OSHA Monitor J.R. CONTRACTING & ENVIRONMENTAL CONSULTING INC.					
☒ Demolition ☐ Renovation		Street Address 1141 ROUTE 23					
☒ Wet Demolition ☐ Full Containment With Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non Exempted (*) and Non-Friable Procedure		City, State, Zip Code WAYNE, NJ 07470					
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)	Abatement Type			
				R E M O V A L	R E P A I R	N C A S U E	E N C L O S U R E
Entire Structure		X	Entire Structure	2,500 SF	X		
Name of Registered Waste Hauler J.R. Contracting & Environmental Consulting, Inc.		NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste 100	Name of Registered Landfill Grand Central / Fairless Landfill			
City, State Wayne, NJ		Disposal Date TBD	City, State Pen Argyle, PA				
Completed by (Print or Type) Jerry Bijelonic		Title Project Manager	Signature 		Date 08/21/26		

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

Date of Notification (1) 08/21/26		Name of Building Owner/Operator (2) NJ Division of Property Management and Construction (DPM&C)							
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	Street Address 33 West State Street, 9th Floor							
		City, State, Zip Code Trenton, NJ 07825							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 47 Lenape Trail		Square Feet 2,000 +	# of Floors 2						
City (5) Southampton		Bldg. Age 50 +							
County (6) Burlington	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) J.R. Contracting & Environmental Consulting, Inc.						
Street Address		Street Address 1141 Route 23							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm		Telephone No. (973) 628-9500	License No. 00408						
Start Date (10) 08/31/26	Scheduled Completion Date (11) 09/30/26	Name of OSHA Monitor J.R. Contracting & Environmental Consulting, Inc.							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address 1141 Route 23							
		City, State, Zip Code Wayne, NJ 07470							
Scope of Work (Check All That Apply) ☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf ☐ Renovation ☒ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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	Window Glazing	1,020 LF	X			
			X	Sheet Flooring	400 SF	X			
Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc.		NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste 40	Name of Registered Landfill Grand Central / Fairless Landfill					
City, State Wayne, New Jersey		Disposal Date		City, State Pen Argyl, Pennsylvania					
Completed by Jerry Bijelonic		Title Project Manager		Signature			Date 08/21/26		

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

split 003954

Date of Notification (1) 08/21/26		Name of Building Owner/Operator (2) NJ Division of Property Management and Construction (DPM&C)	
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	Street Address 33 West State Street, 9th Floor	
		City, State, Zip Code Trenton, NJ 07825	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 45 Lenape Trail		Square Feet 2,000 +	# of Floors 2
City (5) Southampton		Bldg. Age 50 +	
County (6) Burlington	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc.	
Street Address		Street Address 1141 Route 23	
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm		Telephone No. (973) 628-9500	License No. 00408
Start Date (10) 08/31/26	Scheduled Completion Date (11) 09/30/26	Name of OSHA Monitor J.R. Contracting & Environmental Consulting, Inc.	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address 1141 Route 23	
		City, State, Zip Code Wayne, NJ 07470	

Scope of Work (Check All That Apply)

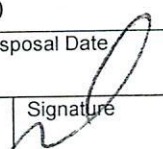
☐ ≥3 sf or ≥3 lf	☐ Renovation	☐ Full Containment with Negative Pressure
☒ ≥160 sf or ≥260 lf	☒ Demolition	☐ Mini-Enclosure
		☐ Glovebag Procedure
		☒ Non-Exempted (*) and Non-Friable Procedure

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	Flashing Tape	700 SF	X			
			X	Window Caulk	110 LF	X			

Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc.	NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste 40	Name of Registered Landfill Grand Central / Fairless Landfill
City, State Wayne, New Jersey	Disposal Date		City, State Pen Argyl, Pennsylvania
Completed by Jerry Bijelonic	Title Project Manager	Signature	Date 08/21/26

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

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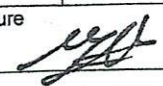
Date of Notification (1) 08/21/26		Name of Building Owner/Operator (2) NJ Division of Property Management and Construction (DPM&C) 2026							
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation		Street Address 33 West State Street, 9th Floor City, State, Zip Code Trenton, NJ 07825 Name of Contact _____ Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential				Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 318 Hollow Road				Square Feet 2,000 + # of Floors 2 Bldg. Age 50 +					
City (5) Montgomery/Skillman		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residential					
County (6) Somerset		Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____					
Street Address		Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc.		Street Address 1141 Route 23					
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470		Telephone No. (973) 628-9500					
Project Manager for Monitoring Firm		Telephone No.		License No. 00408					
Start Date (10) 08/31/26		Scheduled Completion Date (11) 09/30/26		Name of OSHA Monitor J.R. Contracting & Environmental Consulting, Inc.					
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____				Street Address 1141 Route 23					
				City, State, Zip Code Wayne, NJ 07470					
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☐ Renovation ☒ Demolition		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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	Foundation Mortar	800 SF	X			
			X	Plaster	250 SF	X			
			X	Chimney Flue Packing	400 SF	X			
Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc.		NJDEP Waste Hauler ID No. 17819		Cubic Yards of Waste 60	Name of Registered Landfill Grand Central / Fairless Landfill				
City, State Wayne, New Jersey		Disposal Date		City, State Pen Argyl, Pennsylvania					
Completed by Jerry Bijelonic		Title Project Manager		Signature 		Date 08/21/26			

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

Date of Notification (1) 08/21/26		Name of Building Owner/Operator (2) NJ Division of Property Management and Construction (DPM&C)							
Agencies Notified	Type Notification	Street Address 33 West State Street, 9th Floor							
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Trenton, NJ 07825							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 49 Lenape Trail		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Southampton		Square Feet 2,000 +	# of Floors 2						
County (6) Burlington		County Code (7) (STATE USE ONLY) _____	Bldg. Age 50 +						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc.						
Street Address		Street Address 1141 Route 23							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm		Telephone No. (973) 628-9500	License No. 00408						
Start Date (10) 08/31/26	Scheduled Completion Date (11) 09/30/26	Name of OSHA Monitor J.R. Contracting & Environmental Consulting, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 1141 Route 23							
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		City, State, Zip Code Wayne, NJ 07470							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☐ Renovation ☒ Demolition ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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	Window Glazing	15 LF	X			
			X	Plaster	2,600 SF	X			
Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc.		NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste 100	Name of Registered Landfill Grand Central / Fairless Landfill					
City, State Wayne, New Jersey		Disposal Date		City, State Pen Argyl, Pennsylvania					
Completed by Jerry Bijelonic		Title Project Manager		Signature			Date 08/21/26		

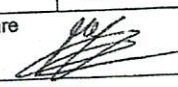
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

RECEIVED

Date of Notification (1) 07 / 31 / 26		Name of Building Owner/Operator (2)							
Agencies Notified ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	Street Address 845 Forbes Ave City, State, Zip Code Perth Amboy, NJ 08861 Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 845 Forbes Ave		Square Feet	# of Floors						
City (5) Perth Amboy		Bldg. Age							
County (6) Middlesex	County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) cvk contracting LLC						
Street Address		Street Address 269 Walker ST apt 6							
City, State, Zip Code		City, State, Zip Code Fairview NJ 07022							
Project Manager for Monitoring Firm		Telephone No. 973 641 5400	License No. 02044						
Start Date (10) 08 / 01 / 26	Scheduled Completion Date (11) 08 / 04 / 26		Name of OSHA Monitor Emsl Anatical INC						
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM- <u> </u> PM/ <u> </u> PM- <u> </u> AM		Street Address 1056 Stelton Rd STE 5 City, State, Zip Code Piscataway NJ 08854							
Scope of Work (Check all that apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Living room floor tile mastic	☐	☒	☐	VAT?ACM	220 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 19954		Cubic Yards of Waste TBT	Name of Registered Landfill Blythe Towns LF Brans Burma Rd				
City, State Riverdale		Disposal Date 08/12/26		City, State New Philadelphia PA 17959					
Completed By (Print or Type) Gustavo Ordon		Title owner		Signature 			Date 07/31/26		

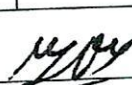
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

SEP - 2 2026

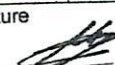
Date of Notification (1) 07 / 10 / 26		Name of Building Owner/Operator (2)							
Agencies Notified ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	Street Address 520 Ayres Avenue							
		City, State, Zip Code North Plainfield, NJ 07063							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 520 Ayres Avenue		Square Feet	# of Floors						
City (5) North Plainfield		Bldg. Age							
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) CVK CONTRACTING LLC							
Street Address		Street Address 269 walker st apt 6							
City, State, Zip Code		City, State, Zip Code fairview NJ 07022							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973 641 5400	License No. 02044						
Start Date (10) 07 / 11 / 26	Scheduled Completion Date (11) 07 / 13 / 26	Name of OSHA Monitor Emsl Anatical INC							
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: xAM-xPM/ PM- AM		Street Address 1056 Stelton Rd STE 5							
		City, State, Zip Code Piscataway NJ 08854							
Scope of Work (Check all that apply)									
☐ >3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement pipe insulation	☐	☒	☐	Thermal Systems Insulation	10 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Rovic trasport		NJDEP Waste Hauler ID No. 19954		Cubic Yards of Waste TBD	Name of Registered Landfill Blythe Towns LF Brans Burma Rd				
City, State Riverdale				Disposal Date 07/22/26	City, State New Philadelphia PA 17959				
Completed By (Print or Type) Gustavo Ordon		Title owner		Signature 			Date 07/10/26		

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

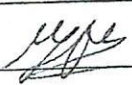
RECEIVED

Date of Notification (1) 08 / 18 / 26		Name of Building Owner/Operator (2) SEP - 2 2023							
Agencies Notified ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	Street Address 275 Springfield Ave							
		City, State, Zip Code Hasbroouck Heights 07604							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 275 Springfield Ave		Square Feet 2000	# of Floors 2						
City (5) Hasbroouck Heights		Bldg. Age 40							
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) cvk contracting LLC							
Street Address		Street Address 269 Walker ST apt 6							
City, State, Zip Code		City, State, Zip Code Fairview NJ 07022							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973 641 5400	License No. 02044						
Start Date (10) 08 / 19 / 26	Scheduled Completion Date (11) 08 / 20 / 26	Name of OSHA Monitor Emsl Anatical INC							
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM- <u> </u> PM/ <u> </u> PM- <u> </u> AM		Street Address 1056 Stelton Rd STE 5							
		City, State, Zip Code Piscataway NJ 08854							
Scope of Work (Check all that apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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 pipe insulation	☐	☒	☐	thermal insulation systems	53 SF LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Tristate Transfer INC		NJDEP Waste Hauler ID No. 19954	Cubic Yards of Waste TBT	Name of Registered Landfill Minerva Enterprises					
City, State Bronx, NY		Disposal Date 08/26/26	City, State Waynesburg Ohio						
Completed By (Print or Type) Gustavo Ordon		Title owner	Signature 				Date 08/18/26		

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

Date of Notification (1) 07 / 24 / 26		Name of Building Owner/Operator (2) RECEIVED							
Agencies Notified ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	Street Address 151 Gedney Rd City, State, Zip Code Lawrenceville, NJ 08648 Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 151 Gedney Rd		Square Feet	# of Floors						
City (5) Lawrenceville		Bldg. Age							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) CVK CONTRACTING LLC						
Street Address		Street Address 269 walker st apt 6							
City, State, Zip Code		City, State, Zip Code fairview NJ 07022							
Project Manager for Monitoring Firm		Telephone No. 973 641 5400	License No. 02044						
Start Date (10) 07 / 25 / 26	Scheduled Completion Date (11) 07 / 28 / 26	Name of OSHA Monitor Emsl Anatical INC							
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>X</u> AM- <u>X</u> PM/ _____ PM- _____ AM		Street Address 1056 Stelton Rd STE 5 City, State, Zip Code Piscataway NJ 08854							
Scope of Work (Check all that apply)									
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☒ 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) 400 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Vermiculite in Attic	☐	☒	☐	ACM		☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Rovic trasport		NJDEP Waste Hauler ID No. 19954	Cubic Yards of Waste TBD	Name of Registered Landfill Blythe Towns LF Brans Burma Rd					
City, State Riverdale		Disposal Date 08/05/26		City, State New Philadelphia PA 17959					
Completed By (Print or Type) Gustavo Ordon		Title owner		Signature 		Date 07/24/26			

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

Date of Notification (1) 07 / 13 / 26		Name of Building Owner/Operator (2) SEP 2 2026							
Agencies Notified ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	Street Address 22 Circle Dr City, State, Zip Code Millington NJ 07946 Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 22 Circle		Square Feet	# of Floors						
City (5) Millington NJ		Bldg. Age							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) cvk contracting LLC							
Street Address		Street Address 269 Walker ST apt 6							
City, State, Zip Code		City, State, Zip Code Fairview NJ 07022							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973 641 5400	License No. 02044						
Start Date (10) 07 / 13 / 26	Scheduled Completion Date (11) 06 / 14 / 26	Name of OSHA Monitor Emsl Anatical INC							
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: x AM- x PM/____PM-____AM		Street Address 1056 Stelton Rd STE 5 City, State, Zip Code Piscataway NJ 08854							
Scope of Work (Check all that apply)									
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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 floor tile	☐	☒	☐	VAT	65 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 19954	Cubic Yards of Waste TBT	Name of Registered Landfill Blythe Towns LF Brans Burma Rd					
City, State Riverdale		Disposal Date 07/21/26		City, State New Philadelphia PA 17959					
Completed By (Print or Type) Gustavo Ordon		Title owner	Signature 			Date 07/13/26			

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

RECEIVED

SEP 2 2009

Date of Notification (1) 07 / 09 / 26		Name of Building Owner/Operator (2)						
Agencies Notified ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	Street Address 62 Starlight Drive City, State, Zip Code Colonia, NJ 07067 Name of Contact _____ Telephone Number _____						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 62 Starlight Drive		Square Feet	Bldg. Age					
City (5) Colonia		Current Use (Prior if being demolished)						
County (6) Middlesex	County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) CVK CONTRACTING LLC						
Street Address	Street Address 269 walker st apt 6							
City, State, Zip Code	City, State, Zip Code fairview NJ 07022							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973 641 5400	License No. 02044					
Start Date (10) 07 / 09 / 26	Scheduled Completion Date (11) 07 / 10 / 26	Name of OSHA Monitor Emsl Anatical INC						
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: xAM-xPM/ PM- AM		Street Address 1056 Stelton Rd STE 5 City, State, Zip Code Piscataway NJ 08854						
Scope of Work (Check all that apply)								
☐ ≥ 3 sf or ≥ 3 lf ☐ ≥ 160 sf or ≥ 260 lf		☒ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 22 LF	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Flue Liner	☐	☒	☐	ACM	☒	☐	☐	☐
	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐		☐	☐	☐	☐
Name of Registered Waste Hauler Rovic trasport	NJDEP Waste Hauler ID No. 19954	Cubic Yards of Waste TBD	Name of Registered Landfill Blythe Towns LF Brans Burma Rd					
City, State Riverdale	Disposal Date 07/15/26		City, State New Philadelphia PA 17959					
Completed By (Print or Type) Gustavo Ordon	Title owner	Signature 				Date 07/09/26		

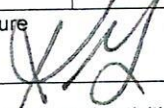
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

RECEIVED

Date of Notification (1) 8/21/26		Name of Building Owner / Operator (2) Trenton Board of Education							
Agencies Notified ☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☐ Initial ☒ Amended #1 ☐ Emergency ☐ Cancellation	Street Address 1490 Prospect Street							
		City, State & Zip Code Trenton, NJ 08638							
		Name of Contact Mr. Dwayne Mosley							
		Telephone Number 609-656-4900							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Holland Middle School		Type of Facility (4) ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1001 West State Street		Square Feet 30000	# of Floors 2						
City (5) Trenton	County (6) Mercer	Bldg. Age 60+							
County Code (7)		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, LLC						
Street Address 120 North Warren Street		Street Address 1123 Beaver Street							
City, State & Zip Code Trenton, NJ 08010		City, State & Zip Code Bristol, PA 19007							
Project Manager for Monitoring Firm Jordan Reed		Telephone Number 609-392-4200	License Number 02121						
Scheduled Start Date (10) 8/17/26	Scheduled Completion Date (11) 8/24/26		Name of OSHA Monitor Bristol Environmental, LLC						
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 4:30 PM – 1:00 AM ☐ Facility Occupied During Abatement		Street Address 1123 Beaver Street							
		City, State & Zip Code Bristol, PA 19007							
Scope of Work (Check all that apply)									
☐ ≥3 sf or ≥3 lf ☒ Renovation ☐ Full Containment with Negative Pressure ☐ ≥160 sf ≥260 lf ☐ Demolition ☒ 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
Room B-7	☐	☒	☐	Wooden flooring	675 SF	☐	☒	☐	☐
Room B-16	☐	☒	☐	Wooden flooring	750 SF	☐	☒	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Bristol Environmental LLC		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 8 Cu yd	Name of Registered Landfill Fairless Landfill					
City, State Bristol, PA		Disposal Date 9/21/26	City, State Morrisville, PA						
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>					Date 8/21/26	

6126125

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

Date of Notification (1) 07 / 31 / 26		Name of Building Owner/Operator (2) Archway Programs / Job #2606-3561 Chk. #N/A							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☒ Amended Amendment # 1 ☐ Emergency (including justification) ☐ Cancellation	Street Address 280 Jackson Road							
		City, State, Zip Code Atco NJ 08004							
		Name of Contact Elvin Rodriguez	Telephone Number 856-375-1600						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Archway Programs Northfield		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 2100 Oak Avenue		Square Feet 17000	# of Floors 1						
City (5) Northfield		Bldg. Age 57							
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) HM Environmental		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.						
Street Address 1112 Saint Mark Drive		Street Address 70 Stacy Haines Road Suite 4							
City, State, Zip Code Glendora NJ 08029		City, State, Zip Code Lumberton NJ 08048							
Project Manager for Monitoring Firm Office		Telephone No. 609-876-8440	Telephone No. 609-702-0400						
		License No. 00862							
Start Date (10) 08 / 10 / 26	Scheduled Completion Date (11) 08 / 21 / 26	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 U.S. Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
10 Classrooms	☐	☐	☒	Floor Tile and Mastic	140 SF	☒	☐	☐	☐
Classroom Closets	☐	☐	☒	Adhesive with Closet Brackets	40 SF	☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
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 08/21/2026	City, State Morrisville, PA 19067						
Completed By (Print or Type) Kaysi Gruner		Title Office Coordinator	Signature 				Date 8/7/26		

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

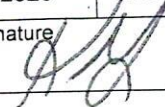
RECEIVED

Date of Notification (1) 07 / 31 / 26		Name of Building Owner/Operator (2) Archway Programs / Job #2606-3561 Chk. #N/A 26 2026	
Agencies Notified ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☐ Amended Amendment # 3 ☐ Emergency (including justification) ☐ Cancellation	Street Address 280 Jackson Road	
		City, State, Zip Code Atco NJ 08004	
		Name of Contact Elvin Rodriguez	Telephone Number 856-375-1600

FACILITY INFORMATION

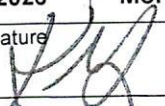
Name of Facility Where Abatement is Taking Place (3) Archway Programs Northfield		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 2100 Oak Avenue		Square Feet 17000	# of Floors 1
City (5) Northfield		Bldg. Age 57	
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) HM Environmental		ASCM No.	
Street Address 1112 Saint Mark Drive		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	
City, State, Zip Code Glendora NJ 08029		Street Address 70 Stacy Haines Road Suite 4	
Project Manager for Monitoring Firm Office		Telephone No. 609-876-8440	City, State, Zip Code Lumberton NJ 08048
Start Date (10) 08 / 10 / 26	Scheduled Completion Date (11) 08 / 21 / 26	Telephone No. 609-702-0400	License No. 00862
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Name of OSHA Monitor EMSL Analytical, Inc.	
Scope of Work (Check all that apply) ☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		Street Address 200 U.S. Route 130 North	
☒ Renovation ☐ Demolition		City, State, Zip Code Cinnaminson, NJ 08077	
		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ 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
10 Classrooms	☐	☐	☒	Floor Tile and Mastic	140 SF	☒	☐	☐	☐
Classroom Closets	☐	☐	☒	Adhesive with Closet Brackets	40 SF	☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

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 08/21/2026		City, State Morrisville, PA 19067	
Completed By (Print or Type) Kaysi Gruner		Title Office Coordinator	Signature 		Date 8/12/26

Project ON HOLD

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

Date of Notification (1) 07 / 31 / 26		Name of Building Owner/Operator (2) Archway Programs / Job #2606-3561		Chk. #N/A					
Agencies Notified ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)		Type Notification ☐ Initial ☐ Amended ☒ Amendment #2 ☐ Emergency (including justification) ☐ Cancellation		Street Address 280 Jackson Road City, State, Zip Code Atco NJ 08004 Name of Contact Elvin Rodriguez					
				Telephone Number 856-375-1600					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Archway Programs Northfield			Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 2100 Oak Avenue			Square Feet 17000		# of Floors 1				
City (5) Northfield			Bldg. Age 57						
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) HM Environmental		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.					
Street Address 1112 Saint Mark Drive		Street Address 70 Stacy Haines Road Suite 4							
City, State, Zip Code Glendora NJ 08029		City, State, Zip Code Lumberton NJ 08048							
Project Manager for Monitoring Firm Office		Telephone No. 609-876-8440		Telephone No. 609-702-0400					
				License No. 00862					
Start Date (10) 08 / 10 / 26		Scheduled Completion Date (11) 08 / 21 / 26		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/ PM- AM			Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply) ☒ ≥ 3 sf or ≥ 3 lf ☐ ≥ 160 sf or ≥ 260 lf ☒ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
10 Classrooms	☐	☐	☒	Floor Tile and Mastic	140 SF	☒	☐	☐	☐
Classroom Closets	☐	☐	☒	Adhesive with Closet Brackets	40 SF	☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
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 08/21/2026		City, State Morrisville, PA 19067					
Completed By (Print or Type) Kaysi Gruner		Title Office Coordinator		Signature 		Date 8/12/26			

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

Check # 4695

Date of Notification (1) 8 / 20 / 26		Name of Building Owner/Operator (2) Union County Courthouse		RECEIVED					
Agencies Notified ☐ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 2 Broad St		AUG 25 2026					
		City, State, Zip Code Elizabeth, NJ 07201							
				Name of Contact Nicholas DiVincent		Telephone Number 973-398-3110			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Union County Courthouse				Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 2 Broad St				Square Feet	# of Floors				
City (5) Elizabeth				Bldg. Age 50+					
County (6) Union		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Office					
Name of Monitoring Firm Hired by Building Owner (8) RJB Environmental, Inc		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC					
Street Address PO Box 869				Street Address 1123 BEAVER STREET					
City, State, Zip Code Levittown, PA 19058				City, State, Zip Code BRISTOL, PA 19007					
Project Manager for Monitoring Firm Richard Beach		Telephone No. 267-991-9212		Telephone No. 215-788-6040	License No. 02121				
Start Date (10) 8 / 31 / 26		Scheduled Completion Date (11) 9 / 11 / 26		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC.					
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM - <u> </u> PM / 4:30PM-12:30AM				Street Address 1123 BEAVER STREET					
				City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)									
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition		☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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 Bldg	☐	☒	☐	Plaster	11 SF	☒	☐	☐	☐
	☐	☒	☐			☒	☐	☐	☐
	☐	☒	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Bristol Environmental		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste	Name of Registered Landfill Conestoga Landfill				
City, State Bristol, PA				Disposal Date	City, State Morgantown, PA				
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature <i>Brian Scafiro</i>		Date 8/20/26			

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

Date of Notification (1) 08 / 31 / 26		Name of Building Owner/Operator (2) Robert Wood Johnson University Hospital Check #4915							
Agencies Notified ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	Street Address 1 Robert Wood Johnson Place City, State, Zip Code New Brunswick, NJ 08903 Name of Contact Phil Palermo Telephone Number 201.388.9545							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Exterior-Excavation area		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address One Robert Wood Johnson Place		Square Feet 100,000 # of Floors 4 Bldg. Age 50+							
City (5) New Brunswick	County (6) Middlesex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Hospital						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) EA Services Corporation						
Street Address		Street Address 530 Church Street- Suite 6							
City, State, Zip Code		City, State, Zip Code Ridgefield, NJ 07657							
Project Manager for Monitoring Firm		Telephone No. 201-295-1700	License No. 01074						
Start Date (10) 09 / 01 / 26	Scheduled Completion Date (11) 09 / 03 / 26	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00AM -____PM/____PM-____AM		Street Address City, State, Zip Code							
Scope of Work (Check all that apply)									
☒ ≥ 3 sf or ≥ 3 lf ☐ ≥ 160 sf or ≥ 260 lf		☒ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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 Loading Dock	☐	☐	☒	Transite Pipe	20 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler EA Services Corporation		NJDEP Waste Hauler ID No. 107086	Cubic Yards of Waste tbd	Name of Registered Landfill Minerva Enterprises					
City, State Ridgefield, NJ		Disposal Date tbd		City, State Waynesburg, OH					
Completed By (Print or Type) Marisabel Toribio		Title Clerical		Signature <i>Marisabel Toribio</i>			Date 8/31/26		

13850

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

B & G Project # 2026-54

Check #

13850

Date of Notification (1) 08/21/2026		Name of Building Owner/Operator (2) Hackensack Meridian Health		AUG 25 2026								
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		Street Address 2020 Sixth Avenue City, State, Zip Code Neptune, NJ 07753 Name of Contact Erika Seaver Telephone Number (732)290-2217								
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) Neptune Professional Plaza			Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)									
Street Address 51-81 Davis Avenue			Square Feet		# of Floors							
City (5) Neptune, NJ 07753			Bldg. Age									
County (6) Monmouth		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) hospital wing								
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No. 0045		Name of Abatement Contractor (9) B & G Restoration, Inc.								
Street Address 64 Broad Street		Street Address 1234 Route 23		City, State, Zip Code Butler, NJ 07405								
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Butler, NJ 07405		License No. 00378								
Project Manager for Monitoring Firm Thomas Greiger		Telephone No. 732-290-2217		Telephone No. 973-696-6869								
Start Date (10) 08/31/2026		Scheduled Completion Date (11) 10/3/2026		Name of OSHA Monitor B & G Restoration, Inc.								
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: <u>shift: 7:00 am - 3:30 pm</u>				Street Address 1234 Route 23 City, State, Zip Code Butler, NJ 07405								
Scope of Work (Check All That Apply) ☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf ☐ Renovation ☒ Demolition ☐ Wrap and Cut ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☒ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure												
Location of Asbestos-Containing Material (ACM) <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)		Abatement Type				
								Removal	Repair	Encapsulate	Enclosure	
Roof				X	Roof flashing materials		2,121 SF		X			
basement				X	waterproofing tar on block walls		400 SF		X			
Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563		Cubic Yards of Waste 200 CY		Name of Registered Landfill Fairless Landfill						
City, State Butler, NJ				Disposal Date 08/31/26 - 10/03/26		City, State Morrisville, PA						
Completed by Gordana Luna		Title Secretary / Treasurer		Signature Gordana Luna				Date 08/21/2026				

13849



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

B & G Project # 2026-114

Check #

13849
RECEIVED

Date of Notification (1) 08/21/2026		Name of Building Owner/Operator (2) Atlantic Health System	
Agencies Notified	Type Notification	Street Address 100 Madison Avenue	
☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Morristown, NJ 07960	
		Name of Contact Michelle DiGangi	Telephone Number 973-971-8930
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Chilton Medical Center		Type of Facility (4)	
Street Address 97 West Parkway		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Pompton Plains, NJ 07444		Square Feet	# of Floors Bldg. Age
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) residential	
Name of Monitoring Firm Hired by Building Owner (8) T & M Associates		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.
Street Address 40 Monmouth Park Highway		Street Address 1234 Route 23	
City, State, Zip Code West Long Branch, NJ 07764		City, State, Zip Code Butler, NJ 07405	
Project Manager for Monitoring Firm Kevin Burns		Telephone No. 732-676-1725	Telephone No. 973-696-6869
License No. 00378			
Start Date (10) 08/31/2026	Scheduled Completion Date (11) 09/04/2026	Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check Only One)		Street Address 1234 Route 23	
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: <u>occupied</u>		City, State, Zip Code Butler, NJ 07405	
Scope of Work (Check All That Apply)		☐ Wrap and Cut ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure	
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☒ Renovation ☐ 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)
	Yes	No	
1st fl East Entrance Main hallway			X
Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 12
City, State Butler, NJ		Name of Registered Landfill Grand Central Landfill	
		Disposal Date 09/04/2026	City, State Pen Argyl, PA
Completed by Gordana Luna	Title Secretary / Treasurer	Signature <i>Gordana Luna</i>	Date 08/21/2026

State of New Jersey - Notification of Asbestos Abatement

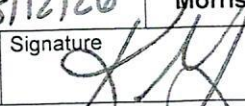
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1) August 24, 2026		Name of Building Owner/Operator (2) Rutgers, The State University of New Jersey	
Agencies Notified ☐ EPA ☐ DCA ☒ DOL ☒ DEP (No Longer Required) ☒ DOH		Notification Type ☐ Initial Notification ☒ Amended Notification #2 - New Completion Date ☐ Emergency (including justification) ☐ Cancelled	
Street Address REHS 74 St 1603		City, State, Zip Code Piscataway NJ 08854	
Name of Contact Michael F. Smith		Telephone Number 848.445.2550 & LICENSING	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) # 7257- Medical Science Bldg.		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address RBHS Newark Campus		Sq. Feet: Unknown # of Floors: 8 Bldg. Age: 80 plus years	
City (5) Newark	County (6) Essex	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Atlas Tech Services		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 Terri Lane		Street Address 511 MAIN STREET	
City, State, Zip Code Burlington NJ 08016		City, State, Zip Code Butler, NJ 07405	
Project Manager for Monitoring Firm John Lutz	Telephone Number 609-386-8800		License Number 00840
Scheduled Start Date (10) 8/21/2026	Scheduled Completion Date (11) 8/31/2026		
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: 4pm-5am (24 Hours & weekends as needed)		Street Address 1056 Stelton Road City, State, Zip Code Piscataway, NJ 08854	
Source of Work (Check all that apply) ☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 ☒ Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) B100C10 Corridor	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.) VAT	Amount (Specify SF or LF) 150 sf
Location of Asbestos-Containing Material (ACM) in Facility (13) C00C3 Corridor	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.) VAT	Amount (Specify SF or LF) 150 sf
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 10 CYD	Name of Registered Landfill Fairless Landfill/ Grand Central Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. Butler, NJ 07405 NJ DEP # 12561		Disposal Date 8/31/26	City, State FL-1000 New Ford Rd, Morrisville, PA 19067 Permit#18072 GCL-1963 Pen Argyle Rd, Pen Argyle, PA 18072 Permit # 100265
Hauler #2) Century Waste Services, LLC, 623 Dowd Avenue, Elizabeth NJ 07201 NJDEP# NJ-860			
Completed by (Print or Type) Raymond Pedalino	Title Sr. Project Manager	Signature <i>Raymond C. Pedalino</i>	Date August 24, 2026

GAC # 2026-060

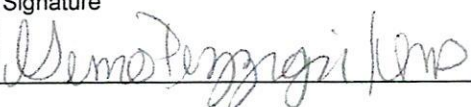
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

RECEIVED

Date of Notification (1) 07 / 15 / 26		Name of Building Owner/Operator (2) Central United Methodist Church Job #2607-3573 check#N/A							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☒ Amended Amendment # 2 ☐ Emergency (including justification) ☐ Cancellation	Street Address 729 Arnold Avenue							
		City, State, Zip Code Point Pleasant NJ 08742							
		Name of Contact Michael Kim	Telephone Number 732-892-3233						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Oxenford Hall		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 729 Arnold Avenue		Square Feet 1650	# of Floors 1						
City (5) Point Pleasant Beach		Bldg. Age 100							
County (6) Ocean	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	Telephone No. 609-702-0400	License No. 00862						
Start Date (10) 07 / 27 / 26	Scheduled Completion Date (11) 08 / 12 / 26	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM/ _____ PM/ _____ PM/ _____ AM		Street Address 200 U.S. Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
☐ >3 sf or >3 lf ☒ >160 sf or >260 lf		☒ Renovation ☐ Demolition							
		☒ Full Containment with Negative Pressure ☐ 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
Throughout	☐	☐	☒	Floor Tile and Mastic	1,677 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Asbestos and Mold Services Corp		NJDEP Waste Hauler ID No. 0035680		Cubic Yards of Waste 80	Name of Registered Landfill Fairless Hills				
City, State Lumberton, NJ		Disposal Date 8/12/26		City, State Morrisville, PA					
Completed By (Print or Type) Kaysi Gruner		Title Admin		Signature 			Date 8/16/26		

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

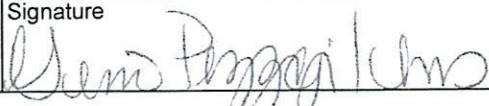
RECEIVED

Date of Notification (1) 8/21/26		Name of Building Owner / Operator (2) Trenton Board of Education							
Agencies Notified ☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☐ Initial ☒ Amended #1 ☐ Emergency ☐ Cancellation	Street Address 1490 Prospect Street							
		City, State & Zip Code Trenton, NJ 08638							
		Name of Contact Mr. Dwayne Mosley	Telephone Number 609-656-4900						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Grace Dunn		Type of Facility (4) ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 401 Dayton Street		Square Feet 60,000							
City (5) Trenton	County (6) Mercer	County Code (7)	# of Floors 3						
			Bldg. Age 60+						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, LLC						
Street Address 120 North Warren Street			Street Address 1123 Beaver Street						
City, State & Zip Code Trenton, NJ 08010			City, State & Zip Code Bristol, PA 19007						
Project Manager for Monitoring Firm Jordan Reed		Telephone Number 609-392-4200	Telephone Number (215)788-6040						
Scheduled Start Date (10) 8/17/26		Scheduled Completion Date (11) 8/24/26	License Number 02121						
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 4:30 PM – 1:00 AM ☐ Facility Occupied During Abatement		Name of OSHA Monitor Bristol Environmental LLC							
Street Address 1123 Beaver Street		City, State & Zip Code Bristol, PA 19007							
Scope of Work (Check all that apply)									
☐ ≥3 sf or ≥3 lf ☒ Renovation ☐ Full Containment with Negative Pressure ☒ ≥160 sf ≥260 lf ☐ Demolition ☒ 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
B-20	☐	☒	☐	Wooden flooring	650 SF	☐	☒	☐	☐
B-33	☐	☒	☐	Wooden flooring	1400 SF	☐	☒	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Bristol Environmental LLC		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 10 Cu yd	Name of Registered Landfill Fairless Landfill					
City, State Bristol, PA		Disposal Date 8/21/26		City, State Morrisville, PA					
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature 				Date 8/21/26		

6126126

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

RECEIVED

Date of Notification (1) 8/20/26		Name of Building Owner / Operator (2) Trenton Board of Education		AUG 25 2026				
Agencies Notified ☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☐ Initial ☒ Amended #1 ☐ Emergency ☐ Cancellation		Street Address 1490 Prospect Street					
			City, State & Zip Code Trenton, NJ 08638					
			Name of Contact Mr. Dwayne Mosley		Telephone Number 609-656-4900			
			ASBESTOS CONTROL & LICENSING					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Hedgepath-William MS			Type of Facility (4) ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 301 Gladstone Avenue			Square Feet 70,000	# of Floors 3	Bldg. Age 60+			
City (5) Trenton	County (6) Mercer	County Code (7)	Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, LLC					
Street Address 120 North Warren Street		Street Address 1123 Beaver Street						
City, State & Zip Code Trenton, NJ 08010		City, State & Zip Code Bristol, PA 19007						
Project Manager for Monitoring Firm Jordan Reed		Telephone Number 609-392-4200	Telephone Number (215)788-6040	License Number 02121				
Scheduled Start Date (10) 8/18/26	Scheduled Completion Date (11) 8/29/26		Name of OSHA Monitor Bristol Environmental LLC					
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 7:00 AM to 4:30 PM ☐ Facility Occupied During Abatement			Street Address 1123 Beaver Street					
			City, State & Zip Code Bristol, PA 19007					
Scope of Work (Check all that apply)								
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf ≥260 lf		☒ Renovation ☐ Demolition		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glove Bag Procedures ☐ Non-Exempted and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF) 100 SF	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Auditorium	☐	☒	☐	Plaster	☒	☐	☐	☐
	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐		☐	☐	☐	☐
			Name of Registered Landfill					
Name of Registered Waste Hauler Bristol Environmental		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 1 cu yd	Fairless Landfill				
City, State Bristol, PA		Disposal Date 8/21/26	City, State Morrisville, PA					
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature 			Date 8/20/26		

G126115

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

Date of Notification (1) 8 / 27 / 26		Name of Building Owner/Operator (2) County of Union							
Agencies Notified ☐ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☒ Amended Amendment #1 ☐ Emergency (including justification) ☐ Cancellation	Street Address 10 Elizabethtown Plaza City, State, Zip Code Elizabeth, NJ 07202 Name of Contact Nicholas DiVincent Telephone Number 973-398-3110							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Union County Courthouse		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 2 Broad St		Square Feet	# of Floors Bldg. Age 50+						
City (5) Elizabeth		County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Office							
County (6) Union		Name of Monitoring Firm Hired by Building Owner (8) RJB Environmental, Inc							
Street Address PO Box 869		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC							
City, State, Zip Code Levittown, PA 19058		Street Address 1123 BEAVER STREET							
Project Manager for Monitoring Firm Richard Beach		Telephone No. 267-991-9212	Telephone No. 215-788-6040 License No. 02121						
Start Date (10) 8 / 31 / 26	Scheduled Completion Date (11) 9 / 11 / 26	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC.							
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/4:30PM-12:30AM		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply) ☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf ☒ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 11 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout Bldg	☐	☒	☐	Plaster		☒	☐	☐	☐
	☐	☒	☐			☒	☐	☐	☐
	☐	☒	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Bristol Environmental		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill Conestoga Landfill					
City, State Bristol, PA		Disposal Date		City, State Morgantown, PA					
Completed By (Print or Type) Brian Scafiro		Title Estimator	Signature Brian Scafiro			Date 8/27/26			

ASB-41
MAY 11 3526078

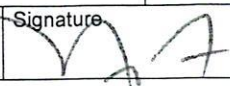
* Do not use this form for asbestos licensure exempted activities.

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

Date of Notification (1) 8/25/26		Name of Building Owner / Operator (2) Bridgeton Board of Education							
Agencies Notified ☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended ☒ Emergency ☐ Cancellation	Street Address 41 Bank Street City, State & Zip Code Bridgeton, NJ 08302 Name of Contact Margaret Durham							
		Telephone Number 609-656-4900							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bridgeton HS		Type of Facility (4) ☒ School (K-12) NON SUBCHAPTER 8 ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 111 West Ave N		Square Feet 150,000	# of Floors 1						
City (5) Bridgeton	County (6) Cumberland	County Code (7)	Bldg. Age 40+						
Name of Monitoring Firm Hired by Building Owner (8) Epic Environmental Services, LLC		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, LLC						
Street Address 80 Fork Bridge Road		Street Address 1123 Beaver Street							
City, State & Zip Code Pittsgrove, NJ 08318		City, State & Zip Code Bristol, PA 19007							
Project Manager for Monitoring Firm Jim Eberts		Telephone Number 856-889-1736	Telephone Number (215)788-6040						
Scheduled Start Date (10) 8/27/26		Scheduled Completion Date (11) 8/27/26	License Number 02121						
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 3:00 PM to 12:30 AM ☐ Facility Occupied During Abatement		Name of OSHA Monitor Bristol Environmental LLC							
Street Address 1123 Beaver Street		City, State & Zip Code Bristol, PA 19007							
Scope of Work (Check all that apply) ☒ ≥3 sf or ≥3 lf ☐ ≥160 sf ≥260 lf ☒ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☐ Glove Bag Procedures ☐ Non-Exempted and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM). <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Trainers Room	☐	☒	☐	Debris cleanup	1 SF	☒	☐	☐	☐
Trainers Room	☐	☒	☐	Pipe Insulation	30 LF	☐	☒	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Bristol Environmental LLC		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 1 Cu Yd	Name of Registered Landfill CCIA					
City, State Freehold, NJ		Disposal Date 8/27/26	City, State Rosenhayn, NJ						
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>				Date 8/25/26		

6126132

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

Date of Notification (1) 08 / 27 / 26		Name of Building Owner/Operator (2) Drill Construction							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)		Type Notification ☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation							
Street Address 80 Main Street #570		City, State, Zip Code West Orange, NJ 07052							
Name of Contact David Mrowko		Telephone Number 201-256-5288							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Jonathan Dayton High School		Type of Facility (4) ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 139 Mountain Avenue		Square Feet 100,000							
City (5) Springfield		# of Floors 3							
County (6) Union		Bldg. Age 120							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Enviro Vision		ASCM No.							
Street Address 20-21 Wagarraw Road		Name of Abatement Contractor (9) Guardian Contracting, Inc.							
City, State, Zip Code Fair Lawn, NJ 07410		Street Address 1889 Route 9, Unit 61							
Project Manager for Monitoring Firm Fred Larson		City, State, Zip Code Toms River, New Jersey 08755							
Telephone No. 973-636-9145		Telephone No. 732-349-9932							
Start Date (10) 08 / 28 / 26		License No. 00624							
Scheduled Completion Date (11) 08 / 31 / 26		Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 1056 Stelton							
Scope of Work (Check all that apply) ☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		City, State, Zip Code Piscataway, New Jersey 08854							
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☐ 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) 10 lf	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room G6	☐	☒	☐	wrap & cut pipe		☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
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Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill				
City, State Toms River, New Jersey		Disposal Date 08/31/26		City, State Morrisville, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 8/27/26			