18100

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

PAID

RECEIVED AUG 13 2026 ASBESTOS CONTROL & LICENSING

Date of Notification (1): 8 / 11 / 26	Name of Building Owner/Operator (2): PSE&G / Job #2608-6612 Check #18100
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: 4000 Hadley Road	
City, State, Zip Code: South Plainfield, NJ	
Name of Contact: Elvin Ventura	Telephone Number: 973-418-1220

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): PSEG Deans Anbaric Property	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 10 Magee Lane	
City (5): North Brunswick	Square Feet: ; # of Floors: ; Bldg. Age:
County (6): Middlesex	County Code (7)(*STATE USE ONLY*): ; Current Use (Prior if being demolished): Anbaric Property
Name of Monitoring Firm Hired by Building Owner (8): Matrix New World	ASCM No.: 00121
Name of Abatement Contractor (9): AbateTech, Inc.	
Street Address: 26 Columbia Turnpike	Street Address: 30 Maple Ave. PO Box 25
City, State, Zip Code: Florham Park, NJ 07932	City, State, Zip Code: Lumberton, NJ 08048
Project Manager for Monitoring Firm: Matt Sheldon	Telephone No.: 973-240-1800
Telephone No.: 609-265-2107	License No.: 00529
Start Date (10): 8 / 24 / 26	Scheduled Completion Date (11): 10 / 16 / 26
Name of OSHA Monitor: IATL	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	Street Address: 9000 Commerce Pkwy. Suite B
	City, State, Zip Code: Mount Laurel, NJ 08054

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

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

Name of Registered Waste Hauler: Veolia ES	NJDEP Waste Hauler ID No.: 000151	Cubic Yards of Waste: 40	Name of Registered Landfill: Fairless Landfill
City, State: Flanders, NJ		Disposal Date: 10/16/26	City, State: Morrisville, PA
Completed By (Print or Type): Gwendolyn Trumbetti	Title: Operations Coordinator	Signature: [signature]	Date: 8-11-26

ASB-41
MAY 11

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

TABLE 2
SUMMARY OF ASBESTOS-CONTAINING MATERIALS
PSEG DEANS ANABARIC PROPERTY
10 MAGEE LANE, NORTH BRUNSWICK, NEW JERSEY
MATRIX NO. R26-00820 (20-98-167)

MATRIX ORLD

HA No.	Material Description	Material Location(s)	Details		Estimated Quantity		Additional Notes
			Friability	Condition	Quantity	Units	
Materials Identified as ACM by Matrix							
10	Tar to Wood	Exterior Elevations	Non-Friable	Good	2,500	SF	Believed to exist at a limited extent at all elevations.

Table Notes: SF = Square Feet LF = Linear Feet

Conditions
Good = Little to no visible damage
Damaged = Damage is less than 10% of the material (if evenly distributed) or less than 25% (if localized)
Significantly Damaged = Damage is exceed 10% evenly distributed or 25% locally

18099

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

PAID

RECEIVED
AUG 13 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 8 / 11 / 26	Name of Building Owner/Operator (2): PSE&G / Job #2608-6611 Check #18099
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: 4000 Hadley Road	
City, State, Zip Code: South Plainfield, NJ	
Name of Contact: Elvin Ventura	Telephone Number: 973-418-1220

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): PSEG Deans Anbaric Property	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 6 Magee Lane	
City (5): South Brunswick	Square Feet: ; # of Floors: ; Bldg. Age:
County (6): Middlesex	County Code (7)(STATE USE ONLY): ; Current Use (Prior if being demolished): Anbaric Property
Name of Monitoring Firm Hired by Building Owner (8): Matrix New World	ASCM No.: 00121
Street Address: 26 Columbia Turnpike	Name of Abatement Contractor (9): AbateTech, Inc.
	Street Address: 30 Maple Ave. PO Box 25
City, State, Zip Code: Florham Park, NJ 07932	City, State, Zip Code: Lumberton, NJ 08048
Project Manager for Monitoring Firm: Matt Sheldon	Telephone No.: 973-240-1800
	Telephone No.: 609-265-2107 ; License No.: 00529
Start Date (10): 8 / 24 / 26	Scheduled Completion Date (11): 10 / 16 / 26
	Name of OSHA Monitor: IATL
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	Street Address: 9000 Commerce Pkwy. Suite B
	City, State, Zip Code: Mount Laurel, NJ 08054

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

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

Name of Registered Waste Hauler: Veolia ES	NJDEP Waste Hauler ID No.: 000151	Cubic Yards of Waste: 40	Name of Registered Landfill: Fairless Landfill
City, State: Flanders, NJ		Disposal Date: 10/16/26	City, State: Morrisville, PA
Completed By (Print or Type): Gwendolyn Trumbetti	Title: Operations Coordinator	Signature:	Date: 8-11-26

ASB-41
MAY 11

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

TABLE 2
SUMMARY OF ASBESTOS-CONTAINING MATERIALS
PSEG DEANS ANBARIC PROPERTY
6 MAGEE LANE, SOUTH BRUNSWICK, NEW JERSEY
MATRIX NO. R26-00820 (20-98-167)

MATRIX NEW WORLD

HA No.	Material Description	Material Location(s)	Details		Estimated Quantity		Additional Notes
			Friability	Condition	Quantity	Units	
Materials Identified as ACM by Matrix							
04	Textured Ceiling	Living Room & kitchen Areas	Non-Friable	Good	430	SF	To gypsum board celling in the open areas of the Living Room and Kitchen. **Gypsum Ceiling board to be considered asbestos-contaminated.**
22	Vent Tar	House Roof	Non-Friable	Good	1	Unit	1 unit = 1 SF
23	Chimney Flashing Tar	House Roof	Non-Friable	Good	6	SF	
Trace Asbestos-Containing Materials							
07	White Caulk to Sink	Kitchen	Non-Friable	Good	2	LF	
10	Vapor Barrier	Flooring throughout	Non-Friable	Good	~1,450	SF	Found throughout facades beneath vinyl siding
27	Window Glazing	Basement Windows	Non-Friable	Good	4	Units	

Table Notes: SF = Square Feet LF = Linear Feet

Conditions
Good = Little to no visible damage
Damaged = Damage is less than 10% of the material (if evenly distributed) or less than 25% (if localized)
Significantly Damaged = Damage is exceed 10% evenly distributed or 25% locally

18098

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

PAID

Date of Notification (1): 8 / 11 / 26	Name of Building Owner/Operator (2): PSE&G / Job #2608-6613 Check #18098
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: 4000 Hadley Road	RECEIVED
City, State, Zip Code: South Plainfield, NJ	
Name of Contact: Elvin Ventura	Telephone Number: 973-418-1220

AUG 13 2026
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): PSEG Deans Anbaric Property	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 114 Davidson Mill Rd.	
City (5): South Brunswick	Square Feet: ; # of Floors: ; Bldg. Age:
County (6): Middlesex	County Code (7)(*STATE USE ONLY*): ; Current Use (Prior if being demolished): Anbaric Property
Name of Monitoring Firm Hired by Building Owner (8): Matrix New World	ASCM No.: 00121
Name of Abatement Contractor (9): AbateTech, Inc.	
Street Address: 26 Columbia Turnpike	Street Address: 30 Maple Ave. PO Box 25
City, State, Zip Code: Florham Park, NJ 07932	City, State, Zip Code: Lumberton, NJ 08048
Project Manager for Monitoring Firm: Matt Sheldon	Telephone No.: 973-240-1800
Telephone No.: 609-265-2107	License No.: 00529
Start Date (10): 8 / 24 / 26	Scheduled Completion Date (11): 10 / 16 / 26
Name of OSHA Monitor: IATL	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	Street Address: 9000 Commerce Pkwy. Suite B; City, State, Zip Code: Mount Laurel, NJ 08054

Scope of Work (Check all that apply)

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

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

Name of Registered Waste Hauler: Veolia ES	NJDEP Waste Hauler ID No.: 000151	Cubic Yards of Waste: 40	Name of Registered Landfill: Fairless Landfill
City, State: Flanders, NJ		Disposal Date: 10/16/26	City, State: Morrisville, PA
Completed By (Print or Type): Gwendolyn Trumbetti	Title: Operations Coordinator	Signature:	Date: 8-11-26

ASB-41
MAY 11

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

TABLE 2
SUMMARY OF ASBESTOS-CONTAINING MATERIALS
PSEG DEANS ANBARIC PROPERTIES
114 DAVIDSONS MILL ROAD, SOUTH BRUNSWICK, NJ
MATRIX NO. R26-00820 (20-98-167)

HA No.	Material Description	Material Location(s)	Details		Estimated Quantity		Additional Notes
			Friability	Condition	Quantity	Units	
Materials Identified as ACM by Matrix							
03	Tan Mastic to 9" Grey Vinyl Floor Tile 9" Grey Vinyl Floor Tile	Kitchen & Den Floor	Non-Friable	Good	410	SF	To plywood. Two (2) layers beneath plywood are not ACM. Decorative tile on top of ACM Vinyl Floor Tile. 2 Layers of flooring and plywood (contaminated) to be removed of as ACM/asbestos contaminated waste.
14	Corrugated Pipe Insulation	Basement	Friable	Damaged	105	SF	Some debris noted on the concrete floor. This will require cleaning during abatement.
15	Flue Packing	Basement to Chimney	Non-Friable	Good	2	SF	
17	Transite Siding	House Elevations Throughout	Non-Friable	Good	1,925	SF	Entire façade of 2-story house.
19	White Window Frame Caulk	House Elevations Throughout	Non-Friable	Significantly Damaged	160	LF	Some windows appear that he caulking material has mostly deteriorated. All windows must have caulking and remnant caulking materials removed.
22	Roof Flashing Tar	Roof - Chimney & Vent	Non-Friable	Good	6	SF	
23	Counter Flashing Caulk	Roof - Chimney	Non-Friable	Good	4	LF	Purple/Maroon in color
28	Roof Shingle	Shed 2	Friable	Significantly Damaged	400	SF	Shed is completely destroyed and separating ACM roofing material is not possible. The entire shed should be considered asbestos-contaminated debris.
Trace Asbestos-Containing Materials							
13	Reb Brick Wall Mortar	Basement Perimeter Walls Throughout	Friable / Non-Friable	Good	~800	SF	Will not require abatement for demolition

Table Notes: SF = Square Feet LF = Linear Feet

Notes:
F - Friable
NF - Non Friable
LF - Linear Feet
SF - Square Feet

G - Good
D - Damaged
SD - Significantly Damaged

18133

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

RECEIVED

Date of Notification (1): 8 / 11 / 26	Name of Building Owner/Operator (2): PSE&G / Job #2608-6614 Check #18133	
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 4000 Hadley Road
		City, State, Zip Code: South Plainfield, NJ
		Name of Contact: Elvin Ventura — Telephone Number: 973-418-1220

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): PSEG Deans Anbaric Property		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 110 Davidson Mill Rd.		Square Feet / # of Floors / Bldg. Age
City (5): North Brunswick		
County (6): Middlesex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Anbaric Property
Name of Monitoring Firm Hired by Building Owner (8): Matrix New World	ASCM No.: 00121	Name of Abatement Contractor (9): AbateTech, Inc.
Street Address: 26 Columbia Turnpike		Street Address: 30 Maple Ave. PO Box 25
City, State, Zip Code: Florham Park, NJ 07932		City, State, Zip Code: Lumberton, NJ 08048
Project Manager for Monitoring Firm: Matt Sheldon	Telephone No.: 973-240-1800	Telephone No.: 609-265-2107 — License No.: 00529
Start Date (10): 8 / 24 / 26	Scheduled Completion Date (11): 10 / 16 / 26	Name of OSHA Monitor: IATL
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address: 9000 Commerce Pkwy. Suite B
		City, State, Zip Code: Mount Laurel, NJ 08054

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

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

Name of Registered Waste Hauler: Veolia ES	NJDEP Waste Hauler ID No.: 000151	Cubic Yards of Waste: 40	Name of Registered Landfill: Fairless Landfill
City, State: Flanders, NJ		Disposal Date: 10/16/26	City, State: Morrisville, PA
Completed By (Print or Type): Gwendolyn Trumbetti	Title: Operations Coordinator	Signature: [signature]	Date: 8-11-26

ASB-41
MAY 11

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

8899

Print Form

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

PAID

RECEIVED
AUG - 5 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 08/03/2026	Name of Building Owner/Operator (2): Oratory Prep School
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 425 Morris Ave.
	City, State, Zip Code: Summit, NJ 07901
	Name of Contact: Billy Crum — Telephone Number: 908-273-1084

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Oratory Prep School Roof	Type of Facility (4): [x] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 425 Morris Ave.	Square Feet: 50,000 — # of Floors: 2 — Bldg. Age: 50+
City (5): Summit	County Code (7) *(STATE USE ONLY)* _____ — Current Use (Prior if being demolished): School
County (6): Union	
Name of Monitoring Firm Hired by Building Owner (8): Envirovision Consultants, Inc. — ASCM No.: 0079	Name of Abatement Contractor (9): Bako Construction & Restoration, Inc.
Street Address: 20-21 Wagaraw Road, Bldg 35 E	Street Address: 34 Deforest Ave. Suite 1
City, State, Zip Code: Fair Lawn, NJ 07410	City, State, Zip Code: East Hanover, NJ 07936
Project Manager for Monitoring Firm: Frederick Larson — Telephone No.: 976-636-9145	Telephone No.: 973-256-7010 — License No.: 00666
Start Date (10): 08/17/2026 — Scheduled Completion Date (11): 08/22/2026	Name of OSHA Monitor: Bako Construction & Restoration, Inc.
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____	Street Address: 34 Deforest Ave. Suite 1 — City, State, Zip Code: East Hanover, NJ 07936
Scope of Work (Check All That Apply): [ ] ≥3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf — [x] Renovation [ ] Demolition — [ ] Full Containment with Negative Pressure [ ] Mini-Enclosure [ ] Glovebag Procedure [x] Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Roof/Penthouse Exterior		X		Exterior Transite Panels	935 SF	X			

Name of Registered Waste Hauler: Bako Constr. & Rest. Inc./Century Waste	NJDEP Waste Hauler ID No.: 20889/32797	Cubic Yards of Waste: 40	Name of Registered Landfill: Fairless Hills/ Waste management
City, State: East Hanover, NJ/ Elizabeth, NJ		Disposal Date: TBD	City, State: Morrisville, PA
Completed by: Damir Valjevac	Title: Project Manager	Signature:	Date: 08/03/2026

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

ASB-41 (R-06-08)

4375743
RECEIVED
CK 5504
JUL 29 2026
ASBESTOS CONTROL & LICENSING

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

PAID

Date of Notice: 7/24/26 Type Notification	Name of Building Owner / Operator (2) **Hometown America**
Agencies Notified EPA DEP X DOL X DOH DCA Emergency Notification X Initial Notification Amended Notification Cancellation	Street Address **272 Village Drive East** City, State & Zip Code **Spotswood, NJ 08884** Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) **Vacant Residence**	Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) X Other (i.e., private & commercial buildings, homes, etc.
180 Kenneth Ct	Square Feet: **1,000** / # of Floors: **1** / Bldg. Age: **60 +/-**
City (5): **Spotswood** / County (6): **Middlesex** / County Code (7):	Current Use (Prior if being demolished) **Residential**
Name of Monitoring Firm Hired by Building Owner (8) **Environmental Tactics, Inc** / ASCM No.	Name of Abatement Contractor (9) **Global Abatement Services, LLC**
Street Address **64 Broad Street**	Street Address **P.O. Box 7620**
City, State & Zip Code **Matawan, NJ 07747**	City, State & Zip Code **Monroe Township, NJ 08831**
Project Manager for Monitoring Firm **Tom Geiger** / Telephone Number **(732) 290-2217**	Telephone Number **(732) 605-9062** / License Number **00714**
Scheduled Start Date (10) **8/5/26** / Scheduled Completion Date (11) **8/8/26**	Name of OSHA Monitor **Global Abatement Services, LLC**
Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: **Area Isolated During Abatement** Other - Describe:	Street Address **P.O. Box 7620** City, State & Zip Code **Monroe Township, NJ 08831**

Scope of Work (Check all that apply)

Demolition — X Renovation

Large Project

Quantity is ≥ 3 SF or ≥ 3 LF ACM

X Quantity is ≥ 160 SF or ≥ 260 LF ACM

Full Containment with Negative Pressure

Mini-Enclosure

Glove-bag Procedure

X Other: Non-friable

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Roof	**N/A**	**Roof shingles**	**900SF**	**Remove**

Name of Registered Waste Hauler **Freehold Cartage**	NJDEP Waste Hauler ID # **18693**	Cu. Yds. of Waste **10**	Name of Registered Landfill **Conestoga**
City, State **Freehold, NJ**		Disposal Date **8/8/26**	City, State **Morgantown, PA**

Completed By (Print or Type) **Dominick Tringali**	Title **President**	Signature Dominick Tringali	Date **7/24/26**

ASB-41 JUN 95 G4667

1336

Check# 1336

PAID

RECEIVED

AUG 12 2026

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 08/10/2026	Name of Building Owner/Operator (2):

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

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

Street Address: 380 Pinewood Drive
City, State, Zip Code: Wyckoff, NJ 07481
Name of Contact:
Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Private house	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 380 Pinewood Drive	
City (5): Wyckoff, NJ 07481	Square Feet: / # of Floors: / Bldg. Age:
County (6): Bergen	County Code (7) *(STATE USE ONLY)* _____ / Current Use (Prior if being demolished):
Name of Monitoring Firm Hired by Building Owner (8): / ASCM No.:	Name of Abatement Contractor (9): Gr Tech LLC
Street Address:	Street Address: 576 Valley Road#283
City, State, Zip Code:	City, State, Zip Code: Wayne, NJ 07470
Project Manager for Monitoring Firm: / Telephone No.:	Telephone No.: 973-356-3511 / License No.: 01127
Start Date (10): 08/19/2026 / Scheduled Completion Date (11): 08/20/2026	Name of OSHA Monitor: Envirovision Consultants, Inc
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____	Street Address: 20-21 Wagaraw Road, Bldg.# 35 E City, State, Zip Code: Fair Lawn, NJ 07410

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe insulation	35 LF	x			

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

Completed by	Title	Signature	Date
G.Ristanovic	Owner	Gradimir Ristanovic	08/10/2026

ASB-41 (R-06-08)

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

12010

Check 12010

Print Form

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AUG 12 2026

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): AUGUST 8, 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: 148 HURFFVILLE GRENLOCH ROAD City, State, Zip Code: SEWELL NJ 08080 Name of Contact: Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): SINGLE FAMILY DWELLING		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 202 LAWRENCE CORNER ROAD			
City (5): PITTSGROVE, NJ 08317		Square Feet:	# of Floors: 2 / Bldg. Age: 80+-
County (6): SALEM	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished):	
Name of Monitoring Firm Hired by Building Owner (8): EPC TECHNOLOGIES	ASCM No.: N/A	Name of Abatement Contractor (9): EPC TECHNOLOGIES INC	
Street Address: P.O, BOX 337		Street Address: P.O. BOX 337	
City, State, Zip Code: NEW EGYPT, NJ 08633		City, State, Zip Code: NEW EGYPT, NJ 08633	
Project Manager for Monitoring Firm: STEVE SCHENKER	Telephone No.: 709-744-6384	Telephone No.: 609-744-6384	License No.: 00394
Start Date (10): AUGUST 19 2026	Scheduled Completion Date (11): AUGUST 28, 2026	Name of OSHA Monitor: EPC TECHNOGIES INC	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: P.O. BOX 337 City, State, Zip Code: NEW EGYPT, NJ 08533	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
EXTERIOR WALLS			XXX	CEMENT SIDING SHINLES	1600 SF	XXX			
MIDDLE ROOM		XXX		8X8 FLOOR TILE	100 SF	XXX			

Name of Registered Waste Hauler: EPC TECHNOLOGIES INC	NJDEP Waste Hauler ID No.: 17000	Cubic Yards of Waste: 6	Name of Registered Landfill: SALEM COUNTY LANDFILL
City, State: NEW EGYPT, NEW JERSEY		Disposal Date: 8/28/26	City, State: ALLOWAY, NJ
Completed by: STEVE SCHENKER	Title: PRESIDENT	Signature: SteSchenker	Date: 8/8/26

ASB-41 (R-06-08)

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

18134
18132

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

PAID

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AUG 13 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 8 / 11 / 26		Name of Building Owner/Operator (2): Jersey City Public Schools Job #2601-6527 Check #18134/18132
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #4 ☐ Emergency (including justification) ☐ Cancellation	Street Address: 346 Claremont Avenue City, State, Zip Code: Jersey City, NJ 07305 Name of Contact: Business Administration Telephone Number: 201-915-6000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): James J Ferris 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: 35 Colgate Street			
City (5): Jersey City		Square Feet	# of Floors / Bldg. Age
County (6): Hudson	County Code (7)(*STATE USE ONLY*)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8): Environmental Connection	ASCM No.	Name of Abatement Contractor (9): AbateTech, Inc.	
Street Address: 120 North Warren St.		Street Address: 30 Maple Ave. PO Box 25	
City, State, Zip Code: Trenton, NJ 08608		City, State, Zip Code: Lumberton, NJ 08048	
Project Manager for Monitoring Firm: Jordan Reed	Telephone No.: 609-392-4200	Telephone No.: 609-265-2107	License No.: 00529
Start Date (10): 7 / 1 / 26	Scheduled Completion Date (11): 8 / 31 / 26	Name of OSHA Monitor: IATL	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address: 9000 Commerce Parkway City, State, Zip Code: Mount Laurel, NJ 08054	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED	☐	☒	☐	SEE ATTACHED	SEE ATTACHED	☒	☐	☐	☐
Auxillary Gym C & D Closet	☐	☒	☐	Vibration Collar	100 SF	☒	☐	☐	☐
Auxillary Gym C & D Closet	☐	☒	☐	Fitting Insulation	40 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: AbateTech, Inc.	NJDEP Waste Hauler ID No.: 18750	Cubic Yards of Waste: 40	Name of Registered Landfill: Fairless Landfill
City, State: Lumberton, NJ		Disposal Date: 8/31/26	City, State: Morrisville, PA

Completed By (Print or Type): Gwen Trumbetti	Title: Operations Coord.	Signature:	Date: 8-11-26

ASB-41
MAY 11

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

1027

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

PAID

RECEIVED
AUG 13 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): August 4, 2026	Name of Building Owner/Operator (2): Bernards Township Townhall
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
Street Address: 1 Collyer Lane	
City, State, Zip Code: Basking Ridge NJ 07920	
Name of Contact: Will Gaddish	Telephone Number: 908-482-1906

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Bernards Township- DPW Building/ Construction	Type of Facility (4): [ ] School (K-12) [x] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 277 South Maple Ave	
City (5): Basking Ridge	Square Feet: 50,000 / # of Floors: 2 / Bldg. Age: 50+
County (6): Somerset / County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): commerical-Townhall building
Name of Monitoring Firm Hired by Building Owner (8): TTI Environmental Inc. / ASCM No.	Name of Abatement Contractor (9): Checkmark Industrial
Street Address: 1253 North Church Street	Street Address: 54 Morgan Dr
City, State, Zip Code: Moorsetown NJ 08057	City, State, Zip Code: Sparta NJ 07871
Project Manager for Monitoring Firm: Brian Clark / Telephone No.: 856-265-1014	Telephone No.: 973-570-2645 / License No.: 01334
Start Date (10): August 17, 2026 / Scheduled Completion Date (11): August 30, 2026	Name of OSHA Monitor: Checkmark Industrial
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____	Street Address: 54 Morgan Dr City, State, Zip Code: Sparta NJ 07871

Scope of Work (Check All That Apply)

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

[x] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Shower Area- Locker Room Women		X		vinyl sheet flooring	300 SF	X			
Shower Area- Locker Room Men		X		vinyl sheet flooring	200 SF	X			

Name of Registered Waste Hauler: Atlantic Carting	NJDEP Waste Hauler ID No.	Cubic Yards of Waste: 3	Name of Registered Landfill: Grand Central
City, State: Wayne NJ		Disposal Date	City, State: Pen Agryl PA
Completed by: Corey Stankovic	Title: CEO	Signature: C Stankovic	Date: August 4, 2026

ASB-41 (R-06-08)

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

18135

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1): 8 / 11 / 26	Name of Building Owner/Operator (2): Endridge — Job #2607-6606 Check #18135
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: Suite 1100, 425 West Superior Street
	City, State, Zip Code: Duluth, MN 55802
	Name of Contact: Nick Bergman — Telephone Number: 715-817-8755

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FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): NJ Anomaly Dig	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: Coordinates 40.3978 - 74.9200	
City (5): West Amwell Township	Square Feet: ; # of Floors: ; Bldg. Age:
County (6): Hunterdon — County Code (7) *(STATE USE ONLY)*	Current Use (Prior if being demolished):
Name of Monitoring Firm Hired by Building Owner (8): NA — ASCM No.	Name of Abatement Contractor (9): AbateTech, Inc.
Street Address	Street Address: 30 Maple Ave. PO Box 25
City, State, Zip Code	City, State, Zip Code: Lumberton, NJ 08048
Project Manager for Monitoring Firm — Telephone No.	Telephone No.: 609-265-2107 — License No.: 00529
Start Date (10): 8 / 20 / 26 — Scheduled Completion Date (11): 8 / 21 / 26	Name of OSHA Monitor: IATL 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: 9000 Commerce Parkway Suite B; City, State, Zip Code: Mt Laurel, NJ 08054

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

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

Name of Registered Waste Hauler: AbateTech, Inc.	NJDEP Waste Hauler ID No.: 18750	Cubic Yards of Waste: 12	Name of Registered Landfill: Fairless Landfill
City, State: Lumberton, NJ		Disposal Date: 8/21/26	City, State: Morrisville, PA 19067

Completed By (Print or Type)	Title	Signature	Date
Gwendolyn Trumbetti	Operations Coordinator	GMT	8-11-26

ASB-41
MAY 11

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

1097 * start date change *

4367775

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

PAID

Date of Notification (1): 8 / 10 / 26	Name of Building Owner/Operator (2): PSE&G / Job #2607-6598 Check #18068,18069,18067, 18097

Agencies Notified	Type Notification	Street Address	
☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	☒ Initial ☒ Amended Amendment #1 ☐ Emergency (including justification) ☐ Cancellation	4000 Hadley Road	
		City, State, Zip Code: South Plainfield, NJ	
		Name of Contact: Kyle McLaughlin	Telephone Number: 732-216-1795

AUG 13 2026

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): PSEG Trenton M&R Station		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 75 Sylvester Street			
City (5): Trenton		Square Feet	# of Floors / Bldg. Age
County (6): Mercer	County Code (7)(*STATE USE ONLY*)	Current Use (Prior if being demolished): Meter & Regulating Station	

Name of Monitoring Firm Hired by Building Owner (8): Matrix New World	ASCM No.: 00121	Name of Abatement Contractor (9): AbateTech, Inc.	
Street Address: 26 Columbia Turnpike		Street Address: 30 Maple Ave. PO Box 25	
City, State, Zip Code: Florham Park, NJ 07932		City, State, Zip Code: Lumberton, NJ 08048	
Project Manager for Monitoring Firm: Matt Sheldon	Telephone No.: 973-240-1800	Telephone No.: 609-265-2107	License No.: 00529
Start Date (10): 8 / 11 / 26	Scheduled Completion Date (11): 8 / 31 / 26	Name of OSHA Monitor: IATL	
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address: 9000 Commerce Pkwy. Suite B City, State, Zip Code: Mount Laurel, NJ 08054	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

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

Name of Registered Waste Hauler: Veolia ES	NJDEP Waste Hauler ID No.: 000151	Cubic Yards of Waste: 40	Name of Registered Landfill: Fairless Landfill
City, State: Flanders, NJ		Disposal Date: 8/31/26	City, State: Morrisville, PA

Completed By (Print or Type): Gwendolyn Trumbetti	Title: Operations Coordinator	Signature: gmt	Date: 8-10-26

ASB-41
MAY 11

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

1690

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

PAID

Check #41690

RECEIVED
AUG 14 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 8 / 12 / 26	Name of Building Owner/Operator (2): VERIZON COMMUNICATIONS
Agencies Notified: ☒ EPA ☒ DOLWD ☐ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: 256 Corbin Street	
City, State, Zip Code: Newark, New Jersey	
Name of Contact: Pete Lesniak	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): VERIZON -Port Newark RS Hut	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 256 Corbin street	
City (5): Newark	Square Feet: 2000 / # of Floors: 1 / Bldg. Age: 90
County (6): Essex / County Code (7)(*STATE USE ONLY*)	Current Use (Prior if being demolished): VERIZON COMMUNICATIONS
Name of Monitoring Firm Hired by Building Owner (8): USA ENVIRONMENTAL / ASCM No.	Name of Abatement Contractor (9): BRISTOL ENVIRONMENTAL, LLC
Street Address: 344 West State Street	Street Address: 1123 BEAVER STREET
City, State, Zip Code: Trenton New Jersey 08618	City, State, Zip Code: BRISTOL, PA 19007
Project Manager for Monitoring Firm: Matt Chapuis / Telephone No.: 609-656-8101	Telephone No.: 215-788-6040 / License No.: 02121
Start Date (10): 8 / 31 / 26 / Scheduled Completion Date (11): 9 / 15 / 26	Name of OSHA Monitor: BRISTOL ENVIRONMENTAL, LLC.
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-4PM/_____PM-_____AM	Street Address: 1123 BEAVER STREET City, State, Zip Code: BRISTOL, PA 19007

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

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

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: TBD	Name of Registered Landfill: Conestoga Landfill
City, State: Freehold, NJ		Disposal Date: tbd	City, State: Morgantown, PA
Completed By (Print or Type): Patrick T DeCaro	Title: Estimator	Signature: Pat DeCaro / Uno	Date: 8/12/26

ASB-41
MAY 11 PD26012

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

Split 50519

PAID

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

RECEIVED
AUG 10 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 08 / 07 / 26	Name of Building Owner/Operator (2): A.B. Kurre Contracting, Inc.
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: 974 Rte. 33	
City, State, Zip Code: Freehold, NJ 07728	
Name of Contact: Chris Murphy	Telephone Number: 732-571-6800

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Robert Wilson Park-Building 13-14	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 791 Holmdel Road	
City (5): Holmdel	Square Feet: 800 / # of Floors: 1 / Bldg. Age: 80
County (6): Monmouth / County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Building
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): Guardian Contracting, Inc.
Street Address	Street Address: 1889 Route 9, Unit 61
City, State, Zip Code	City, State, Zip Code: Toms River, New Jersey 08755
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 732-349-9932 / License No.: 00624
Start Date (10): 08 / 24 / 26 / Scheduled Completion Date (11): 09 / 04 / 26	Name of OSHA Monitor: E.M.S.L. Analytical
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	Street Address: 1056 Stelton City, State, Zip Code: Piscataway, New Jersey 08854

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
exterior	☐	☒	☐	caulk on metal roof	480 sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

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: 09/04/26	City, State: Morrisville, Pennsylvania
Completed By (Print or Type): Nicholas Fernicola	Title: Project Manager	Signature: [signature]	Date: 8/7/26

ASB-41
JAN 13

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

Spl+
605 19

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

PAID

RECEIVED
AUG 10 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 08 / 07 / 26		Name of Building Owner/Operator (2): A.B. Kurre Contracting, Inc.	
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 974 Rte. 33	
		City, State, Zip Code: Freehold, NJ 07728	
		Name of Contact: Chris Murphy	Telephone Number: 732-571-6800

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Robert Wilson Park-Building 11		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 791 Holmdel Road			
City (5): Holmdel		Square Feet: 1000	# of Floors: 1 / Bldg. Age: 80
County (6): Monmouth	County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): Building	

Name of Monitoring Firm Hired by Building Owner (8): Guardian Contracting, Inc.	ASCM No.	Name of Abatement Contractor (9): Guardian Contracting, Inc.	
Street Address: 1889 Route 9, Unit 61		Street Address: 1889 Route 9, Unit 61	
City, State, Zip Code: Toms River, New Jersey 08755		City, State, Zip Code: Toms River, New Jersey 08755	
Project Manager for Monitoring Firm: Nicholas Fernicola	Telephone No.: 732-349-9932	Telephone No.: 732-349-9932	License No.: 00624
Start Date (10): 08 / 24 / 26	Scheduled Completion Date (11): 09 / 04 / 26	Name of OSHA Monitor: E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address: 1056 Stelton	
		City, State, Zip Code: Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
interior	☐	☒	☐	mastic on soundproofing panel	184 sf	☒	☐	☐	☐
Rooms 101,101A,102,103,104,105	☐	☒	☐	asbestos floor tile	575 sf	☒	☐	☐	☐
interior	☐	☒	☐	pad on light fixture	1 sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Guardian Contracting, Inc.	NJDEP Waste Hauler ID No.: 20223	Cubic Yards of Waste: 4	Name of Registered Landfill: Fairless Landfill
City, State: Toms River, New Jersey		Disposal Date: 09/04/26	City, State: Morrisville, Pennsylvania

Completed By (Print or Type): Nicholas Fernicola	Title: Project Manager	Signature: [signature]	Date: 8/7/26

ASB-41
JAN 13

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

Split 50519

PAID

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

RECEIVED
AUG 10 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 08 / 07 / 26	Name of Building Owner/Operator (2): A.B. Kurre Contracting, Inc.
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: 974 Rte. 33	
City, State, Zip Code: Freehold, NJ 07728	
Name of Contact: Chris Murphy	Telephone Number: 732-571-6800

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Robert Wilson Park- Building B	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 791 Holmdel Road	
City (5): Holmdel	Square Feet: 1000 / # of Floors: 1 / Bldg. Age: 80
County (6): Monmouth / County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): Building
Name of Monitoring Firm Hired by Building Owner (8): Guardian Contracting, Inc. / ASCM No.:	Name of Abatement Contractor (9): Guardian Contracting, Inc.
Street Address: 1889 Route 9, Unit 61	Street Address: 1889 Route 9, Unit 61
City, State, Zip Code: Toms River, New Jersey 08755	City, State, Zip Code: Toms River, New Jersey 08755
Project Manager for Monitoring Firm: Nicholas Fernicola / Telephone No.: 732-349-9932	Telephone No.: 732-349-9932 / License No.: 00624
Start Date (10): 08 / 24 / 26 / Scheduled Completion Date (11): 09 / 04 / 26	Name of OSHA Monitor: E.M.S.L. Analytical
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	Street Address: 1056 Stelton City, State, Zip Code: Piscataway, New Jersey 08854

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
interior	☐	☒	☐	fire door	32 sf	☒	☐	☐	☐
Room 101,102,102A	☐	☒	☐	asbestos floor tile	370 sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Guardian Contracting, Inc.	NJDEP Waste Hauler ID No.: 20223	Cubic Yards of Waste: 3	Name of Registered Landfill: Fairless Landfill
City, State: Toms River, New Jersey		Disposal Date: 09/04/26	City, State: Morrisville, Pennsylvania

Completed By (Print or Type)	Title	Signature	Date
Nicholas Fernicola	Project Manager		8/7/26

ASB-41
JAN 13

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

Spt 50519

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

PAID RECEIVED AUG 10 2026 ASBESTOS CONTROL & LICENSING

Date of Notification (1): 08 / 07 / 26	Name of Building Owner/Operator (2): A.B. Kurre Contracting, Inc.
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: 974 Rte. 33	
City, State, Zip Code: Freehold, NJ 07728	
Name of Contact: Chris Murphy	Telephone Number: 732-571-6800

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Robert Wilson Park-Meter Antenna Building	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 791 Holmdel Road	
City (5): Holmdel	Square Feet: 500 / # of Floors: 1 / Bldg. Age: 80
County (6): Monmouth / County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Building
Name of Monitoring Firm Hired by Building Owner (8): Guardian Contracting, Inc. / ASCM No.	Name of Abatement Contractor (9): Guardian Contracting, Inc.
Street Address: 1889 Route 9, Unit 61	Street Address: 1889 Route 9, Unit 61
City, State, Zip Code: Toms River, New Jersey 08755	City, State, Zip Code: Toms River, New Jersey 08755
Project Manager for Monitoring Firm: Nicholas Fernicola / Telephone No.: 732-349-9932	Telephone No.: 732-349-9932 / License No.: 00624
Start Date (10): 08 / 24 / 26 / Scheduled Completion Date (11): 09 / 04 / 26	Name of OSHA Monitor: E.M.S.L. Analytical
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	Street Address: 1056 Stelton City, State, Zip Code: Piscataway, New Jersey 08854

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
exterior	☐	☒	☐	caulk on metal roof	40 sf	☒	☐	☐	☐
Room 201	☐	☒	☐	asbestos floor tile	100 sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Guardian Contracting, Inc.	NJDEP Waste Hauler ID No.: 20223	Cubic Yards of Waste: 3	Name of Registered Landfill: Fairless Landfill
City, State: Toms River, New Jersey		Disposal Date: 09/04/26	City, State: Morrisville, Pennsylvania
Completed By (Print or Type): Nicholas Fernicola	Title: Project Manager	Signature: [signature]	Date: 8/7/26

ASB-41
JAN 13

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

Spl+ 20519

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RECEIVED

AUG 10 2026

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 08 / 07 / 26	Name of Building Owner/Operator (2): A.B. Kurre Contracting, Inc.
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: 974 Rte. 33	
City, State, Zip Code: Freehold, NJ 07728	
Name of Contact: Chris Murphy	Telephone Number: 732-571-6800

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Robert Wilson Park-Trailer A	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 791 Holmdel Road	
City (5): Holmdel	Square Feet: 400 / # of Floors: 1 / Bldg. Age: 50
County (6): Monmouth / County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): Trailer A
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): Guardian Contracting, Inc.
Street Address	Street Address: 1889 Route 9, Unit 61
City, State, Zip Code	City, State, Zip Code: Toms River, New Jersey 08755
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 732-349-9932 / License No.: 00624
Start Date (10): 08 / 24 / 26 / Scheduled Completion Date (11): 09 / 04 / 26	Name of OSHA Monitor: E.M.S.L. Analytical
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	Street Address: 1056 Stelton City, State, Zip Code: Piscataway, New Jersey 08854

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
exterior	☐	☒	☐	caulk on roof edge	56 lf	☒	☐	☐	☐
exterior	☐	☒	☐	grey coating over metal roof	180 sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

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: 09/04/26	City, State: Morrisville, Pennsylvania

Completed By (Print or Type)	Title	Signature	Date
Nicholas Fernicola	Project Manager		8/7/26

ASB-41
JAN 13

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

50531

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

PAID

RECEIVED

AUG 13 50531

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 08 / 10 / 26		Name of Building Owner/Operator (2): Disantis Contracting, LLC
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 313 Halyard Road
		City, State, Zip Code: Ortley Beach, NJ 08751
		Name of Contact: ; Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 1107 Blvd.			
City (5): Seaside Park		Square Feet: 1300	# of Floors: 1 / Bldg. Age: 80
County (6): Ocean	County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): Residence	
Name of Monitoring Firm Hired by Building Owner (8):	ASCM No.:	Name of Abatement Contractor (9): Guardian Contracting, Inc.	
Street Address:		Street Address: 1889 Route 9, Unit 61	
City, State, Zip Code:		City, State, Zip Code: Toms River, New Jersey 08755	
Project Manager for Monitoring Firm:	Telephone No.:	Telephone No.: 732-349-9932	License No.: 00624
Start Date (10): 08 / 26 / 26	Scheduled Completion Date (11): 08 / 28 / 26	Name of OSHA Monitor: E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address: 1056 Stelton	
		City, State, Zip Code: Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
exterior	☐	☒	☐	asbestos siding	1300 sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Guardian Contracting, Inc.	NJDEP Waste Hauler ID No.: 20223	Cubic Yards of Waste: 3	Name of Registered Landfill: Fairless Landfill
City, State: Toms River, New Jersey		Disposal Date: 08/28/26	City, State: Morrisville, Pennsylvania
Completed By (Print or Type): Nicholas Fernicola	Title: Project Manager	Signature:	Date: 8/10/26

ASB-41
JAN 13

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

1338

Check# 1338

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AUG 13 2026

ASBESTOS CONTROL & LICENSING

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

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: 32 Virginia Avenue City, State, Zip Code: West Orange, NJ 07052 Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Private house		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 32 Virginia Avenue		
City (5): West Orange, NJ 07052		Square Feet: / # of Floors: / Bldg. Age:
County (6): Essex	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Building Owner (8):	ASCM No.:	Name of Abatement Contractor (9): Gr Tech LLC	
Street Address:		Street Address: 576 Valley Road#283	
City, State, Zip Code:		City, State, Zip Code: Wayne, NJ 07470	
Project Manager for Monitoring Firm:	Telephone No.:	Telephone No.: 973-356-3511	License No.: 01127
Start Date (10): 08/22/2026	Scheduled Completion Date (11): 08/23/2026	Name of OSHA Monitor: Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: 20-21 Wagaraw Road, Bldg.# 35 E City, State, Zip Code: Fair Lawn, NJ 07410	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe insulation	35 LF	x			

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

Completed by	Title	Signature	Date
G.Ristanovic	Owner	*Gradimir Ristanovic*	08/11/2026

ASB-41 (R-06-08)

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

13827

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

B & G Project # 2026-117

Check # 13827

PAID

RECEIVED
AUG 13 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): August 7, 2026	Name of Building Owner/Operator (2): New Jersey Economic Development Authority
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 36 West State Street
	City, State, Zip Code: Trenton, NJ 08608
	Name of Contact: Claire Carter — Telephone Number: 646-656-7821

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Vacant Building	Type of Facility (4): [X] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1 Edward Hart Drive	
City (5): Jersey City	Square Feet: 8,000 — # of Floors: 1 — Bldg. Age: 50 +
County (6): Hudson — County Code (7) (STATE USE ONLY): _____	Current Use (Prior if being demolished): Commercial
Name of Monitoring Firm Hired by Building Owner (8): — ASCM No.:	Name of Abatement Contractor (9): B & G Restoration, Inc.
Street Address:	Street Address: 1234 Route 23
City, State, Zip Code:	City, State, Zip Code: Butler, NJ 07405
Project Manager for Monitoring Firm: — Telephone No.:	Telephone No.: 973-696-6869 — License No.: 00378
Start Date (10): 08/17/2026 — Scheduled Completion Date (11): 09/05/2026	Name of OSHA Monitor: B & G Restoration, Inc.
Occupancy Status During Abatement (Check Only One): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____	Street Address: 1234 Route 23 — City, State, Zip Code: Butler, NJ 07405

Scope of Work (Check All That Apply)

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

[ ] Renovation
[X] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Interior			x	Floor tile adhesive	3,750 SF	X			
exterior			x	built-up roofing	7,980 SF	X			
exterior			x	roof flashing	550 LF	X			

Name of Registered Waste Hauler: B & G Restoration Inc.	NJDEP Waste Hauler ID No.: 19563	Cubic Yards of Waste: 80	Name of Registered Landfill: Grand Central Landfill
City, State: Butler, NJ		Disposal Date: 8-17-26 to 9-05-26	City, State: Pen Argyl, PA
Completed by: Gordana Luna	Title: Secretary / Treasurer	Signature: Gordana Luna	Date: August 7, 2026

ASB-41 (R-06-08)

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

1874

PAID

RECEIVED

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) 07/29/2026		Name of Building Owner/Operator: Board of Educaion, ECLC of New Jersey Chatham School
Agencies Notified ☒ EPA ☒ DCA ☒ DOL ☐ DEP ☒DOH	Notification Type ☒Initial Notification ☐ Amended ☐ Emergency notification (including justification) ☐ Cancelled	Street Address: 21 Lum Avenue City, State, Zip Code: Chatham NJ 07928 Name of Contact: Victor Calderon Telephone Number: (973) 941-5141

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): ECLC of New Jersey Chatham Campus			Type of Facility (4)x ☒ School (K-12) Subchapter 8 ☐ **Subchapter 8 (other than K-12)** ☒ Other (i.e. private & commercial buildings., homes, etc.) Sq. Fee 50,000+ # of Floors:2 Bldg. Age: 1920 Current Use (prior if being demolished): School
Street Address: 21 Lum Avenue			
City (5): Chatham NJ 07928	County (6): Morris	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner: Westchester Environmental LLC		ASCM No. 00127	Name of Contractor (9): BL Contracting Inc.
1248 Wrights Lane			Street Address: 5 Marguerite Lane
West Chester PA 19308			City State, Zip Code: Towaco NJ 07082
Project Manager for Monitoring Firm: Phillip Conteh	(610) 431-7545		Telephone Number: 973-901-0153 License Number: 01265
Scheduled Start Date (10): 08/10/2026	Scheduled Completion Date (11): 08/16/2026		Name of OSHA Monitoring: BL Contracting Inc
Occupancy Status During Abatement (Check only one) ☐Facility Closed/Vacated During Entire Period of Abatement ☒Abatement Performed Outside of Normal Facility Hours - Describe ☒Other – Describe: Monday- Saturday 7 am- 4pm			Street Address: 5 Marguerite Lane City, State, Zip Code: Towaco NJ 07082

Source of Work (Check all that apply)

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

☒ Renovation
☐Demolition

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

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Main/Custodial Staff (12) YES	NO	NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)	Abatement Type: Remove	Repair	Encap	Enclos
Basement Storage Closet		☒		Pipe Insulation & EVT'S	16 LF	☒			
Locker Rooms & Shower Area		☒		Pipe Insulation & EVT'S	680 LF	☒			
Hallway		☒		Pipe Insulation	2 LF	☒			

Name of Reg. Waste Hauler: BL Contracting Inc	NJDEP Waste Hauler ID #: 0036784	Cubic Yards of Waste: 13	Name of Registered Landfill: T.R.R..F
		Disposal Date: 08/14/2026	City, State: Tully town, PA
Completed by (Print or Type): Nedo Vasilic	Title: Project Manager	Signature: Nedo Vasilic	Date 07/29/2026

Approved by Kurt

IN CONJUNCTION WITH 2025-2026
ANNUAL NOTIFICATION CHECK #2010

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

CHECK # 2079

PAID

RECEIVED
AUG 13 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 08/03/2026	Name of Building Owner/Operator (2): MAPLEWOOD III LLC
Agencies Notified: ☐ EPA ☐ DEP ☑ DOL ☑ DOH ☐ DCA	Type Notification: ☑ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 2000 MAPLEWOOD DRIVE
	City, State, Zip Code: MAPLE SHADE NJ 08052
	Name of Contact: LAURIE BALLARD — Telephone Number: 609-636-8365

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): PARK CROSSING APARTMENTS	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☑ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 7 B EVERGREEN CIR	
City (5): MAPLE SHADE	Square Feet: 950 — # of Floors: 1 — Bldg. Age: 50+
County (6): BURLINGTON — County Code (7) *(STATE USE ONLY)* Text _____	Current Use (Prior if being demolished): RESIDENTIAL
Name of Monitoring Firm Hired by Building Owner (8): ACER ASSOC. — ASCM No.	Name of Abatement Contractor (9): ASSURED ENVIRONMENTAL SERVICES INC.
Street Address: 1012 INDUSTRIAL DRIVE	Street Address: 570 CLEMS RUN
City, State, Zip Code: WEST BERLIN NJ 08091	City, State, Zip Code: MULLICA HILL NJ 08062
Project Manager for Monitoring Firm: MATT DEPALMA — Telephone No.: 856-809-1202	Telephone No.: 610-304-4676 — License No.: 01145
Start Date (10): 08/04/2026 — Scheduled Completion Date (11): 08/05/2026	Name of OSHA Monitor: EMSL
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 RT. 130 NORTH — City, State, Zip Code: CINNAMINSON NJ 08077

Scope of Work (Check All That Apply)

☑ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☑ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
LIVING ROOM & BATHROOM			X	JOINT COMPOUND	93 LF	X			

Name of Registered Waste Hauler: ASSURED ENVIRONMENTAL	NJDEP Waste Hauler ID No.: 0034895	Cubic Yards of Waste: 10	Name of Registered Landfill: MINERVA LANDFILL
City, State: MULLICA HILL NJ		Disposal Date: 08/06/2026	City, State: WAYNESBURG OH
Completed by: RON SWANSON	Title: GENERAL MANAGER	Signature: Ronald Swanson	Date: 08/03/2026

ASB-41 (R-06-08)

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

1881

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 8/03/2026		Name of Building Owner/Operator **Northvale Public School District**	
Agencies Notified ☒ EPA ☐ DCA ☒ DOL ☐ DEP ☒DOH	Notification Type ☒Initial Notification ☐ Amended #1 ☐ Emergency notification (including justification) ☐ Cancelled	Street Address **441 Tappan Rd**	
		City, State, Zip Code **Northvale NJ 07647**	
		Name of Contact Anthony Copola	Telephone Number 201-768-8484

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) **Northvale Public School District**			Type of Facility (4)x ☐ School (K-12) Subchapter 8 ☒ **Subchapter 8 (other than K-12)** ☐ Other (i.e. private & commercial buildings., homes, etc.) Sq. Feet: 28,000 # of Floors:2 Bldg. Age:50+ Current Use (prior if being demolished):
Street Address 441 Tappan Road			
City (5) **Northvale NJ**	County (6) **Bergen**	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner **Karl Asociates**		ASCM No.	Name of Contractor (9) **BL Contracting Inc.**
PO Box 646			Street Address **5 Marguerite Lane**
Shillington PA 19678			City State, Zip Code **Towaco NJ 07082**
Project Manager for Monitoring Firm **Ed Karl**	**(610) 698 - 3308**		Telephone Number **973-901-0153** / License Number **01265**
Scheduled Start Date (10) **08/13/2026**	Scheduled Completion Date (11) **8/16/2026**		Name of OSHA Monitoring **BL Contracting Inc**
Occupancy Status During Abatement (Check only one) ☐Facility Closed/Vacated During Entire Period of Abatement ☒Abatement Performed Outside of Normal Facility Hours - Describe ☒Other – Describe: **Monday- Saturday 7 am- 4pm**			Street Address **5 Marguerite Lane** City, State, Zip Code **Towaco NJ 07082**

Source of Work (Check all that apply)

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

☒ Renovation
☐Demolition

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

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Main/Custodial Staff (12) YES	NO	NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)	Abatement Type: Remove	Repair	Encap	Enclos
Office		☒		**Asbestos Floor Tile**	**250 SF**	☒			

Name of Reg. Waste Hauler **BL Contracting Inc**	NJDEP Waste Hauler ID # 0036784	Cubic Yards of Waste **5**	Name of Registered Landfill T.R.R..F
		Disposal Date **08/20/2026**	City, State Tully town, PA
Completed by (Print or Type) **Nedo Vasilic**	Title **Project Manager**	Signature Nedo Vasilic	Date **08/03/2026**

3828

Check # 3828

State of New Jersey - Notification of Asbestos Abatement

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

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AUG 13 2026

ASBESTOS CONTROL & LICENSING

GAC Project # 060-26

Date of Notification (1): **August 11, 2026**	Name of Building Owner/Operator (2): **RUTGERS, THE STATE UNIVERSITY OF NJ**
Agencies Notified: ☐ EPA ☐ DCA ☒ DOL ☒ DEP- No Longer REQUIRED ☒ DOH	Notification Type: ☒ Initial Notification ☐ Amended Notification # ☐ Emergency (including justification) ☐ Cancelled
	Street Address: **ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS**
	City, State, Zip Code: **PISCATAWAY, NJ 08854**
	Name of Contact: **MICHAEL F. SMITH, ENV. HEALTH & SAFETY** — Telephone Number: **848-445-2550**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **43 MINE STREET, BLDG# 3041**	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: **COLLEGE AVENUE CAMPUS**	Sq. Feet: **N/A** # of Floors: **3** Bldg. Age: **80+ years**
City (5): **NEW BRUNSWICK** County (6): **MIDDLESEX** County Code (7) (State Use Only)	Current Use (prior if being demolished): **ACADEMIC**
Name of Monitoring Firm Hired by Bldg. Owner (8): **ATLAS** ASCM No.: **00098**	Name of Contractor (9): **GREENWOOD ABATEMENT CONSULTANTS, INC.**
Street Address: **3 TERRI LANE**	Street Address: **511 MAIN STREET**
City, State, Zip Code: **BURLINGTON, NJ 08016**	City State, ZipCode: **BUTLER, NJ 07405**
Project Manager for Monitoring Firm: **JOHN LUTZ** Telephone Number: **609-386-8800**	Telephone Number: **973-492-0477** License Number: **00840**
Scheduled Start Date (10): **08/21/2026** Scheduled Completion Date (11): **08/24/2026**	Name of OSHA Monitor: **ENVIROVISION, INC.**
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours ☐ Facility Occupied During Abatement ☒ Other- Describe: **Shift Schedule: 3PM – 5AM (24 HRS. & WEEKENDS AS NEEDED)**	Street Address: **20-21 WARGARAW ROAD, BLDG# 35E** City, State, Zip Code: **FAIRLAWN, NJ 07410**

Scope of Work (Check all that apply)

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

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES	NO	NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, o r other miscell.)	Amount (Specify SF or LF)	Abatement Type: Remove	Repair	Encap	Enclose
Rooms 101 & 102		☒		VAT	370 SF	☒			

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

Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJDEP # 12561 Hauler #2) Century Waste Services LLC, Elizabeth, NJ 07201 NJ DEP # NJ-860	Disposal Date: **08/24/2026**	City, State: **FL - 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700 GCL- 1963 Pen Argyl Rd. Pan Argyl, Pa 18072**

Completed by (Print or Type)	Title	Signature	Date
RAYMOND C. PEDALINO	**SENIOR PROJECT MANAGER**	Raymond C. Pedalino	**August 11, 2026**

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

3829

Check# 3847

State of New Jersey - Notification of Asbestos Abatement

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

GAC Project # 060-26

Date of Notification (1) **August 11, 2026**	Name of Building Owner/Operator (2) **RUTGERS, THE STATE UNIVERSITY OF NJ**
Agencies Notified ☐ EPA ☐ DCA ☒ DOL ☒ DEP- No Longer REQUIRED ☒ DOH Notification Type ☒ Initial Notification ☐ Amended Notification # ☐ Emergency (including justification) ☐ Cancelled	Street Address **ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS)** **74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS** City, State, Zip Code **PISCATAWAY, NJ 08854** Name of Contact: **MICHAEL F. SMITH, ENV. HEALTH & SAFETY** Telephone Number: **848-445-2550**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) **GRAD SCHOOL OFFICE, BLDG# 3056**	Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: **N/A** # of Floors: **3** Bldg. Age: **100+ years**
Street Address **COLLEGE AVENUE CAMPUS**	Current Use (prior if being demolished): **ACADEMIC**
City (5): **NEW BRUNSWICK** County (6): **MIDDLESEX** County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8): **ATLAS** ASCM No.: **00098**	Name of Contractor (9) **GREENWOOD ABATEMENT CONSULTANTS, INC.**
Street Address **3 TERRI LANE**	Street Address **511 MAIN STREET**
City, State, Zip Code **BURLINGTON, NJ 08016**	City State, ZipCode **BUTLER, NJ 07405**
Project Manager for Monitoring Firm: **JOHN LUTZ** Telephone Number: **609-386-8800**	Telephone Number: **973-492-0477** License Number: **00840**
Scheduled Start Date (10): **08/21/2026** Scheduled Completion Date (11): **08/24/2026**	Name of OSHA Monitor **ENVIROVISION, INC.**
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours ☐ Facility Occupied During Abatement ☒ Other- Describe: **Shift Schedule: 4PM – 5AM (24 HRS. & WEEKENDS AS NEEDED)**	Street Address **20-21 WARGARAW ROAD, BLDG# 35E** City, State, Zip Code **FAIRLAWN, NJ 07410**

Scope of Work (Check all that apply)

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

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES	NO	NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, o r other miscell.)	Amount (Specify SF or LF)	Abatement Type: Remove	Repair	Encap	Enclose
215 Coordior		☒		Surfacing	<20 SF	☒			

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

Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 **NJDEP # 12561** **Hauler #2) Century Waste Services LLC, Elizabeth, NJ 07201** **NJ DEP # NJ-860**	Disposal Date **08/24/2026**	City, State **FL - 100 New Ford Mill Rd. Morrisville, Pa 19067** **215-736-1700** **GCL- 1963 Pen Argyl Rd. Pan Argyl, Pa 18072**

Completed by (Print or Type)	Title	Signature	Date
RAYMOND C. PEDALINO	**SENIOR PROJECT MANAGER**	Raymond C. Pedalino	**August 11, 2026**

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

10371

Check # 10371

State of New Jersey - Notification of Asbestos Abatement

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

RECEIVED AUG 14 2026 ASBESTOS CONTROL & LICENSING

Date of Notification (1) **August 11, 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 # ☐ 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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) **# 7252- Stanley Bergen Bldg.**			Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: **Unknown** # of Floors: **18** Bldg. Age: **80+ years**
Street Address **RBHS Newark Campus**			
City (5) **Newark**	County (6) **Essex**	County Code (7) (State Use Only)	Current Use (prior if being demolished):
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, ZipCode **Butler, NJ 07405**
Project Manager for Monitoring Firm **John Lutz**	Telephone Number **609-386-8800**		Telephone Number **973-492-0477** / License Number **00840**
Scheduled Start Date (10) **8/21/2026**	Scheduled Completion Date (11) **8/24/2026**		Name of OSHA Monitor **EMSL inc.**
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)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES	NO	NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type: Remove	Repair	Encap	Enclose
Rooms GA84 & GA85		☒		**VAT**	**350 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

Hauler #2) **Century Waste Services, LLC, 623 Dowd Avenue, Elizabeth NJ 07201 NJDEP# NJ-860**

Disposal Date: **8/24/26**

City, State:
FL-1000 New Ford Rd, Morrisville,PA 19067 Permit#18072
GCL-1963 Pen Argyle Rd, Pen Argyle, PA 18072
Permit # 100265

Completed by (Print or Type)	Title	Signature	Date
Raymond Pedalino	**Sr. Project Manager**	*Raymond C. Pedalino*	**August 11, 2026**

GAC # 2026-060

10 Amended Notification

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 08/10/2026	Name of Building Owner/Operator (2): Township of Millburn
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [X] DCA	Type Notification: [ ] Initial [X] Amended Amendment #1 [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 22 Brookside Drive
	City, State, Zip Code: Millburn, NJ 07041
	Name of Contact: Alex McDonald — Telephone Number: 717-873-9010

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Paper Mill Playhouse	Type of Facility (4): [ ] School (K-12) [X] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 22 Brookside Drive	
City (5): Millburn	Square Feet: 30,000 — # of Floors: 2 — Bldg. Age: 50+
County (6): Essex — County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished): theater
Name of Monitoring Firm Hired by Building Owner (8): Environmental Health Investigations, Inc. — ASCM No.: 00104	Name of Abatement Contractor (9): Bako Construction & Restoration, Inc.
Street Address: 655 W. Shore Trail	Street Address: 34 Deforest Ave. Suite 1
City, State, Zip Code: Sparta, NJ 07871	City, State, Zip Code: East Hanover, NJ 07936
Project Manager for Monitoring Firm: JP Von Doehren — Telephone No.: 973-729-5649	Telephone No.: 973-256-7010 — License No.: 00666
Start Date (10): 08/03/2026 — Scheduled Completion Date (11): 08/22/2026	Name of OSHA Monitor: Bako Construction & Restoration, Inc.
Occupancy Status During Abatement (Check Only One): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe:	Street Address: 34 Deforest Ave. Suite 1 — City, State, Zip Code: East Hanover, NJ 07936

Scope of Work (Check All That Apply)

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

[ ] Renovation
[X] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
SW Bathroom Walls		X		ACM Waterproofing	900 SF	X			
Front of House		X		Thermal Pipe Insulation	75 LF	X			
Front Of House		X		Spray On Fireproofing	1250 SF	X			

Name of Registered Waste Hauler: Century Waste	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: 40	Name of Registered Landfill: Grand Central Landfield
City, State: Elizabeth, NJ		Disposal Date: 08/22/2026	City, State: Pen Argyl, PA

Completed by: Damir Valjevac	Title: Project Manager	Signature:	Date: 08/10/2026

ASB-41 (R-06-08)

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

1540

Print Form

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

RECEIVED
AUG 14 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 08/10/2026	Name of Building Owner/Operator (2): SVP
Agencies Notified: [x] EPA [x] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 536-544 Washington LLC
	City, State, Zip Code: PO Box 190
	Name of Contact: Michael Evar — Telephone Number: 551-404-0559

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): comercial property	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 536-544 Washington Avenue,	
City (5): Nutley, NJ 07110	Square Feet: N/A — # of Floors: N/A — 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.	Telephone No.: 973-345-8685 — License No.: 02097
Start Date (10): 08/20/2026 — Scheduled Completion Date (11): 08/24/2026	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 [x] Other – Describe: non-occupied	Street Address: 329 Parish Dr City, State, Zip Code: Wayne, NJ 07470

Scope of Work (Check All That Apply)

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

[ ] Renovation
[x] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement		X		VAT	360 SF	X			
Roof		X		Roof flashing	350 SF				

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: 08/10/2026

ASB-41 (R-06-08)

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

1819

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

PAID

353104

RECEIVED

AUG 1 3 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 8/03/2026	Name of Building Owner/Operator: Fort Lee Board of Education
Agencies Notified: ☒ EPA ☐ DCA ☒ DOL ☐ DEP ☒ DOH	Notification Type: ☐ Initial Notification ☐ Amended #1 ☒ Emergency notification (including justification) ☐ Cancelled
	Street Address: 2175 Lemoine Ave 6th Floor
	City, State, Zip Code: Fort Lee
	Name of Contact: David Cabrera — Telephone Number: 201-290-2190

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Fort Lee High School	Type of Facility (4)x: ☐ School (K-12) Subchapter 8 ☐ Subchapter 8 (other than K-12) ☒ Other (i.e. private & commercial buildings., homes, etc.) Sq. Feet: 40,000 # of Floors:2 Bldg. Age: 100 Years old Current Use (prior if being demolished):
Street Address: 3000 Lemoine Avenue	
City (5): Fort Lee — County (6): Bergen — County Code (7) (State Use Only):	
Name of Monitoring Firm Hired by Bldg. Owner: Karl Asociates — ASCM No.:	Name of Contractor (9): BL Contracting Inc.
PO Box 646	Street Address: 5 Marguerite Lane
Shillington PA 19678	City State, Zip Code: Towaco NJ 07082
Project Manager for Monitoring Firm: Ed Karl — (610) 698 - 3308	Telephone Number: 973-901-0153 — License Number: 01265
Scheduled Start Date (10): 08/04/2026 — Scheduled Completion Date (11): 8/06/2026	Name of OSHA Monitoring: BL Contracting Inc
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe ☒ Other – Describe: Monday- Saturday 7 am- 4pm	Street Address: 5 Marguerite Lane — City, State, Zip Code: Towaco NJ 07082

Source of Work (Check all that apply)

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

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Main/Custodial Staff (12) YES	NO	NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)	Abatement Type: Remove	Repair	Encap	Enclos
Room 155		☒		Asbestos Fittings Insulation	5 LF	☒			
Room 159		☒		Asbestos Fittings Insulation	4 LF	☒			

Name of Reg. Waste Hauler: BL Contracting Inc	NJDEP Waste Hauler ID #: 0036784	Cubic Yards of Waste: 5	Name of Registered Landfill: T.R.R..F
		Disposal Date: 08/07/2026	City, State: Tully town, PA
Completed by (Print or Type): Nedo Vasilic	Title: Project Manager	Signature: Nedo Vasilic	Date: 08/03/2026

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LICENSING

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

Date of Notification (1): July 24, 2026	Name of Building Owner/Operator (2):
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [ ] Initial [ ] Amended Amendment #_____ [x] Emergency (including justification) [ ] Cancellation
Street Address: 2 Round Hill Road	
City, State, Zip Code: Voorhees NJ	
Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): N/A	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 2 Round Hill Road	
City (5): Voorhees	Square Feet: 3,131 / # of Floors: 2 / Bldg. Age: 1962
County (6): Camden / County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): residental
Name of Monitoring Firm Hired by Building Owner (8): / ASCM No.	Name of Abatement Contractor (9): Checkmark Industrial
Street Address:	Street Address: 54 Morgan Dr
City, State, Zip Code:	City, State, Zip Code: Sparta NJ 07871
Project Manager for Monitoring Firm: / Telephone No.	Telephone No.: 973-570-2645 / License No.: 01334
Start Date (10): 7/25/2026 / Scheduled Completion Date (11): 8/5/2026	Name of OSHA Monitor: Checkmark Industrial
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____	Street Address: 54 Morgan Dr City, State, Zip Code: Sparta NJ 07871

Scope of Work (Check All That Apply)

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

[x] Renovation
[ ] Demolition

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

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

Name of Registered Waste Hauler: Self	NJDEP Waste Hauler ID No.: 106559	Cubic Yards of Waste: 6	Name of Registered Landfill: Fairless Landfill
City, State: Sparta NJ		Disposal Date:	City, State: Morrisville PA
Completed by: Corey Stankovic	Title: CEO	Signature: C Stankovic	Date: 7/24/2026

ASB-41 (R-06-08)

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

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

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Date of Notification (1) 07/23/2026	Name of Building Owner/Operator (2) ST LUKE /AMT ENTERPRISE
Agencies Notified: [X] EPA [X] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [ ] Initial [ ] Amended Amendment #_____ [X] Emergency (including justification) [ ] Cancellation
	Street Address 139 CARROLL ST
	City, State, Zip Code PATERSON,NJ.07501
	Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PRIVATE HOUSE	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)
Street Address 281 FAIR STREET	
City (5) PATERSON	Square Feet / # of Floors / Bldg. Age
County (6) PASSAIC / 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) EHW ABATEMENT LLC
Street Address	Street Address 89 FRANKLIN STREET
City, State, Zip Code	City, State, Zip Code PATERSON,NJ.07524
Project Manager for Monitoring Firm / Telephone No.	Telephone No. 973-333-5144 / License No. 01274
Start Date (10) 07/25/2026 / Scheduled Completion Date (11) 07/28/2026	Name of OSHA Monitor EHW ABATEMENT LLC
Occupancy Status During Abatement (Check Only One): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____	Street Address 89 FRANKLIN STREET / City, State, Zip Code PATERSON,NJ.07524

Scope of Work (Check All That Apply)

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

[X] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		PIPE INSULATION	83 LF	X			

Name of Registered Waste Hauler EHW ABATEMENT LLC	NJDEP Waste Hauler ID No. 0037095	Cubic Yards of Waste N/A	Name of Registered Landfill TRI STATE TRANSFER
City, State PATERSON,NJ		Disposal Date N/A	City, State PATERSON,NJ
Completed by Victor Espiritu	Title PROJECT MANAGER	Signature	Date 0723/2026

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 8 / 7 / 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: 12 Roger Ave
		City, State, Zip Code: Middletown, NJ 07738
		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 and commercial buildings, homes, etc.)
Street Address: 12 Roger Ave		
City (5): Middletown		Square Feet: 3500 / # of Floors: 2 / Bldg. Age: 64
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): AZ Solution Consulting	ASCM No.	Name of Abatement Contractor (9): Brick Industries, Inc.
Street Address: 27 Susquehanna Ave		Street Address: PO Box 915
City, State, Zip Code: Rochelle Park, NJ 07662		City, State, Zip Code: Brick, NJ 08723
Project Manager for Monitoring Firm: Aleksander Zivanov	Telephone No.: 347-612-1572	Telephone No.: 7328997499 / License No.: 01196
Start Date (10): 8 / 10 / 26	Scheduled Completion Date (11): 8 / 11 / 26	Name of OSHA Monitor: AZ Solution Consulting
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: 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) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement	☐	☐	☐	Floor tile	667SF	☑	☐	☐	☐
Basement	☐	☐	☐	Mastic	667SF	☑	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

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: 8/12/26	City, State: Morrisville, PA
Completed By (Print or Type): Eric Plackis	Title: President	Signature	Date: 8/7/26

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

RECEIVED
AUG 12 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 8 / 5 / 26	Name of Facility Owner/Operator (2):	
Agencies Notified: ☐ EPA ☑ DOLWD ☑ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☐ Amended Amendment # ☑ Emergency (including justification) ☐ Cancellation	Street Address: 15 Grayson Circle
		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 and commercial buildings, homes, etc.)	
Street Address: 15 Grayson Circle			
City (5): Willingboro		Square Feet: 1267	# of Floors: 1 / Bldg. Age: 61
County (6): Burlington	County Code (7)(*STATE USE ONLY*)	Current Use (Prior if being demolished): Home	
Name of Monitoring Firm Hired by Building Owner (8): AZ Solution Consulting	ASCM No.	Name of Abatement Contractor (9): Brick Industries, Inc.	
Street Address: 27 Susquehanna Ave		Street Address: PO Box 915	
City, State, Zip Code: Rochelle Park, NJ 07662		City, State, Zip Code: Brick, NJ 08723	
Project Manager for Monitoring Firm: Aleksander Zivanov	Telephone No.: 347-612-1572	Telephone No.: 7328997499	License No.: 01196
Start Date (10): 8 / 6 / 26	Scheduled Completion Date (11): 8 / 7 / 26	Name of OSHA Monitor: AZ Solution Consulting	
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: 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) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Kitchen/laundry room	☐	☐	☐	Floor tile	180SF	☑	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

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: 8/7/26	City, State: Morrisville, PA
Completed By (Print or Type): Eric Plackis	Title: President	Signature:	Date: 8/5/26

ASB-41
JAN 13

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1): 8 / 7 / 26	Name of Building Owner/Operator (2): NJ DPMC / Job #2601-6534 Check #
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #5 ON HOLD ☐ Emergency (including justification)
	Street Address: PO Box 0034
	City, State, Zip Code: Trenton, NJ 08625
	Name of Contact: Business Admin
	Telephone Number: 609-292-9292

RECEIVED AUG 13 2026 ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Richard J Hughes Justice Complex	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 25 Market Street	
City (5): Trenton, NJ 08611	Square Feet: ; # of Floors: ; Bldg. Age:
County (6): Mercer	County Code (7)(STATE USE ONLY): ; Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Building Owner (8): USA Environmental	ASCM No.:	Name of Abatement Contractor (9): AbateTech, Inc.	
Street Address: 344 West State Street		Street Address: 30 Maple Ave. PO Box 25	
City, State, Zip Code: Trenton, NJ 08618		City, State, Zip Code: Lumberton, NJ 08048	
Project Manager for Monitoring Firm: William Weisgarber	Telephone No.: 609-656-8101	Telephone No.: 609-265-2107	License No.: 00529
Start Date (10): 7 / 29 / 26	Scheduled Completion Date (11): 8 / 7 / 26	Name of OSHA Monitor: IATL	

Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM	Street Address: 9000 Commerce Parkway Suite B
	City, State, Zip Code: Mount Laurel, NJ 08054

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior, Lower-Level Cooling Tower	☐	☐	☒	Grey Sealant/Caulk	600 LF	☒	☐	☐	☐
Exterior, Lower-Level Cooling Tower	☐	☐	☒	Black Caulk	600 LF	☒	☐	☐	☐
Penthouse	☐	☐	☒	Tan Caulk	60 LF	☒	☐	☐	☐
Throughout	☐	☐	☒	Gaskets assoc. with valves/flanges	200 units	☒	☐	☐	☐

Name of Registered Waste Hauler: AbateTech, Inc.	NJDEP Waste Hauler ID No.: 18750	Cubic Yards of Waste: 40	Name of Registered Landfill: Fairless Landfill
City, State: Lumberton, NJ		Disposal Date: 8/7/26	City, State: Tullytown, PA

Completed By (Print or Type)	Title	Signature	Date
Gwendolyn Trumbetti	Operations Coordinator	Smt	8-7-26

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1): 8 / 7 / 26	Name of Building Owner/Operator (2): NJ DPMC / Job #2601-6534 Check #	RECEIVED
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #5 ON HOLD ☐ Emergency (including justification)	Street Address: PO Box 0034
		City, State, Zip Code: Trenton, NJ 08625
		Name of Contact: Business Admin
		Telephone Number: 609-292-9292

AUG 13 2026 ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Richard J Hughes Justice Complex		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 25 Market Street			
City (5): Trenton, NJ 08611		Square Feet	# of Floors / Bldg. Age
County (6): Mercer	County Code (7)(*STATE USE ONLY*)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8): USA Environmental	ASCM No.	Name of Abatement Contractor (9): AbateTech, Inc.	
Street Address: 344 West State Street		Street Address: 30 Maple Ave. PO Box 25	
City, State, Zip Code: Trenton, NJ 08618		City, State, Zip Code: Lumberton, NJ 08048	
Project Manager for Monitoring Firm: William Weisgarber	Telephone No.: 609-656-8101	Telephone No.: 609-265-2107	License No.: 00529
Start Date (10): 7 / 29 / 26	Scheduled Completion Date (11): 8 / 7 / 26	Name of OSHA Monitor: IATL	

Occupancy Status During Abatement (Check only one)

☐ Facility Closed/Vacated During Entire Period of Abatement

☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM

Street Address: 9000 Commerce Parkway Suite B

City, State, Zip Code: Mount Laurel, NJ 08054

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf

☒ ≥160 sf or ≥260 lf

☒ Renovation

☐ Demolition

☐ Full Containment with Negative Pressure

☐ Mini-Enclosure

☐ Glovebag Procedure

☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior, Lower-Level Cooling Tower	☐	☐	☒	Grey Sealant/Caulk	600 LF	☒	☐	☐	☐
Exterior, Lower-Level Cooling Tower	☐	☐	☒	Black Caulk	600 LF	☒	☐	☐	☐
Penthouse	☐	☐	☒	Tan Caulk	60 LF	☒	☐	☐	☐
Throughout	☐	☐	☒	Gaskets assoc. with valves/flanges	200 units	☒	☐	☐	☐

Name of Registered Waste Hauler: AbateTech, Inc.	NJDEP Waste Hauler ID No.: 18750	Cubic Yards of Waste: 40	Name of Registered Landfill: Fairless Landfill
City, State: Lumberton, NJ		Disposal Date: 8/7/26	City, State: Tullytown, PA

Completed By (Print or Type): Gwendolyn Trumbetti	Title: Operations Coordinator	Signature: Smt	Date: 8-7-26

ASB-41
MAY 11

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 08/10/26	Name of Building Owner/Operator (2): Oxycocus Elementary School
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation
	Street Address: 250 N Main St
	City, State, Zip Code: Manahawkin,NJ 08050
	Name of Contact: Nolan Walsh — Telephone Number: 7327964134

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Oxycocus Elementary School	Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 250 N Main st	
City (5): Manahawkin	Square Feet: ; # of Floors: 2 floors ; Bldg. Age:
County (6): Ocean — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): n/a
Name of Monitoring Firm Hired by Building Owner (8): Montrose Environmental — ASCM No.	Name of Abatement Contractor (9): JCR management Specialist LLC
Street Address: 500 Horizon Dr	Street Address: 306 Victor Pl
City, State, Zip Code: Robbinsville,NJ 08691	City, State, Zip Code: Neptune NJ 07753
Project Manager for Monitoring Firm: Julian Fernandez-Obregon — Telephone No.: 6094686946	Telephone No.: 7327591871 — License No.: 02087
Start Date (10): 08/14/26 — Scheduled Completion Date (11): 08/16/26	Name of OSHA Monitor: JCR Management Specialist 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: 306 Victor Pl City, State, Zip Code: Neptune Nj 07753

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Nurse office			xx	Transite	25sf	xx			

Name of Registered Waste Hauler: Century waste	NJDEP Waste Hauler ID No.: 482653	Cubic Yards of Waste: 1yd	Name of Registered Landfill: Fairless Landfill
City, State: Elizabeth NJ		Disposal Date: 08/17/26	City, State: Morrisville Pa
Completed by: John Riley	Title: Owner	Signature: John Riley	Date: 08/10/26

ASB-41 (R-06-08)

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

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JUL 29 2026
AUG 13 2026
ASBESTOS CONTROL & LICENSING
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 07-26-26		Name of Building Owner/Operator (2): Concord States	
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 217 Brook Ave.	
		City, State, Zip Code: Passaic, NJ 07055	
		Name of Contact: Ary	Telephone Number: (201) 329-3509

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Commercial Building		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 217 Brook Ave			
City (5): Passaic		Square Feet:	# of Floors: 3 / Bldg. Age:
County (6): Passaic	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Commercial Building	
Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): Delfa Contracting LLC.	
Street Address:		Street Address: 1119 East Grand St.	
City, State, Zip Code:		City, State, Zip Code: Elizabeth, NJ 07201	
Project Manager for Monitoring Firm:	Telephone No.	Telephone No.: 908 576-7646	License No.: 01206
Start Date (10): 08-03-26	Scheduled Completion Date (11): 08-05-26	Name of OSHA Monitor: Delfa Contracting LLC	
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: 7:00 - 5:00 PM		Street Address: 1119 East Grand St.	
		City, State, Zip Code: Elizabeth, NJ 07201	

Scope of Work (Check All That Apply)

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

[x] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
1st Floor		X		VAT	140 SF	X			

Name of Registered Waste Hauler: Delfa Contracting LLC	NJDEP Waste Hauler ID No.: 35240	Cubic Yards of Waste: 5	Name of Registered Landfill: Tullytown Resource Recovery Facility
City, State: Elizabeth, NJ		Disposal Date: 08-4-26	City, State: Tullytown, PA
Completed by: Jaime Delgado	Title: Proj. Manager.	Signature:	Date: 07-26-26

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

ASB-41 (R-06-08)

18096

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

RECEIVED

Date of Notification (1): 8 / 10 / 26	Name of Building Owner/Operator (2): Jersey City Public Schools Job #2603-6550 Check #18096
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation
	Street Address: 346 Claremont Avenue
	City, State, Zip Code: Jersey City, NJ 07305
	Name of Contact: Business Administration — Telephone Number: 201-915-6000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Dickinson HS	Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 2 Palisade Avenue	
City (5): Jersey City	Square Feet: ; # of Floors: ; Bldg. Age:
County (6): Hudson — County Code (7)(*STATE USE ONLY*):	Current Use (Prior if being demolished):
Name of Monitoring Firm Hired by Building Owner (8): Environmental Connection — ASCM No.:	Name of Abatement Contractor (9): AbateTech, Inc.
Street Address: 120 North Warren St.	Street Address: 30 Maple Ave. PO Box 25
City, State, Zip Code: Trenton, NJ 08608	City, State, Zip Code: Lumberton, NJ 08048
Project Manager for Monitoring Firm: Mike Moore — Telephone No.: 609-392-4200	Telephone No.: 609-265-2107 — License No.: 00529
Start Date (10): 8 / 11 / 26 — Scheduled Completion Date (11): 9 / 5 / 26	Name of OSHA Monitor: IATL
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	Street Address: 9000 Commerce Parkway; City, State, Zip Code: Mount Laurel, NJ 08054

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Auditorium	☐	☒	☐	Ceiling Plaster	300 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: AbateTech, Inc.	NJDEP Waste Hauler ID No.: 18750	Cubic Yards of Waste: 40	Name of Registered Landfill: Fairless Landfill
City, State: Lumberton, NJ		Disposal Date: 9/5/26	City, State: Morrisville, PA
Completed By (Print or Type): Gwen Trumbetti	Title: Operations Coord.	Signature: [signature]	Date: 8-10-26

ASB-41
MAY 11

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

13817

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

B & G Project # 2026-122

Check # 13817

RECEIVED AUG 14 2026 ASBESTOS CONTROL & LICENSING

Date of Notification (1): August 3, 2026	Name of Building Owner/Operator (2): Seton Hall University
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation
	Street Address: 400 South Orange Avenue
	City, State, Zip Code: South Orange, NJ 07079
	Name of Contact: Vilma Cortina — Telephone Number: 862-370-9664

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Seton Hall University - Boland Hall Hall - NON Sub 8	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 400 South Orange Avenue	
City (5): South Orange, NJ 07079	Square Feet: ___ # of Floors: ___ Bldg. Age: ___
County (6): Essex — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): University

Name of Monitoring Firm Hired by Building Owner (8): Omega Environmental Services, Inc.	ASCM No.: 120	Name of Abatement Contractor (9): B & G Restoration, Inc.	
Street Address: 280 Huyler Street		Street Address: 1234 Route 23	
City, State, Zip Code: S. Hackensack, NJ 07606		City, State, Zip Code: Butler, NJ 07405	
Project Manager for Monitoring Firm: Stan Blackman	Telephone No.: 201-489-8700	Telephone No.: 973-696-6869	License No.: 00378
Start Date (10): 08/04/2026 @ 7:00 am	Scheduled Completion Date (11): 08/10/2026	Name of OSHA Monitor: B & G Restoration, Inc.	
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: start 7:00 am / occupied		Street Address: 1234 Route 23	
		City, State, Zip Code: Butler, NJ 07405	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

☐ Building Demolition with asbestos in-place
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
exterior Facade 4th fl windows		X		waterproofing tar / lintel tar	64 SF	X			

Name of Registered Waste Hauler: B & G Restoration Inc.	NJDEP Waste Hauler ID No.: 19563	Cubic Yards of Waste: 1	Name of Registered Landfill: Grand Central Landfill
City, State: Butler, NJ		Disposal Date: 08/10/2026	City, State: Pen Argyl, PA

Completed by: Gordana Luna	Title: Secretary / Treasurer	Signature: Gordana Luna	Date: 08/03/2026

ASB-41 (R-06-08)

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

Print Form

0132

PAID

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

RECEIVED
AUG 13 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 8/10/26	Name of Building Owner/Operator (2): Little Falls Township Public Schools
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation
	Street Address: 32 Stevens Ave
	City, State, Zip Code: Little Falls, NJ 07424
	Name of Contact: Charles Smith — Telephone Number: 201-247-0311

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): School 1	Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 32 Stevens Ave	
City (5): Little Falls	Square Feet: ___ # of Floors: ___ Bldg. Age: ___
County (6): Passaic — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished):
Name of Monitoring Firm Hired by Building Owner (8): Briggs Associates — ASCM No.: 0004	Name of Abatement Contractor (9): Academy Construction Inc
Street Address: 3 Crosswicks Street	Street Address: 7 East Garden Place
City, State, Zip Code: Bordentown, NJ 08505	City, State, Zip Code: Pompton Plains, NJ 07444
Project Manager for Monitoring Firm: Michael Hoodak — Telephone No.: 609-298-5520	Telephone No.: 973 832 4244 — License No.: 01379
Start Date (10): 8/10/26 — Scheduled Completion Date (11): 8/17/26	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

Wrap and Cut

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Bathroom			x	TSI - Wrap & cut	70 LF	X			

Name of Registered Waste Hauler: Academy Construction Inc	NJDEP Waste Hauler ID No.: 0034422	Cubic Yards of Waste: 1 cuyd	Name of Registered Landfill: Fairless Lanfdill
City, State: Pompton Plains, NJ		Disposal Date: TBD	City, State: Morrisville, PA
Completed by: John Geleski	Title: Supervisor	Signature: John Geleski	Date: 8/10/26

ASB-41 (R-06-08)

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

1901

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

PAID

E-MAILED

RECEIVED

AUG 13 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 08/07/26 Check #4901	Name of Building Owner/Operator (2): Burch Charter School
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☐ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation
	Street Address: 100 Linden Ave
	City, State, Zip Code: Irvington, NJ 07111
	Name of Contact: Tommy Sorrentino — Telephone Number: 973-902-3363

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Burch Charter School	Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 100 Linden Ave	
City (5): Irvington	Square Feet: 10,000+ / # of Floors: 4 / Bldg. Age: 50+
County (6): Essex / County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): School
Name of Monitoring Firm Hired by Building Owner (8): N/a / ASCM No.: N/a	Name of Abatement Contractor (9): EA Services
Street Address: N/a	Street Address: 530 Church St
City, State, Zip Code: N/a	City, State, Zip Code: Ridgefield, NJ 07657
Project Manager for Monitoring Firm: N/a / Telephone No.: N/a	Telephone No.: 2019-295-1700 / License No.: 01074
Start Date (10): 08/08/26 / Scheduled Completion Date (11): 08/12/26	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: 8am	Street Address: N/a City, State, Zip Code: N/a

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

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

Name of Registered Waste Hauler: EA Services	NJDEP Waste Hauler ID No.: 103879	Cubic Yards of Waste: tbd	Name of Registered Landfill: Minerva Entreprise
City, State: Ridgefield NJ		Disposal Date: tbd	City, State: Waynesburg, OH
Completed by: Michael Fajardo	Title: Office Manager	Signature: Michael Fajardo	Date: 08/07/26

ASB-41 (R-06-08)

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

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1): 8 / 11 / 26	Name of Building Owner/Operator (2): PSE&G / Job #2605-6577 Check #	RECEIVED
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #11 ON HOLD ☐ Emergency (including justification)	Street Address: 4000 Hadley Road City, State, Zip Code: South Plainfield, NJ Name of Contact: Kelsey DuBois Telephone Number: 908-328-4248

AUG 1 3 2026 ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

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

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED	☐	☐	☒	SEE ATTACHED	SEE ATTACHED	☒	☐	☐	☐
4th Floor	☐	☐	☒	Duct work glue dots	600 SF	☒	☐	☐	☐
3rd Floor	☐	☐	☒	Duct work glue dots	100 SF	☒	☐	☐	☐
2nd Floor	☐	☐	☒	Floor tile & Mastic	435 SF	☒	☐	☐	☐

Name of Registered Waste Hauler: Veolia ES	NJDEP Waste Hauler ID No.: 000151	Cubic Yards of Waste: 40	Name of Registered Landfill: Fairless Landfill
City, State: Flanders, NJ		Disposal Date: 8/11/26	City, State: Morrisville, PA
Completed By (Print or Type): Gwendolyn Trumbetti	Title: Operations Coordinator	Signature:	Date: 8-11-26

ASB-41
MAY 11

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

Rock

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

Date of Notification (1): 8 / 5 / 26	Name of Building Owner/Operator (2): PSE&G / Job #2605-6577 Check #
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #10 ☐ Emergency (including justification) ☐ Cancellation
Street Address: 4000 Hadley Road	
City, State, Zip Code: South Plainfield, NJ	
Name of Contact: Kelsey DuBois	Telephone Number: 908-328-4248

RECEIVED
AUG 13 2026
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

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

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED	☐	☐	☒	SEE ATTACHED	SEE ATTACHED	☒	☐	☐	☐
4th Floor	☐	☐	☒	Duct work glue dots	600 SF	☒	☐	☐	☐
3rd Floor	☐	☐	☒	Duct work glue dots	100 SF	☒	☐	☐	☐
2nd Floor	☐	☐	☒	Floor tile & Mastic	435 SF	☒	☐	☐	☐

Name of Registered Waste Hauler: Veolia ES	NJDEP Waste Hauler ID No.: 000151	Cubic Yards of Waste: 40	Name of Registered Landfill: Fairless Landfill
City, State: Flanders, NJ		Disposal Date: 8/11/26	City, State: Morrisville, PA
Completed By (Print or Type): Gwendolyn Trumbetti	Title: Operations Coordinator	Signature:	Date: 8-5-26

ASB-41
MAY 11

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

CANCELLATION 8/11/26

10 CC

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

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

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

PAID

RECEIVED AUG 1 3 2026 ASBESTOS CONTROL & LICENSING

Date of Notification (1) Rev #4 8 / 11 / 2026		Name of Building Owner/Operator (2): Hakim International Trading and Larketing, Inc. and Hakim Enterprises, LLC
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☐ Amended Amendment #3 6/30/26 ☐ Emergency (including justification) ☐ Cancellation 8-11-26	Street Address: 37 Hunting Dr
		City, State, Zip Code: Dumont, NJ 07628
		Name of Contact: Joseph Hakim — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Block 1573 Lot 1.02 -- Site of Former Warehouse		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 533 Whitehead Rd		
City (5): Hamilton, NJ 08619		Square Feet: — # of Floors: — Bldg. Age: 50+
County (6): Mercer	County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished):
Name of Monitoring Firm Hired by Building Owner (8): Health & Safety Services	ASCM No.:	Name of Abatement Contractor (9): Controlled Environmental Systems
Street Address: PO Box 365		Street Address: 1121 N. Bethlehem Pike - Suite 60
City, State, Zip Code: Berlin, NJ 08009		City, State, Zip Code: Spring House, PA 19477
Project Manager for Monitoring Firm: James Proctor	Telephone No.: 856-452-1311	Telephone No.: 215 542 7000 — License No.: 00847
Start Date (10): 12 / 19 / 2025	Scheduled Completion Date (11): ~~9~~ / 30 / 2026 CANCEL 8 11 2026	Name of OSHA Monitor: CES
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00 AM- 3:30 PM/____ PM-____ AM		Street Address: 1121 N. Bethlehem Pike - Suite 60
		City, State, Zip Code: Spring House, PA 19477

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

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

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

#4 CANCEL NOTICE DATE 8/11/26

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Site of Former Warehouse	☐	☐	☒	ACM Building Debris	800 Tons	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Horizon Disposal Services	NJDEP Waste Hauler ID No.: 10416	Cubic Yards of Waste	Name of Registered Landfill: Fairless Landfill
City, State: Spring House, PA 19477		Disposal Date	City, State: Morrisville, PA 19067
Completed By (Print or Type): Patricia Visco	Title: Office Manager	Signature:	Date: 8/11/26

ASB-41
JAN 13

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

CANCEL NOTIFICATION

50520

PAID

RECEIVED
50520
AUG 10 2026
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 08 / 07 / 26	Name of Building Owner/Operator (2): Potts Excavating, Inc.
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 316 Main Street
	City, State, Zip Code: West Creek, NJ 08092
	Name of Contact:
	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 28 Division Avenue	
City (5): Surf City	Square Feet: 2000 / # of Floors: 2 / Bldg. Age: 80
County (6): Ocean / County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): Residence
Name of Monitoring Firm Hired by Building Owner (8): N/A / ASCM No.:	Name of Abatement Contractor (9): Guardian Contracting, Inc.
Street Address:	Street Address: 1889 Route 9, Unit 61
City, State, Zip Code:	City, State, Zip Code: Toms River, New Jersey 08755
Project Manager for Monitoring Firm: / Telephone No.:	Telephone No.: 732-349-9932 / License No.: 00624
Start Date (10): 08 / 25 / 26 / Scheduled Completion Date (11): 08 / 28 / 26	Name of OSHA Monitor: E.M.S.L. Analytical
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	Street Address: 1056 Stelton City, State, Zip Code: Piscataway, New Jersey 08854

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
exterior	☐	☒	☐	asbestos siding	2200 sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Guardian Contracting, Inc.	NJDEP Waste Hauler ID No.: 20223	Cubic Yards of Waste: 4	Name of Registered Landfill: Fairless Landfill
City, State: Toms River, New Jersey		Disposal Date: 08/28/26	City, State: Morrisville, Pennsylvania
Completed By (Print or Type): Nicholas Fernicola	Title: Project Manager	Signature:	Date: 8/7/26

ASB-41
JAN 13

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

8971

Print Form

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

RECEIVED
AUG - 7 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 08/04/2026	Name of Building Owner/Operator (2): D&R Construction Associates LLC
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [✓] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 7 Burdette Pl,
	City, State, Zip Code: Fairview, NJ 07022
	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: 1694 Rutherford St	
City (5): Rahway	Square Feet / # of Floors / Bldg. Age
County (6): Union	County Code (7) (STATE USE ONLY) _____ / Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): AAA Lead Professionals
Street Address	Street Address: 6 White Dove Court
City, State, Zip Code	City, State, Zip Code: Lakewood, NJ, 08701
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 732-719-5649 / License No.: 1200
Start Date (10): 08/14/2027 / Scheduled Completion Date (11): 08/17/2027	Name of OSHA Monitor: AAA Lead Professionals
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: _____	Street Address: 6 White Dove Court / City, State, Zip Code: Lakewood, NJ, 08701

Scope of Work (Check All That Apply)

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

[✓] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Interior				Floor Tile	150SF	✓			

Name of Registered Waste Hauler: Lead Professionals Inc	NJDEP Waste Hauler ID No.: 35103	Cubic Yards of Waste: 3	Name of Registered Landfill: IESI
City, State: Lakewood, NJ		Disposal Date: 08/17/2027	City, State: BETHLEHEM, PA
Completed by: JOSEPH PERLSTEIN	Title: OWNER	Signature:	Date: 08/04/2026

ASB-41 (R-06-08)

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

50522

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

RECEIVED 50522 AUG 10 2026 ASBESTOS CONTROL & LICENSING

Date of Notification (1): 08 / 07 / 26	Name of Building Owner/Operator (2): D & A Demo, LLC
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8) — Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 549 Jerusalem Road
	City, State, Zip Code: Scotch Plains, NJ 07076
	Name of Contact: — Telephone Number: —

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 135 Central Avenue	
City (5): Madison	Square Feet: 1400 — # of Floors: 2 — Bldg. Age: 125
County (6): Morris — County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): Residence
Name of Monitoring Firm Hired by Building Owner (8): Guardian Contracting, Inc. — ASCM No.:	Name of Abatement Contractor (9): Guardian Contracting, Inc.
Street Address: 1889 Route 9, Unit 61	Street Address: 1889 Route 9, Unit 61
City, State, Zip Code: Toms River, New Jersey 08755	City, State, Zip Code: Toms River, New Jersey 08755
Project Manager for Monitoring Firm: Nicholas Fernicola — Telephone No.: 732-349-9932	Telephone No.: 732-349-9932 — License No.: 00624
Start Date (10): 08 / 21 / 26 — Scheduled Completion Date (11): 08 / 24 / 26	Name of OSHA Monitor: E.M.S.L. Analytical
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	Street Address: 1056 Stelton — City, State, Zip Code: Piscataway, New Jersey 08854

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☐ Renovation ☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
basement	☐	☒	☐	asbestos pipe insulation	140 lf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Guardian Contracting, Inc.	NJDEP Waste Hauler ID No.: 20223	Cubic Yards of Waste: 3	Name of Registered Landfill: Fairless Landfill
City, State: Toms River, New Jersey		Disposal Date: 08/24/26	City, State: Morrisville, Pennsylvania
Completed By (Print or Type): Nicholas Fernicola	Title: Project Manager	Signature: [signature]	Date: 8/7/26

ASB-41
JAN 13

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

8970

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Print Form

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

RECEIVED
AUG - 7 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 08/04/2026	Name of Building Owner/Operator (2):
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [✓] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
Street Address: 35 RICHARD TERRACE	
City, State, Zip Code: RED BANK NJ 07701	
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: 35 RICHARD TERRACE	
City (5): RED BANK	Square Feet / # of Floors / Bldg. Age
County (6): MONMOUTH	County Code (7) *(STATE USE ONLY)* _____ / Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): AAA Lead Professionals
Street Address	Street Address: 6 White Dove Court
City, State, Zip Code	City, State, Zip Code: Lakewood, NJ, 08701
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 732-719-5649 / License No.: 1200
Start Date (10): 08/13/2026 / Scheduled Completion Date (11): 08/13/2026	Name of OSHA Monitor: AAA Lead Professionals
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: _____	Street Address: 6 White Dove Court / City, State, Zip Code: Lakewood, NJ, 08701

Scope of Work (Check All That Apply)

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

[✓] Renovation
[ ] Demolition

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

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

Name of Registered Waste Hauler: Lead Professionals Inc	NJDEP Waste Hauler ID No.: 35103	Cubic Yards of Waste: 4	Name of Registered Landfill: IESI
City, State: Lakewood, NJ		Disposal Date: 08/13/2026	City, State: BETHLEHEM, PA
Completed by: JOSEPH PERLSTEIN	Title: OWNER	Signature:	Date: 08/04/2026

ASB-41 (R-06-08)

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50513

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

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RECEIVED 50513 AUG - 7 2026 ASBESTOS CONTROL & LICENSING

Date of Notification (1): 08 / 04 / 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: 1061 Sunny Slope Drive City, State, Zip Code: Mountainside, NJ 07092 Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 111 Brooks Road		
City (5): Lavallette		Square Feet: 650 / # of Floors: 1 / Bldg. Age: 80
County (6): Ocean	County Code (7)(*STATE USE ONLY*):	Current Use (Prior if being demolished): Residence
Name of Monitoring Firm Hired by Building Owner (8):	ASCM No.:	Name of Abatement Contractor (9): Guardian Contracting, Inc.
Street Address:		Street Address: 1889 Route 9, Unit 61
City, State, Zip Code:		City, State, Zip Code: Toms River, New Jersey 08755
Project Manager for Monitoring Firm:	Telephone No.:	Telephone No.: 732-349-9932 / License No.: 00624
Start Date (10): 08 / 24 / 26	Scheduled Completion Date (11): 08 / 26 / 26	Name of OSHA Monitor: E.M.S.L. Analytical
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address: 1056 Stelton City, State, Zip Code: Piscataway, New Jersey 08854

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
exterior	☐	☒	☐	asbestos siding	650 sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Guardian Contracting, Inc.	NJDEP Waste Hauler ID No.: 20223	Cubic Yards of Waste: 3	Name of Registered Landfill: Fairless Landfill
City, State: Toms River, New Jersey		Disposal Date: 08/26/26	City, State: Morrisville, Pennsylvania
Completed By (Print or Type): Nicholas Fernicola	Title: Project Manager	Signature:	Date: 8/4/26

ASB-41
JAN 13

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

8995

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

Date of Notification (1): 08/06/2026	Name of Building Owner/Operator (2):
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [✓] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
Street Address: 5 DEMAREST RD	
City, State, Zip Code: LIVINGSTON NJ 07039	
Name of Contact	Telephone Number

RECEIVED AUG 10 2026 BUS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENCE	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [✓] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 5 DEMAREST RD	
City (5): LIVINGSTON	Square Feet / # of Floors / Bldg. Age
County (6): ESSEX	County Code (7) *(STATE USE ONLY)* _____ / Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): 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): 08/19/2026 / Scheduled Completion Date (11): 08/20/2026	Name of OSHA Monitor: AAA Lead Professionals
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: _____	Street Address: 6 White Dove Court / City, State, Zip Code: Lakewood, NJ, 08701

Scope of Work (Check All That Apply)

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

[ ] Renovation
[✓] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Interior				Floor Tiles	900 SF	✓			
Exterior				Siding	1000 SF	✓			

Name of Registered Waste Hauler: Lead Professionals Inc	NJDEP Waste Hauler ID No: 35103	Cubic Yards of Waste: 7	Name of Registered Landfill: IESI
City, State: Lakewood, NJ		Disposal Date: 08/20/2026	City, State: BETHLEHEM, PA
Completed by: JOSEPH PERLSTEIN	Title: OWNER	Signature	Date: 08/06/2026

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

ASB-41 (R-06-08)

8994

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

PAID

RECEIVED AUG 10 2026 ASBESTOS LICENSING

Date of Notification (1): 08/06/2026	Name of Building Owner/Operator (2): MAX CONSTRUCTION
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [✓] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 228 HEARTH CT
	City, State, Zip Code: WEST LAKEWOOD NJ 08701
	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: 228 HEARTH CT	
City (5): WEST LAKEWOOD	Square Feet: / # of Floors: / Bldg. Age:
County (6): Ocean / County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished):
Name of Monitoring Firm Hired by Building Owner (8): / ASCM No.	Name of Abatement Contractor (9): AAA Lead Professionals
Street Address:	Street Address: 6 White Dove Court
City, State, Zip Code:	City, State, Zip Code: Lakewood, NJ, 08701
Project Manager for Monitoring Firm: / Telephone No.	Telephone No.: 732-719-5649 / License No.: 1200
Start Date (10): 08/17/2026 / Scheduled Completion Date (11): 08/17/2026	Name of OSHA Monitor: AAA Lead Professionals
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [X] Other – Describe: _____	Street Address: 6 White Dove Court / City, State, Zip Code: Lakewood, NJ, 08701

Scope of Work (Check All That Apply)

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

[ ] Renovation
[✓] Demolition

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

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

Name of Registered Waste Hauler: Lead Professionals Inc	NJDEP Waste Hauler ID No: 35103	Cubic Yards of Waste: 5	Name of Registered Landfill: IESI
City, State: Lakewood, NJ		Disposal Date: 08/17/2026	City, State: BETHLEHEM, PA
Completed by: JOSEPH PERLSTEIN	Title: OWNER	Signature:	Date: 08/06/2026

ASB-41 (R-06-08)

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

7998

Print Form

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

PAID

RECEIVED
AUG 10 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 08/06/2026	Name of Building Owner/Operator (2): Atlantic Site Construction
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [✓] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 688 Cross Street
	City, State, Zip Code: Lakewood, NJ 08701
	Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [✓] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 162 Newtons Corner Rd - Front House	
City (5): Howell	Square Feet: / # of Floors: / Bldg. Age:
County (6): Monmouth	County Code (7) *(STATE USE ONLY)* _____ / Current Use (Prior if being demolished):
Name of Monitoring Firm Hired by Building Owner (8): / ASCM No.	Name of Abatement Contractor (9): AAA Lead Professionals
Street Address:	Street Address: 6 White Dove Court
City, State, Zip Code:	City, State, Zip Code: Lakewood, NJ, 08701
Project Manager for Monitoring Firm: / Telephone No.	Telephone No.: 732-719-5649 / License No.: 1200
Start Date (10): 08/18/2026 / Scheduled Completion Date (11): 08/18/2026	Name of OSHA Monitor: AAA Lead Professionals
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: _____	Street Address: 6 White Dove Court / City, State, Zip Code: Lakewood, NJ, 08701

Scope of Work (Check All That Apply)

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

[ ] Renovation
[✓] Demolition

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

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

Name of Registered Waste Hauler: Lead Professionals Inc	NJDEP Waste Hauler ID No: 35103	Cubic Yards of Waste: 5	Name of Registered Landfill: IESI
City, State: Lakewood, NJ		Disposal Date: 08/18/2026	City, State: BETHLEHEM, PA
Completed by: JOSEPH PERLSTEIN	Title: OWNER	Signature:	Date: 08/06/2026

ASB-41 (R-06-08)

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

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

PAID

RECEIVED
AUG - 7 2026
PROFESSIONAL & LICENSING

Date of Notification (1): 08/04/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☑ EPA ☐ DEP ☑ DOL ☑ DOH ☐ DCA	Type Notification: ☑ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: 11 Hoover Ave,	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	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☑ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 11 Hoover Ave,	
City (5): West Orange	Square Feet: 2,775 / # of Floors: 4 / Bldg. Age: 70
County (6): Essex	County Code (7) *(STATE USE ONLY)* _____ / Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8): / ASCM No.	Name of Abatement Contractor (9): Acme Professional Services Corp
Street Address:	Street Address: 170 Kinnelon Rd, Suite 32
City, State, Zip Code:	City, State, Zip Code: Kinnelon, NJ 07405
Project Manager for Monitoring Firm: / Telephone No.	Telephone No.: 973-938-5266 / License No.: 02003
Start Date (10): 08/13/2026 / Scheduled Completion Date (11): 08/17/2026	Name of OSHA Monitor: Arsenije Adamov
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: 170 Kinnelon Rd, Suite 32 / City, State, Zip Code: Kinnelon, NJ 07405

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☑ ≥160 sf or ≥260 lf

☑ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement		✓		Tile and Mastic	450 SF	✓			

Name of Registered Waste Hauler: Acme Professional Services Corp	NJDEP Waste Hauler ID No.: 0038176	Cubic Yards of Waste: 2.5	Name of Registered Landfill: Fairless Landfill
City, State: Kinnelon, NJ		Disposal Date: 08/17/2026	City, State: Morrisville, PA
Completed by: Samantha Zamora	Title: Project Coordinator	Signature: Samantha Zamora	Date: 08/04/2026

ASB-41 (R-06-08)

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

4999

Print Form

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RECEIVED

AUG - 7 2026

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 8/4/26	Name of Building Owner/Operator (2):

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

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

Street Address: 221 Graphic Blvd.

City, State, Zip Code: New Milford, NJ 07646

Name of Contact:

Telephone Number:

FACILITY INFORMATION

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

Street Address: 221 Graphic Blvd.

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

City (5): New Milford

Square Feet: 2000

# of Floors: 2

Bldg. Age: 60 +/-

County (6): Bergen

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

Current Use (Prior if being demolished): Residential Home

Name of Monitoring Firm Hired by Building Owner (8): Project Manager

ASCM No.:

Name of Abatement Contractor (9): All Stages Abatement

Street Address:

Street Address: 55 Cannonball Rd.

City, State, Zip Code:

City, State, Zip Code: Pompton Lakes, NJ 07442

Project Manager for Monitoring Firm:

Telephone No.:

Telephone No.: 201-600-3184

License No.: 01305

Start Date (10): 8/19/26

Scheduled Completion Date (11): 8/22/26

Name of OSHA Monitor: Same As Above

Occupancy Status During Abatement (Check Only One)
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [x] Other – Describe: 8 A.M to 4 P.M

Street Address:

City, State, Zip Code:

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement		x		VAT	513 SF	x			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
All Stages Abatement	0036592	5 YD	Chrin Brothers Sanitary Landfill
City, State: Pompton Lakes		Disposal Date: TBD	City, State: Easton, PA

Completed by	Title	Signature	Date
Richard Cristofol	Title		8/4/26

ASB-41 (R-06-08)

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12006

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): AUGUST 5, 2026	Name of Building Owner/Operator (2): MARK FRANCHI DEMOLITION
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended ☐ Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 348 HURFFVILLE GRENLOCH ROAD
	City, State, Zip Code: SEWELL, NJ 08080
	Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): SINGLE FAMILY DWELLING	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 124 GRAFTON AVENUE	
City (5): BELLMAWR, NJ 08031	Square Feet: ; # of Floors: 2 ; Bldg. Age: 65+-
County (6): CAMDEN ; County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Building Owner (8): EPC TECHNOLOGIES, INC	ASCM No.: N/A	Name of Abatement Contractor (9): EPC TECHNOLOIES, INC	
Street Address: P.O. BOX 337		Street Address: P.O. BOX 337	
City, State, Zip Code: NEW EGYPT, NJ 08876		City, State, Zip Code: NEW EGYPT, NJ 08876	
Project Manager for Monitoring Firm: STEVE SCHENKER	Telephone No.: 609-744-6384	Telephone No.: 609 744-6384	License No.: 00394
Start Date (10): AUGUST 17, 2026	Scheduled Completion Date (11): AUGUST 21, 2026	Name of OSHA Monitor: EPC TECHNOLOGIES, INC	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: P.O. BOX 337 ; City, State, Zip Code: NEW EGYPT, NJ 08533	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
BASEMENT		XXX		9X9 FLOOR TILES	1100 SF	XXX			

Name of Registered Waste Hauler: EPC TECHNOLOGIES, INC	NJDEP Waste Hauler ID No.: 17000	Cubic Yards of Waste: 5	Name of Registered Landfill: FAIRLESS LANDFILL
City, State: NEW EGYPT, NJ 08533		Disposal Date: AUG 21, 2026	City, State: MORRISVILLE, PA
Completed by: STEVE SCHENKER	Title: PRESIDENT	Signature: Steve Schenker	Date: AUGUST 5, 2026

ASB-41 (R-06-08)

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

30518

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 08 / 05 / 26	Name of Building Owner/Operator (2): VWV Construction
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 15 Tunney Terrace
	City, State, Zip Code: Ortley Beach, NJ 08751
	Name of Contact:
	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 613 Mistletoe Avenue	
City (5): Point Pleasant	Square Feet: 1100 / # of Floors: 1 / Bldg. Age: 65
County (6): Ocean / County Code (7)(*STATE USE ONLY*):	Current Use (Prior if being demolished): Residence
Name of Monitoring Firm Hired by Building Owner (8): N/A / ASCM No.:	Name of Abatement Contractor (9): Guardian Contracting, Inc.
Street Address:	Street Address: 1889 Route 9, Unit 61
City, State, Zip Code:	City, State, Zip Code: Toms River, New Jersey 08755
Project Manager for Monitoring Firm: / Telephone No.:	Telephone No.: 732-349-9932 / License No.: 00624
Start Date (10): 08 / 18 / 26 / Scheduled Completion Date (11): 08 / 21 / 26	Name of OSHA Monitor: E.M.S.L. Analytical
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	Street Address: 1056 Stelton City, State, Zip Code: Piscataway, New Jersey 08854

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
exterior-house	☐	☒	☐	asbestos siding	1100 sf	☒	☐	☐	☐
exterior-garage	☐	☒	☐	asbestos siding	520 sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Guardian Contracting, Inc.	NJDEP Waste Hauler ID No.: 20223	Cubic Yards of Waste: 3	Name of Registered Landfill: Fairless Landfill
City, State: Toms River, New Jersey		Disposal Date: 08/21/26	City, State: Morrisville, Pennsylvania

Completed By (Print or Type)	Title	Signature	Date
Nicholas Fernicola	Project Manager	[signature]	8/5/26

ASB-41
JAN 13

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

205

State of New Jersey

Check # 205

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

RECEIVED
AUG 10 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1 7/23/26	Name of Building Owner/Operator (2)
Agencies Notified [ ]EPA [ ]DEP [X]DOL [X]DOH [ ]DCA	Type Notification [X]Initial Notification [ ]Amended Notification [ ]EMERGENCY [ ]Cancellation
	Street Address 28 Blackburne 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)		Type of Facility (4) [ ]School (K-12) [ ]Subchapter 8 (Other than K-12) [X]Other (i.e., private & commercial buildings, homes, etc.)
Street Address 28 Blackburne Terrace		Square Feet / # of Floors / Bldg. Age
City West Orange	County Essex	County Code (7) (STATE USE ONLY)
		Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.	
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042	
Project Manager for Monitoring Firm	Telephone Number N/A	Telephone Number (973)744-8800	License Number 00371
Scheduled Start Date (10) 08 Month 07 Day 26 Year	Sched. Completion Date (11) 08 Month 08 Day 26 Year	Name of OSHA Monitor N/A	
Occupancy Status During Abatement (Check only one) [X]Facility Closed/Vacated During Entire Period of Abatement [ ]Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» [ ]other - Describe: «Other Occupancy Descript»		Street Address City, State, Zip Code	

Scope of Work (Check all that apply)

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

[X]Renovation
[ ]Demolition

[ ]Full Containment with Negative Pressure
[ ]Mini-Enclosure
[X]Glovebag Procedure
[ ]Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/ Custodial Staff (12) Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: REMOVAL	REPAIR	ENCAPSUL.	ENCLOSURE
1st floor den room			X	Floor tile	140 sf	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.	NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill Tri - State
City, State Montclair, NJ 07042		Disposal Date 08/10/26	City, State Bronx, NY, 10474

Completed By (Print or Type)	Title	Signature	Date
Constantine Vivian	President	Constantine Vivian	7/23/26

28 Blackburne Terrace

8965

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AUG 10 2026

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 07/30/2026	Name of Building Owner/Operator (2):
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [✓] Initial [ ] Amended [ ] Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
Street Address: 1826 Laurel Terrace	
City, State, Zip Code: Lake Como, NJ, 07719	
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: 1826 Laurel Terrace	
City (5): Lake Como	Square Feet: / # of Floors: / Bldg. Age:
County (6): Monmouth	County Code (7) (STATE USE ONLY) _____ / Current Use (Prior if being demolished):
Name of Monitoring Firm Hired by Building Owner (8): / ASCM No.	Name of Abatement Contractor (9): AAA Lead Professionals
Street Address:	Street Address: 6 White Dove Court
City, State, Zip Code:	City, State, Zip Code: Lakewood, NJ, 08701
Project Manager for Monitoring Firm: / Telephone No.	Telephone No.: 732-719-5649 / License No.: 1200
Start Date (10): 08/11/2026 / Scheduled Completion Date (11): 08/11/2026	Name of OSHA Monitor: AAA Lead Professionals
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: _____	Street Address: 6 White Dove Court / City, State, Zip Code: Lakewood, NJ, 08701

Scope of Work (Check All That Apply)

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

[✓] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Interior				Pipe Insulation	70lf	✓			

Name of Registered Waste Hauler: Lead Professionals Inc	NJDEP Waste Hauler ID No: 35103	Cubic Yards of Waste: 2	Name of Registered Landfill: IESI
City, State: Lakewood, NJ		Disposal Date: 08/11/2026	City, State: BETHLEHEM, PA
Completed by: JOSEPH PERLSTEIN	Title: OWNER	Signature:	Date: 07/30/2026

ASB-41 (R-06-08)

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

10366

Check # 10366

State of New Jersey - Notification of Asbestos Abatement

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

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RECEIVED AUG - 7 2026 ASBESTOS PROGRAM & LICENSING

Date of Notification (1) **August 4, 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 # ☐ 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

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.) Sq. Feet: **Unknown** # of Floors: **8** Bldg. Age: 80 plus **years** Current Use (prior if being demolished):
Street Address **RBHS Newark Campus**			
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, ZipCode **Butler, NJ 07405**
Project Manager for Monitoring Firm **John Lutz**	Telephone Number **609-386-8800**		Telephone Number **973-492-0477** / License Number **00840**
Scheduled Start Date (10) **8/14/2026**	Scheduled Completion Date (11) **8/17/2026**		Name of OSHA Monitor **EMSL inc.**
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement xAbatement 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
x Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES	NO	NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Remove	Repair	Encap	Enclose
B100C10 Corridor		☒		**VAT**	**150 sf**	☒			
C00C3 Corridor		☒		**VAT**	**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

Hauler #2) **Century Waste Services, LLC, 623 Dowd Avenue, Elizabeth NJ 07201 NJDEP# NJ-860**

Disposal Date: **8/17/26**

City, State
FL-1000 New Ford Rd, Morrisville,PA 19067 Permit#18072
GCL-1963 Pen Argyle Rd, Pen Argyle, PA 18072
Permit # 100265

Completed by (Print or Type) **Raymond Pedalino**	Title **Sr. Project Manager**	Signature *Raymond C. Pedalino*	Date **August 4, 2026**

GAC # 2026-060

50519

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

RECEIVED 50514 AUG - 7 2026 ASBESTOS CONTROL & LICENSING

Date of Notification (1): 08 / 04 / 26	Name of Building Owner/Operator (2): Seacoast Contruction, Inc.
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 15 Addington Court
	City, State, Zip Code: East Brunswick, NJ 08816
	Name of Contact: Bryan Pedreiro — Telephone Number: 908-705-4715

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Office Building	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 50 Market Street	
City (5): Middletown	Square Feet: 2000 — # of Floors: 2 — Bldg. Age: 70
County (6): Monmouth — County Code (7)(*STATE USE ONLY*)	Current Use (Prior if being demolished): Office Building
Name of Monitoring Firm Hired by Building Owner (8): Guardian Contracting, Inc. — ASCM No.	Name of Abatement Contractor (9): Guardian Contracting, Inc.
Street Address: 1889 Route 9, Unit 61	Street Address: 1889 Route 9, Unit 61
City, State, Zip Code: Toms River, New Jersey 08755	City, State, Zip Code: Toms River, New Jersey 08755
Project Manager for Monitoring Firm: Nicholas Fernicola — Telephone No.: 732-349-9932	Telephone No.: 732-349-9932 — License No.: 00624
Start Date (10): 08 / 18 / 26 — Scheduled Completion Date (11): 08 / 25 / 26	Name of OSHA Monitor: E.M.S.L. Analytical
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	Street Address: 1056 Stelton — City, State, Zip Code: Piscataway, New Jersey 08854

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
1st floor	☐	☒	☐	asbestos floor tile & mastic	1500 sf	☒	☐	☐	☐
inside kitchen cabinets	☐	☒	☐	asbetos cloth	300 sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Guardian Contracting, Inc.	NJDEP Waste Hauler ID No.: 20223	Cubic Yards of Waste: 6	Name of Registered Landfill: Fairless Landfill
City, State: Toms River, New Jersey		Disposal Date: 08/25/26	City, State: Morrisville, Pennsylvania
Completed By (Print or Type): Nicholas Fernicola	Title: Project Manager	Signature: [signature]	Date: 8/4/26

ASB-41
JAN 13

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1977

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

HMD 25-229

AUG - 7 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 8/6/2026	Name of Building Owner/Operator (2): Linde, Inc. CK#4977	
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 10 Riverview Drive City, State, Zip Code: Danbury, Ct. 06810 Name of Contact: Brian Casanova Telephone Number: 732 - 593 - 9232

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Helium Helium Facility		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 200 Riverside Drive		
City (5): Keasbey		Square Feet: 576 / # of Floors: 1 / Bldg. Age: 60 Yrs.
County (6): Middlesex	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Water System Building
Name of Monitoring Firm Hired by Building Owner (8): Whitestone Associates, Inc.	ASCM No.	Name of Abatement Contractor (9): Hazmat Diagnostic, LLC
Street Address: 30 Independance Dr., Suite 250		Street Address: 16 Glenwild Ave
City, State, Zip Code: Warren, NJ 07059		City, State, Zip Code: Bloomingdale, NJ 07403
Project Manager for Monitoring Firm: Jeremy M. Hassett	Telephone No.: 267-496-7955	Telephone No.: 973-928-3995 / License No.: 01181
Start Date (10): 8/17/2026	Scheduled Completion Date (11): 8/21/2026	Name of OSHA Monitor: Hazmat Diagnostic, LLC
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address: 16 Glenwild Ave City, State, Zip Code: Bloomingdale, NJ 07403

Scope of Work (Check All That Apply)

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

[ ] Renovation
[x] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Vessel Storage Building			x	Built-Up Roofing	576 SF	x			

Name of Registered Waste Hauler: Hazmat Diagnostic,LLC	NJDEP Waste Hauler ID No.: 0035440	Cubic Yards of Waste: 30 CY	Name of Registered Landfill: Minerva Landfill
City, State: Bloomingdale, NJ		Disposal Date: on/about 8/24	City, State: Waynesburg, OH
Completed by: Deni Naumovski	Title: President	Signature: Deni Naumovski	Date: 8/6/2026

ASB-41 (R-06-08)

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

3069

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

RECEIVED
AUG 7 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 08/04/2026		Name of Building Owner/Operator (2) Caldwell-West Caldwell Public Schools	
Agencies Notified [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address 104 Gray Street City, State, Zip Code West Caldwell, NJ 07006 Name of Contact Joseph Belgiovine	Telephone Number 201-706-8014

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Washington Elementary School		Type of Facility (4) [x] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 201 Central Avenue			
City (5) West Caldwell		Square Feet	# of Floors / Bldg. Age
County (6) Essex	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions	ASCM No.	Name of Abatement Contractor (9) All Pro Management, LLC	
Street Address PO Box 354		Street Address 27 Outwater Lane	
City, State, Zip Code South Orange, NJ 07079		City, State, Zip Code Garfield, NJ 07026	
Project Manager for Monitoring Firm Sarah Calandra	Telephone No. 201-394-2666	Telephone No. 973-928-4888	License No. 1188
Start Date (10) 08/13/2026	Scheduled Completion Date (11) 08/31/2026	Name of OSHA Monitor A. Seine Lighthouse Solutions	
Occupancy Status During Abatement (Check Only One) [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address PO Box 354 City, State, Zip Code South Orange, NJ 07079	

Scope of Work (Check All That Apply)

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

[x] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.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	Pipe Insulation- Wrap & Cut	10 feet	X			

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

Completed by Jacqueline Anello	Title Office Administrator	Signature Jacqueline Anello	Date 08/04/2026

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1) 7/27/2026		Name of Building Owner/Operator (2) Sparwick	
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 298 Walton Ave City, State, Zip Code South Orange NJ 07079 Name of Contact Matt Gillert	Telephone Number (973)-300-4709

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) J2525 Shed		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 298 Walton Ave			
City (5) South Orange		Square Feet unknown	# of Floors 1 / Bldg. Age unknown
County (6) Essex	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) TBD	ASCM No.	Name of Abatement Contractor (9) Gold Coast Management LLC	
Street Address		Street Address 30 Sherman Ave	
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07307	
Project Manager for Monitoring Firm TBD	Telephone No.	Telephone No. 908-270-8556	License No. 02109
Start Date (10) 8/15/2026	Scheduled Completion Date (11) 8/16/2026	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: _____		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) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Shed			X	Joint Compound	20 Sqft	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 8/4/2025

ASB-41 (R-06-08)

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 08/06/26	Name of Building Owner/Operator (2): Brotherhood Christian Church
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended [ ] Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 49 Reid St
	City, State, Zip Code: South River, NJ 08882
	Name of Contact: Scott Leiberman — Telephone Number: 347-697-0737

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Brotherhood Christian Church	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 49 Reid St	
City (5): South River NJ	Square Feet: 1000 — # of Floors: 1 — Bldg. Age: 54
County (6): Middlesex — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): n/a
Name of Monitoring Firm Hired by Building Owner (8): Iris laboratories — ASCM No.	Name of Abatement Contractor (9): JCR Management Specialist LLC
Street Address: 2333 Us 22 West	Street Address: 306 Victor Place
City, State, Zip Code: Union NJ 07083	City, State, Zip Code: Neptune NJ 07753
Project Manager for Monitoring Firm: Rick Eustaquio — Telephone No.: 973-494-3762	Telephone No.: 732-403-1471 — License No.: 02087
Start Date (10): 08/17/26 — Scheduled Completion Date (11): 08/20/26	Name of OSHA Monitor: JCR Management Specialist LLC
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____	Street Address: 306 Victor Place — City, State, Zip Code: Neptune NJ 07753

Scope of Work (Check All That Apply)

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

[x] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Front Entrance		xx		VAT & Mastic	1000sf	x			

Name of Registered Waste Hauler: Century Waste	NJDEP Waste Hauler ID No.: 482653	Cubic Yards of Waste: 10	Name of Registered Landfill: Fairless
City, State: Elizabest NJ		Disposal Date: TBD	City, State:
Completed by: John C Riley	Title: Owner	Signature: John Riley	Date: 08/06/26

ASB-41 (R-06-08)

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 07/30/2026	Name of Building Owner/Operator (2): State of New Jersey- Department of Health
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended [ ] Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 55 North Willow Street
	City, State, Zip Code: Trenton, NJ 08618
	Name of Contact: Rishi Shah — Telephone Number: 609-955-8471

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Commercial	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1588 Almond Road	
City (5): Vineland	Square Feet: ; # of Floors: ; Bldg. Age:
County (6): Cumberland — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished):
Name of Monitoring Firm Hired by Building Owner (8): A. Seine Lighthouse Solutions — ASCM No.	Name of Abatement Contractor (9): All Pro Management, LLC
Street Address: PO Box 354	Street Address: 27 Outwater Lane
City, State, Zip Code: South Orange, NJ 07079	City, State, Zip Code: Garfield, NJ 07026
Project Manager for Monitoring Firm: Sarah Calandra — Telephone No.: 201-394-2666	Telephone No.: 973-928-4888 — License No.: 1188
Start Date (10): 08/17/2026 — Scheduled Completion Date (11): 09/30/2026	Name of OSHA Monitor: A. Seine Lighthouse Solutions
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____	Street Address: PO Box 354; City, State, Zip Code: South Orange, NJ 07079

Scope of Work (Check All That Apply)

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

[ ] Renovation
[x] Demolition

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

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

Name of Registered Waste Hauler: Tamco Construction, Inc.	NJDEP Waste Hauler ID No.: 0038044	Cubic Yards of Waste	Name of Registered Landfill: Republic Services Conestoga Landfill
City, State: Doylestown, PA		Disposal Date	City, State: Morgantown, PA

Completed by: Jacqueline Anello	Title: Office Administrator	Signature: Jacqueline Anello	Date: 07/30/2026

ASB-41 (R-06-08)

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): **8/4/26**		Name of Building Owner / Operator (2): **Trenton Board of Education**
Agencies Notified: ☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended ☐ 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): **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): **8/22/26**		Name of OSHA Monitor: **Bristol Environmental LLC**
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: **7:00 AM to 4:30 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) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Auditorium	☐	☒	☐	**Plaster**	**100 SF**	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: **Bristol Environmental**	NJDEP Waste Hauler ID No.	Cubic Yards of Waste: **1 cu yd**	Name of Registered Landfill: **Grows**
City, State: **Bristol, PA**		Disposal Date: **8/21/26**	City, State: **Morrisville, PA**
Completed By (Print or Type): **Gino Pizzigoni**	Title: **Project Manager**	Signature: Gino Pizzigoni	Date: **8/4/26**

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1) 08/05/2026		Name of Building Owner/Operator (2) Village of Ridgewood	
Agencies Notified ☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☐ Initial ☒ Amended Amendment #1 ☐ Emergency (including justification) ☐ Cancellation	Street Address 131 N Maple Ave City, State, Zip Code Ridgewood, NJ 07450 Name of Contact James B. McGrath	Telephone Number 201-670-5500

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Schedler Site		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 460 W Saddle River Rd			
City (5) Ridgewood		Square Feet	# of Floors / Bldg. Age
County (6) Bergen	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished) Farmhouse	
Name of Monitoring Firm Hired by Building Owner (8) Matrix New World	ASCM No. 00121	Name of Abatement Contractor (9) ELCON Environmental	
Street Address 26 Columbia Turnpike		Street Address 150 Glenwood Drive	
City, State, Zip Code Florham Park, NJ 07932		City, State, Zip Code Washington Crossing, PA 18977	
Project Manager for Monitoring Firm Matt Sheldon	Telephone No. 973-240-1800	Telephone No. 215-313-7427	License No. 02081
Start Date (10) 08/06/2026	Scheduled Completion Date (11) 08/09/2026	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
X Removal of already abated ACM

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Outside			X	construction debris (including	60 yd^3	X			
				NF tiles, blocks, bricks, etc.)					

Name of Registered Waste Hauler Allstate ORC	NJDEP Waste Hauler ID No. NJD986588630	Cubic Yards of Waste 60 yd^3	Name of Registered Landfill Waste Management's Fairless Landfill
City, State West Milford, NJ		Disposal Date TBD	City, State Morrisville, PA
Completed by Andre Gosek	Title Project Manager	Signature	Date 08/05/2026

ASB-41 (R-06-08)

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

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ASBESTOS LICENSING

Date of Notification (1) 8/03/2026		Name of Building Owner/Operator: Private Building
Agencies Notified ☒ EPA ☐ DCA ☒ DOL ☐ DEP ☒ DOH	Notification Type ☐ Initial Notification ☐ Amended #1 ☒ Emergency notification (including justification) ☐ Cancelled	Street Address: 69 N Day Street City, State, Zip Code: Orange NJ 07050 Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Private Building			Type of Facility (4)x ☐ School (K-12) Subchapter 8 ☐ **Subchapter 8 (other than K-12)** ☒ Other (i.e. private & commercial buildings., homes, etc.) Sq. Feet:2323 # of Floors:2 Bldg. Age:1864 Current Use (prior if being demolished):
Street Address: 69 N Day Street			
City (5): Orange NJ 07050	County (6): Essex	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner: IAQ Guru Inc		ASCM No.	Name of Contractor (9): BL Contracting Inc.
Street Address: 49 Frances Street Totowa NJ 07512			Street Address: 5 Marguerite Lane City State, Zip Code: Towaco NJ 07082
Project Manager for Monitoring Firm: Mark Jovic	973-659-0392		Telephone Number: 973-901-0153 / License Number: 01265
Scheduled Start Date (10): 08/06/2026	Scheduled Completion Date (11): 8/16/2026		Name of OSHA Monitoring: BL Contracting Inc
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe ☒ Other – Describe: **Monday- Saturday 7 am- 4pm**			Street Address: 5 Marguerite Lane City, State, Zip Code: Towaco NJ 07082

Source of Work (Check all that apply)

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

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Main/Custodial Staff (12) YES	NO	NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)	Abatement Type: Remove	Repair	Encap	Enclos
Basement		☒		Asbestos Pipe Insulation	110 LF	☒			

Name of Reg. Waste Hauler: BL Contracting Inc	NJDEP Waste Hauler ID #: 0036784	Cubic Yards of Waste: 5	Name of Registered Landfill: T.R.R..F
		Disposal Date: 08/20/2026	City, State: Tully town, PA
Completed by (Print or Type): Nedo Vasilic	Title: Project Manager	Signature: Nedo Vasilic	Date 08/03/2026

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1) 8/4/26		Name of Building Owner/Operator (2) Dupont Nemours Company and Chemours Company
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☐ DOH ☐ DCA	Notification Type ☒ Initial ☐ Amended ☐ Emergency (Including Justification) ☐ Cancellation	Street Address 67 Canal Rd. City, State, Zip Code Deepwater, NJ 08023 Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Chamber Works viton TS-305 Tank relocated to concrete pad		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.
Street Address 67 Canal Rd.		Square Feet / # of Floors / Bldg. Age
City (5) Deepwater		
County (6) Salem	County Code (7) (STATE USE ONLY)	Current Use (prior if being demolished) Industrial

Name of Monitoring Firm Hired by Bldg. Owner (8) Harvard Environmental	ASCM No. PS-54	Name of Contractor (9) County Environmental	
Street Address 761 Pulaski Hwy		Street Address 461 New Churchmans Rd.	
City, State, Zip Code Bear, De		City State, Zip Code New Castle, DE 19720	
Project Manager for Monitoring Firm Justin Morrison	Telephone No. 302-420-9740	Telephone Number (302) 322-8946	License Number 02123
Scheduled Start Date (10) 8/18/26	Scheduled Completion Date (11) 8/25/26	Name of OSHA Monitor County Environmental (2522003)	
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - ☒ Other – Describe: Unoccupied area.		Street Address 461 New Churchmans Road City, State, Zip Code New Castle, DE 19720	

Scope of Work (Check all that apply)

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

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Viton TS-305 Tank Insulation relocated to concrete pad non friable Asbestos foam Removal		x		Non friable asbestos pipe insulation		X			
				Thermal coverings throughout area					
				Floor tile and mastic throughout area					

Name of Reg. Waste Hauler S&J Transport	NJDEP Waste Hauler ID No. 03217	Cubic Yards of Waste >30	Name of Reg. Landfill Constoga
City, State Woodstown, NJ		Disposal Date TBD	City, State Morgantown, PA
Completed by Robert Kimbel	Title Project Manager	Signature Robert Kimbel	Date 8/4/26

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 07/24/2026	Name of Building Owner/Operator (2):
Agencies Notified: [ ] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
Street Address: 1009 Coolidge St	
City, State, Zip Code: Westfield NJ 07090	
Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential Home	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1009 Coolidge St	
City (5): Westfield	Square Feet: / # of Floors: 2 / Bldg. Age: +50
County (6): Union	County Code (7) *(STATE USE ONLY)* _____ / Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8): Lawal Environmental Services Corp / ASCM No.	Name of Abatement Contractor (9): United Demo LLC
Street Address: 55 East Mosholu Pkway N Apt 3G	Street Address: 143 Acme St
City, State, Zip Code: Bronx NY10467	City, State, Zip Code: Elizabeth NJ 07202
Project Manager for Monitoring Firm: Lawal Prince Ahmed / Telephone No.: 646-528-0913	Telephone No.: 862-218-3930 / License No.: 02045
Start Date (10): 08/03/2026 / Scheduled Completion Date (11): 08/07/2026	Name of OSHA Monitor: United Demo LLC
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____	Street Address: 143 Acme St / City, State, Zip Code: Elizabeth NJ 07202

Scope of Work (Check All That Apply)

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

[x] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement			X	VAT and Mastic	300 SF	X			

Name of Registered Waste Hauler: United Demo LLC	NJDEP Waste Hauler ID No.: 0040986	Cubic Yards of Waste: As Needed	Name of Registered Landfill: Fairless Landfill
City, State: Elizabeth NJ		Disposal Date: TBD	City, State: Morrisville PA
Completed by: Jose N Rosas	Title: Project Manager	Signature:	Date: 07/24/2026

ASB-41 (R-06-08)

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 07/19/2026	Name of Building Owner/Operator (2):
Agencies Notified: [ ] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [ ] Initial [ ] Amended Amendment #_____ [x] Emergency (including justification) [ ] Cancellation
Street Address: 47 Murray Ave	
City, State, Zip Code: Mahwah NJ 07430	
Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential Home		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 47 Murray Ave			
City (5): Mahwah		Square Feet:	# of Floors: 2 / Bldg. Age: +50
County (6): Bergen	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished):	
Name of Monitoring Firm Hired by Building Owner (8): Lawal Environmental Services Corp	ASCM No.:	Name of Abatement Contractor (9): United Demo LLC	
Street Address: 55 East Mosholu Pkway N Apt 3G		Street Address: 143 Acme St	
City, State, Zip Code: Bronx NY 10467		City, State, Zip Code: Elizabeth NJ 07202	
Project Manager for Monitoring Firm: Lawal Prince Ahmed	Telephone No.: 646-528-0913	Telephone No.: 862-218-3930	License No.: 02045
Start Date (10): 07/20/2026	Scheduled Completion Date (11): 07/21/2026	Name of OSHA Monitor: United Demo LLC	
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: from 15:00 PM to 22:00 Pm		Street Address: 143 Acme St	
		City, State, Zip Code: Elizabet NJ 07202	

Scope of Work (Check All That Apply)

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

[x] Renovation
[ ] Demolition

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

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

Name of Registered Waste Hauler: United Demo LLC	NJDEP Waste Hauler ID No.: 0040986	Cubic Yards of Waste: As Needed	Name of Registered Landfill: Fairless Landfill
City, State: Elizabeth NJ		Disposal Date: TBD	City, State: Morrisville PA
Completed by: Jose N Rosas	Title: Project Manager	Signature:	Date: 07/19/2026

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 07/24/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation
Street Address: 58 Normal Avenue	
City, State, Zip Code: Montclair, New Jersey 07043	
Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Home	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 58 Normal Avenue	
City (5): Montclair	Square Feet: 2,032 SF; # of Floors: 2-Story; Bldg. Age: 1938
County (6): Essex County; County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Home
Name of Monitoring Firm Hired by Building Owner (8): ; ASCM No.:	Name of Abatement Contractor (9): True Star Contracting
Street Address:	Street Address: 54 Hedden Terrace
City, State, Zip Code:	City, State, Zip Code: North Arlington, New Jersey 07031
Project Manager for Monitoring Firm: ; Telephone No.:	Telephone No.: (201) 790-4530; License No.: 02047
Start Date (10): 07/26/2026; Scheduled Completion Date (11): 07/28/2026	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) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement			X	Asbestos VAT & Black Mastic	400 SF	X			
Basement Pipes				Thermal Systems Insulation	20 LF	X			

Name of Registered Waste Hauler: True Star Contracting	NJDEP Waste Hauler ID No.: 0041405	Cubic Yards of Waste: 3 CY	Name of Registered Landfill: Keystone Sanitary Landfill
City, State: North Arlington, New Jersey		Disposal Date: TBD	City, State: Dunmore, PA
Completed by: Nestor M. Alvez	Title: Project Manager	Signature:	Date: 07/24/2026

ASB-41 (R-06-08)

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 07/21/2026		Name of Building Owner/Operator (2):	
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 13 Hazel Avenue	
		City, State, Zip Code: Livingston, New Jersey 07039	
		Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Home		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 13 Hazel Avenue			
City (5): Livingston		Square Feet: 1,550 sq. ft.	# of Floors: 2-Story / Bldg. Age: 1900
County (6): Essex County	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Home	
Name of Monitoring Firm Hired by Building Owner (8):	ASCM No.:	Name of Abatement Contractor (9): True Star Contracting	
Street Address:		Street Address: 54 Hedden Terrace	
City, State, Zip Code:		City, State, Zip Code: North Arlington, New Jersey 07031	
Project Manager for Monitoring Firm:	Telephone No.:	Telephone No.: (201) 790-4530	License No.: 02047
Start Date (10): 07/30/2026	Scheduled Completion Date (11): 07/31/2026	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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior House Siding			X	Asbestos Siding	1,900 SF	X			

Name of Registered Waste Hauler: True Star Contracting	NJDEP Waste Hauler ID No.: 0041405	Cubic Yards of Waste: 10 CY	Name of Registered Landfill: Chrin Brothers Landfill
City, State: North Arlington, New Jersey		Disposal Date: TBD	City, State: Easton, PA
Completed by: Nestor M. Alvez	Title: Project Manager	Signature: Nestor Alvez	Date: 07/21/2026

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1) 07/23/2026		Name of Building Owner/Operator (2) Montclair Board of Education	Check # 4149
Agencies Notified ☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 22 Valley Road	
		City, State, Zip Code Montclair, NJ 07042	
		Name of Contact Mr. Tyreek Hunter	Telephone Number 973-509-4044

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Northeast Elementary School		Type of Facility (4) ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 603 Grove Street			
City (5) Montclair		Square Feet 20,000	# of Floors 2 / Bldg. Age +55
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) Detail Associates, Inc	ASCM No. 0012	Name of Abatement Contractor (9) Lilich Corporation	
Street Address 560 Sylvan Ave, Suite 3065		Street Address 246 Union Boulevard	
City, State, Zip Code Englewood Cliffs, NJ 07632		City, State, Zip Code Totowa, New Jersey 07512	
Project Manager for Monitoring Firm Stephen Jaraczewski	Telephone No 201-569-6708	Telephone No. 973-225-8400	License No. 01104
Start Date (10) 08/05/2026	Scheduled Completion Date (11) 08/08/2026	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) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Room # 23		X		Plaster	20 SF	X			

Name of Registered Waste Hauler Century Waste Services	NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 2	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 07/23/2026

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1) 07/23/2026	Name of Building Owner/Operator (2) Manalapan-Englishtown Regional Schools Check No. 4152
Agencies Notified ☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification ☒ Initial ☐ Amended Amendment #__ ☐ Emergency (including justification) ☐ Cancellation	Street Address 54 Main Street City, State, Zip Code Englishtown, NJ 07726 Name of Contact Veronica Wolf Telephone Number 732-789-2500

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Taylor Mills Elementary School	Type of Facility (4) ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)
Street Address 77 Gordons Corner Road	
City (5) Manalapan, NJ 07726	Square Feet: 15000; # of Floors: 2; Bldg. Age: 50+
County (6) Monmouth County Code (7) *(STATE USE ONLY)*	Current Use (Prior if being demolished) Elementary School
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants, Inc. ASCM No. 00057	Name of Abatement Contractor (9) Lilich Corporation
Street Address P.O. Box 385	Street Address 246 Union Boulevard
City, State, Zip Code Oceanville, New Jersey 08231	City, State, Zip Code Totowa, New Jersey 07512
Project Manager for Monitoring Firm Domenic D'Errico Telephone No 609-652-1833	Telephone No. 973-225-8400 License No. 01104
Start Date (10) 08/10/2026 Scheduled Completion Date (11) 08/22/2026	Name of OSHA Monitor **LIS CONSULTING SERVICES, LLC**
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: Occupied	Street Address 3 B Cottage Court City, State, Zip Code Whiting, New Jersey

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glove Bag Procedure / *Limited Containment &Tent*
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF of LF)	Abatement: Removal	Repair	Encapsulate	Enclosure
Throughout building		x		Fitting (Wrap & cut)	183 EA				

Name of Registered Waste Hauler Century Waste Services/Lilich	NJDEP Waste Hauler ID No. 32797/18724	Cubic Yards of Waste 15	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 07/23/2026

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1) 07/24/2026		Name of Building Owner/Operator (2) Ilearn Facility Development Inc	Check # 4157
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☒ DCA	Type Notification ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 33-00 Broadway	
		City, State, Zip Code Fair Lawn, NJ 07410	
		Name of Contact Richard Arslan	Telephone Number 708-967-5720

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Passaic arts & Science Charter School		Type of Facility (4) ☐ School (K-12) ☒ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 154 East 1st Street			
City (5) Clifton, New Jersey		Square Feet 50,000	# of Floors 3 / Bldg. Age +55
County (6) Passaic	County Code (7) *(STATE USE ONLY)* -	Current Use (Prior if being demolished) Educational	
Name of Monitoring Firm Hired by Building Owner (8) *Detail Associates, Inc*	ASCM No.	Name of Abatement Contractor (9) Lilich Corporation	
Street Address 560 Sylvan Ave, Suite 3065		Street Address 246 Union Boulevard	
City, State, Zip Code Englewood Cliffs, NJ 07632		City, State, Zip Code Totowa, New Jersey 07512	
Project Manager for Monitoring Firm Nadine Bello	Telephone No 973-981-4850	Telephone No. 973-225-8400	License No. 01104
Start Date (10) 08/07/2026	Scheduled Completion Date (11) 08/17/26	Name of OSHA Monitor **LIS CONSULTING SERVICES, LLC**	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: __		Street Address 3 B Cottage Court	
		City, State, Zip Code Whiting, New Jersey	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Principal's Office		X		Ceiling Plaster	380	X			
Principal's Office- hallway		X		Ceiling Plaster	120	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 07/24/2026

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ASB-41 (R-06-08)

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 07/28/2026	Name of Building Owner/Operator (2):
Agencies Notified: [X] EPA [X] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
Street Address: 727 Shawnee Road	
City, State, Zip Code: Turnersville, NJ 08012	
Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 727 Shawnee Road	
City (5): Turnersville	Square Feet: 1,704 / # of Floors: 2 / Bldg. Age: 67
County (6): Gloucester / County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Residence
Name of Monitoring Firm Hired by Building Owner (8): Management & Environmental Consulting Serv / ASCM No.	Name of Abatement Contractor (9): Shade Environmental, LLC
Street Address: PO Box 341	Street Address: 623 Cutler Avenue
City, State, Zip Code: Chesterfield, NJ 08515	City, State, Zip Code: Maple Shade, NJ 08052
Project Manager for Monitoring Firm: Nora Pearse / Telephone No.: 609-298-4070	Telephone No.: 856-755-0099 / License No.: 00842
Start Date (10): 09/28/2026 / Scheduled Completion Date (11): 10/02/2026	Name of OSHA Monitor: EMSL Analytical, Inc.
Occupancy Status During Abatement (Check Only One): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____	Street Address: 200 Route 130 North City, State, Zip Code: Cinnaminson, NJ 08077

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement			X	Floor Tile & Mastic	516 SF	X			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 4	Name of Registered Landfill: Conestoga Landfill
City, State: Freehold, NJ		Disposal Date: 10/02/2026	City, State: Morgantown, PA
Completed by: Samantha Brown	Title: Operations Coordinator	Signature:	Date: 07/28/2026

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 07/27/2026	Name of Building Owner/Operator (2): Newark Board of Education
Agencies Notified: [x] EPA [x] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [x] Emergency (including justification) [ ] Cancellation
	Street Address: 190 Muhammad Ali Avenue
	City, State, Zip Code: Newark, NJ 07108
	Name of Contact: Benjamin Olagadeyo — Telephone Number: 973-733-7220 x 8149

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Bard High School	Type of Facility (4): [x] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 321 Bergen Street	
City (5): Newark	Square Feet: 100,000 — # of Floors: 4 — Bldg. Age: 141
County (6): Essex — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): School
Name of Monitoring Firm Hired by Building Owner (8): TTI Environmental, Inc. — ASCM No.	Name of Abatement Contractor (9): Shade Environmental, LLC
Street Address: 1253 N. Church Street	Street Address: 623 Cutler Avenue
City, State, Zip Code: Moorestown, NJ 08057	City, State, Zip Code: Maple Shade, NJ 08052
Project Manager for Monitoring Firm: Jim Guilardi — Telephone No.: 856-840-8800	Telephone No.: 856-755-0099 — License No.: 00842
Start Date (10): 07/28/2026 — Scheduled Completion Date (11): 07/29/2026	Name of OSHA Monitor: EMSL Analytical, Inc.
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [x] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____	Street Address: 200 Route 130 North — City, State, Zip Code: Cinnaminson, NJ 08077

Scope of Work (Check All That Apply)

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

[x] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Room 214		X		Floor Tile	12 SF	X			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 1	Name of Registered Landfill: Conestoga Landfill
City, State: Freehold, NJ		Disposal Date: 07/29/2026	City, State: Morgantown, PA
Completed by: Christina Fay	Title: VP of Operations	Signature:	Date: 07/27/2026

ASB-41 (R-06-08)

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 07/27/2026		Name of Building Owner/Operator (2): Newark Board of Education	
Agencies Notified: [x] EPA [x] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [x] Emergency (including justification) [ ] Cancellation	Street Address: 190 Muhammad Ali Avenue	
		City, State, Zip Code: Newark, NJ 07108	
		Name of Contact: Benjamin Olagadeyo	Telephone Number: 973-733-7220 x 8149

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Chancellor Avenue School		Type of Facility (4): [x] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 321 Chancellor Avenue			
City (5): Newark		Square Feet: 100,000	# of Floors: 4 / Bldg. Age: 100
County (6): Essex	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): School	
Name of Monitoring Firm Hired by Building Owner (8): TTI Environmental, Inc.	ASCM No.	Name of Abatement Contractor (9): Shade Environmental, LLC	
Street Address: 1253 N. Church Street		Street Address: 623 Cutler Avenue	
City, State, Zip Code: Moorestown, NJ 08057		City, State, Zip Code: Maple Shade, NJ 08052	
Project Manager for Monitoring Firm: Jim Guilardi	Telephone No.: 856-840-8800	Telephone No.: 856-755-0099	License No.: 00842
Start Date (10): 07/28/2026	Scheduled Completion Date (11): 07/29/2026	Name of OSHA Monitor: EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address: 200 Route 130 North	
		City, State, Zip Code: Cinnaminson, NJ 08077	

Scope of Work (Check All That Apply)

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

[x] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Auditorium		X		Heat Shield	20 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: 07/29/2026	City, State: Morgantown, PA
Completed by: Christina Fay	Title: VP of Operations	Signature:	Date: 07/27/2026

ASB-41 (R-06-08)

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1374

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

Date of Notification (1): 7/23/2026	Name of Building Owner/Operator (2):
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [ ] Initial [ ] Amended Amendment #_____ [X] Emergency (including justification) [ ] Cancellation
	Street Address: 6 WALDEN PLACE,
	City, State, Zip Code: WEST CALDWELL NJ. 07706
	Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENTIAL	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 6 WALDEN PLACE,	
City (5): WEST CALDWELL NJ. 07706	Square Feet: 2,187. SF. / # of Floors: 2 / Bldg. Age: 67
County (6): Essex / County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): N/A
Name of Monitoring Firm Hired by Building Owner (8): N/A / ASCM No.	Name of Abatement Contractor (9): NORTH EAST ENVIRONMENTAL LLC.
Street Address	Street Address: 52 FIELD ROAD,
City, State, Zip Code	City, State, Zip Code: CLIFTON NJ. 07013
Project Manager for Monitoring Firm: N/A / Telephone No.	Telephone No.: 201-776-0642 / License No.: 01300
Start Date (10): 7/24/2026 / Scheduled Completion Date (11): 7-27/2026	Name of OSHA Monitor: HILLMAN CONSULTING LAB
Occupancy Status During Abatement (Check Only One): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____	Street Address: 1606 VAUXHALL ROAD, # 107 / City, State, Zip Code: UNION NJ. 07083.

Scope of Work (Check All That Apply)

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

[X] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
ATTIC		X		VERMICULATE	150 .SF.	X			

Name of Registered Waste Hauler: TRI-STATE TRANSFER	NJDEP Waste Hauler ID No.: 19954	Cubic Yards of Waste: TBD	Name of Registered Landfill: MINERVA ENTERPRISE INC
City, State: BRONX N.Y.		Disposal Date: TBD	City, State: WAYNESBURG, OHIO
Completed by: CARLOS ESQUIVEL	Title: MANAGER	Signature:	Date: 7/23/2026

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ASBESTOS CONTROL & ...

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

Date of Notification (1): 07/23/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation
Street Address: 22 Stephen Terrace	
City, State, Zip Code: Parsippany, NJ 07054	
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: 22 Stephen Terrace	
City (5): Parsippany, NJ 07054	Square Feet: 2,825 / # of Floors: 2 / Bldg. Age: 1965
County (6): Morris / County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8): / ASCM No.	Name of Abatement Contractor (9): VEL Construction, LLC
Street Address:	Street Address: 75 Voorhis Place
City, State, Zip Code:	City, State, Zip Code: Ringwood NJ 07456
Project Manager for Monitoring Firm: / Telephone No.	Telephone No.: 201-466-0166 / License No.: 02126
Start Date (10): 07/25/2026 / Scheduled Completion Date (11): 07/31/2026	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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Family room		x		Floor tile	288 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: 07/31/2026	City, State: Pen Argyl, PA
Completed by: Lubica Perez	Title: Owner	Signature: Lubica Perez	Date: 07/23/2026

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 07/27/2026		Name of Building Owner/Operator (2)	
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	Street Address 38 Orchard Rd City, State, Zip Code Maplewood, NJ 07040	
		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 38 Orchard Rd			
City (5) Maplewood, NJ 07040		Square Feet 1,800	# of Floors 1 / Bldg. Age 1926
County (6) Essex	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC	
Street Address		Street Address 75 Voorhis Place	
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-466-0166	License No. 02126
Start Date (10) 07/30/2026	Scheduled Completion Date (11) 08/06/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address City, State, Zip Code	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Kitchen		x		plaster wall	72 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 08/06/2026	City, State Pen Argyl, PA
Completed by Lubica Perez	Title Owner	Signature Lubica Perez	Date 07/27/2026

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 07/27/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation
Street Address: 77 Avenue E	
City, State, Zip Code: Lodi, NJ 07644	
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: 77 Avenue E			
City (5): Lodi, NJ 07644		Square Feet: 1,058	# of Floors: 1 / Bldg. Age: 1941
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.	Telephone No.: 201-466-0166	License No.: 02126
Start Date (10): 07/29/2026	Scheduled Completion Date (11): 08/05/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement		X		Floor tile & mastic	521 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: 08/05/2026	City, State: Pen Argyl, PA
Completed by: Lubica Perez	Title: Owner	Signature: Lubica Perez	Date: 07/27/2026

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 07/23/2026		Name of Building Owner/Operator (2)	
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	Street Address 1370 Sloane Blvd	
		City, State, Zip Code Plainfield, NJ 07060	
		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 1370 Sloane Blvd			
City (5) Plainfield, NJ 07060		Square Feet 1,092	# of Floors 1 / Bldg. Age 1977
County (6) Union	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC	
Street Address		Street Address 75 Voorhis Place	
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-466-0166	License No. 02126
Start Date (10) 07/24/2026	Scheduled Completion Date (11) 07/31/2026	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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement		x		Floor tile	517 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 07/31/2026	City, State Pen Argyl, PA
Completed by Lubica Perez	Title Owner	Signature Lubica Perez	Date 07/23/2026

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 07/23/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation
Street Address: 24 Collingwood Rd	
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: 24 Collingwood Rd	
City (5): Marlboro Township, NJ 07746	Square Feet: 1,906 / # of Floors: 1 / Bldg. Age: 1969
County (6): Monmouth / County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished):
Name of Monitoring Firm Hired by Building Owner (8): / ASCM No.	Name of Abatement Contractor (9): VEL Construction, LLC
Street Address:	Street Address: 75 Voorhis Place
City, State, Zip Code:	City, State, Zip Code: Ringwood NJ 07456
Project Manager for Monitoring Firm: / Telephone No.	Telephone No.: 201-466-0166 / License No.: 02126
Start Date (10): 07/24/2026 / Scheduled Completion Date (11): 07/31/2026	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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
First floor		x		Floor tile & mastic	320 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: 07/31/2026	City, State: Pen Argyl, PA
Completed by: Lubica Perez	Title: Owner	Signature: Lubica Perez	Date: 07/23/2026

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ASB-41 (R-06-08)

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1) 07/28/2026		Name of Building Owner/Operator (2) Manalapan-Englishtown Regional Schools	Check No. 4158
Agencies Notified ☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☐ Initial ☐ Amended Amendment #____ ☒ Emergency (including justification) ☐ Cancellation	Street Address 54 Main Street	
		City, State, Zip Code Englishtown, NJ 07726	
		Name of Contact Veronica Wolf	Telephone Number 732-789-2500

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Clark Mills ES		Type of Facility (4) ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 34 Gordons Corner Road			
City (5) Manalapan, NJ 07726		Square Feet 15000	# of Floors 2 / Bldg. Age 50+
County (6) Monmouth	County Code (7) *(STATE USE ONLY)*	Current Use (Prior if being demolished) Elementary School	
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants, Inc.	ASCM No. 00057	Name of Abatement Contractor (9) Lilich Corporation	
Street Address P.O. Box 385		Street Address 246 Union Boulevard	
City, State, Zip Code Oceanville, New Jersey 08231		City, State, Zip Code Totowa, New Jersey 07512	
Project Manager for Monitoring Firm John Smoyer	Telephone No 609-652-1833	Telephone No. 973-225-8400	License No. 01104
Start Date (10) 07/30/2026	Scheduled Completion Date (11) 08/01/2026	Name of OSHA Monitor **LIS CONSULTING SERVICES. LLC**	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address 3 B Cottage Court City, State, Zip Code Whiting, New Jersey	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☐ Glove Bag Procedure / *Limited Containment &Tent*
☐ Non-Exempted (*) and Non-Friable Procedure

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

Name of Registered Waste Hauler Century Waste Services	NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Landfill
City, State Elizabeth, New Jersey		Disposal Date August/2026	City, State Pen Argyl, PA
Completed by Adriana Olejarova	Title President	Signature	Date 07/28/2026

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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): 07/31/2026	Name of Building Owner/Operator (2): North Plainfield Public School District	
Agencies Notified: [x] EPA [x] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 33 Mountain Avenue
	City, State, Zip Code: North Plainfield, NJ, 07060	
	Name of Contact: Kelvin White, Sr.	Telephone Number: 908-769-6058

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): North Plainfield Middle School		Type of Facility (4): [x] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 34 Wilson Avenue		
City (5): North Plainfield		Square Feet: 100,000+ / # of Floors: 3 / Bldg. Age: 70+
County (6): Somerset	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Educational
Name of Monitoring Firm Hired by Building Owner (8): New Wave Engineering, LLC	ASCM No.	Name of Abatement Contractor (9): Spes Contracting LLC
Street Address: PO Box 4124		Street Address: 59 Beaverbrook Rd. Ste 302 E
City, State, Zip Code: Wayne, NJ 07474		City, State, Zip Code: Lincoln Park, NJ 07035
Project Manager for Monitoring Firm: Nadine Bello	Telephone No.: 973-981-4850	Telephone No.: 973-807-6330 / License No.: 01383
Start Date (10): 08/10/2026	Scheduled Completion Date (11): 08/20/2026	Name of OSHA Monitor: Spes Contracting LLC
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address: 59 Beaverbrook Rd. Ste 302 E City, State, Zip Code: Lincoln Park, NJ 07035

Scope of Work (Check All That Apply)

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

[x] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
2nd Floor, Science Room 200		x		VAT and MASTIC	830 SF	x			
2nd Floor, Science Room 202		x		VAT and MASTIC	900 SF	x			

Name of Registered Waste Hauler: Spes Contracting LLC	NJDEP Waste Hauler ID No.: 0038075	Cubic Yards of Waste: 30	Name of Registered Landfill: Tri State Transfer & Associates
City, State: Lincoln Park, NJ		Disposal Date: TBD	City, State: Bronx, NY
Completed by: Branislav Pavlov	Title: General Manager	Signature:	Date: 07/31/2026

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ASB-41 (R-06-08)

Ck # 1550
1550

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 07 / 31 / 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: Kieran Flanagan	Telephone Number: 973-768-0830

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 / 14 / 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-_____PM/_____PM-_____AM	Street Address: / City, State, Zip Code:
Scope of Work (Check all that apply): ☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf ☐ Renovation ☒ Demolition	☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement	☐	☐	☒	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 Fooring 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: 7-31-26

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

Date of Notification (1): 7/29/2026		Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 23 Deborah Way
		City, State, Zip Code: Fanwood, NJ 07023
		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: 23 Deborah Way		
City (5): Fanwood		Square Feet: 1884 / # of Floors: 2 / Bldg. Age: 66
County (6): Union	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Home
Name of Monitoring Firm Hired by Building Owner (8): EnviroVision Consultants	ASCM No.: 0004	Name of Abatement Contractor (9): National Flooring Removal L.L.C.
Street Address: 20-21 Wagaraw Rd, Building 35E		Street Address: PO Box 58
City, State, Zip Code: Fair Lawn, NJ 07410		City, State, Zip Code: Augusta, NJ 07822
Project Manager for Monitoring Firm: Fred Larson	Telephone No.: 973-636-9145	Telephone No.: 973-919-5743 / License No.: 02093
Start Date (10): 8/12/2026	Scheduled Completion Date (11): 8/14/2026	Name of OSHA Monitor: N/A
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: / City, State, Zip Code:

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
"Hallway"		X		Asbestos Joint Compound	13.5 SF	X			
Rec Room		X		Asbestos Joint Compound	92.5 SF	X			
Garage		X		Asbestos Joint Compound	25 SF	X			

Name of Registered Waste Hauler: National Flooring Removal L.L.C.	NJDEP Waste Hauler ID No.: 105431	Cubic Yards of Waste: <5	Name of Registered Landfill: Grand Central Landfill
City, State: Augusta, NJ		Disposal Date: 7/14/2026	City, State: Pen Argyl, PA
Completed by: Timothy Patrick	Title: CEO	Signature:	Date: 7/29/2026

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 7/31/26	Name of Building Owner/Operator (2): City of Vineland
Agencies Notified: [X] EPA [X] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: P.O. Box1508
	City, State, Zip Code: Vineland, NJ 08362
	Name of Contact: Harry McCormick — Telephone Number: 856-794-4040

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Vineland City Hall	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 640 E Wood Street	
City (5): Vineland	Square Feet: n/a — # of Floors: 5 — Bldg. Age: unknown
County (6): Cumberland — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8): Health & Safety Services, Inc. — ASCM No.	Name of Abatement Contractor (9): Panoramic Window & Door Systems, Inc.
Street Address: P.O. Box 365	Street Address: 712 Sergeantsville Rd
City, State, Zip Code: Berlin, NJ 08009	City, State, Zip Code: Stockton, NJ 08559
Project Manager for Monitoring Firm: Jim Proctor — Telephone No.: 609-839-2432	Telephone No.: 732-926-0900 — License No.: 01237
Start Date (10): 8/10/26 — Scheduled Completion Date (11): 8/20/26	Name of OSHA Monitor: Panoramic Window & Door Systems, Inc.
Occupancy Status During Abatement (Check Only One): [X] Facility Closed/Vacated During Entire Period of Abatement 7am-3pm [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____	Street Address: 712 Sergeantsville Rd — City, State, Zip Code: Stockton, NJ 08559

Scope of Work (Check All That Apply)

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

[X] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
windows			x	perimeter caulk	280LF	x			

Name of Registered Waste Hauler: Panoramic Window & Door Systems, Inc.	NJDEP Waste Hauler ID No.: 0036057	Cubic Yards of Waste: TBD	Name of Registered Landfill: Cumberland County Authority
City, State: Stockton, NJ		Disposal Date: TBD	City, State: Millville, NJ
Completed by: Paul Nagy	Title: VP	Signature:	Date: 7/31/26

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 7/30/26	Name of Building Owner/Operator (2): Atlantic County Family Success Center
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [ ] Initial [ ] Amended [ ] Amendment #_____ [X] Emergency (including justification) [ ] Cancellation
	Street Address: 3050 Spruce Avenue
	City, State, Zip Code: Egg Harbor Twp NJ 08234
	Name of Contact: Cathy Ledden — Telephone Number: 609-820-9312

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Atlantic County Family Success Center	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 3050 Spruce Avenue	Square Feet: 1000+ — # of Floors: 2 — Bldg. Age: 50+
City (5): Egg Harbor Twp NJ 08234	Current Use (Prior if being demolished):
County (6): Atlantic — County Code (7) *(STATE USE ONLY)* _____	
Name of Monitoring Firm Hired by Building Owner (8): Coastal Environmental Compliance LLC — 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.	Telephone No.: 856-753-9800 — License No.: 00727
Start Date (10): 7/31/26 — Scheduled Completion Date (11): 8/4/26	Name of OSHA Monitor: Same
Occupancy Status During Abatement (Check Only One): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____	Street Address: City, State, Zip Code:

Scope of Work (Check All That Apply)

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

[X] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
HVAC Closet			x	Floor Tile Only	100 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: 8/4/26	City, State: Morrisville PA 19067
Completed by: Anthony T Perna	Title: President	Signature:	Date: 7/30/26

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ASB-41 (R-06-08)

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

Check: 3839

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AUG 11 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 08/05/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: 21 Tanforan Ct	
City, State, Zip Code: Matawan, NJ 07747	
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: 21 Tanforan Ct	
City (5): Matawan, NJ 07747	Square Feet: 2041 / # of Floors: 2 / Bldg. Age: 1972
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): 08/14/2026 / 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) 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
Family Room		x		Floor tile	287 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: 08/05/2026

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 08/01/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: 1 Horizon Rd - Apartment 1012	
City, State, Zip Code: Fort Lee, NJ 07024	
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 Horizon Rd - Apartment 1012	Square Feet: 1,050 / # of Floors: tbd / Bldg. Age: 1965
City (5): Fort Lee, NJ 07024	
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.:	Telephone No.: 201-466-0166 / License No.: 02126
Start Date (10): 08/10/2026 / Scheduled Completion Date (11): 08/17/2026	Name of OSHA Monitor:
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____	Street Address: / City, State, Zip Code:

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Master bedroom		x		parquet flooring & mastic	81 SF	x			
Hall		x		parquet flooring & mastic	216 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: 08/17/2026	City, State: Pen Argyl, PA
Completed by: Lubica Perez	Title: Owner	Signature: Lubica Perez	Date: 08/01/2026

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1) 08/05/2026		Name of Building Owner/Operator (2)	
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☐ Initial ☒ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 75 Woodland Ave	
		City, State, Zip Code Glen Ridge, NJ 07028	
		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 75 Woodland Ave			
City (5) Glen Ridge, NJ 07028		Square Feet 1,782	# of Floors 2	Bldg. Age 1925
County (6) Essex	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC		
Street Address		Street Address 75 Voorhis Place		
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456		
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-466-0166	License No. 02126	
Start Date (10) 08/05/2026	Scheduled Completion Date (11) 08/14/2026	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 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
Kitchen		x		floor tile	128 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 08/14/2026	City, State Pen Argyl, PA

Completed by Lubica Perez	Title Owner	Signature *Lubica Perez*	Date 08/05/2026

ASB-41 (R-06-08)

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 08/03/2026		Name of Building Owner/Operator (2)	
Agencies Notified [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address 47 E Washington Ave	
		City, State, Zip Code Washington, NJ 07882,	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 47 E Washington Ave			
City (5) Washington, NJ 07882,		Square Feet 2,200	# of Floors 1	Bldg. Age 1980
County (6) Warren	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC	
Street Address		Street Address 75 Voorhis Place	
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-466-0166	License No. 02126
Start Date (10) 08/12/2026	Scheduled Completion Date (11) 08/19/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address City, State, Zip Code	

Scope of Work (Check All That Apply)

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

[ ] Renovation
[x] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Ground level		x		Floor tile	1,650 SF	x			

Name of Registered Waste Hauler Century Waste Services	NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 10	Name of Registered Landfill Grand Central Sanitary Landfill
City, State Elizabeth, NJ		Disposal Date 08/19/2026	City, State Pen Argyl, PA

Completed by Lubica Perez	Title Owner	Signature *Lubica Perez*	Date 08/03/2026

ASB-41 (R-06-08)

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

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AUG 11 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 07/30/2026	Name of Building Owner/Operator (2): ZRL Real Estate and Construction
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
Street Address: 998 New Brunswick Ave	
City, State, Zip Code: Phillipsburg, NJ 08865	
Name of Contact: Zack Liptak	Telephone Number: 908-827-6090

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Commercial	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 998 New Brunswick Ave	
City (5): Phillipsburg, NJ 08865	Square Feet: 1,107 / # of Floors: 1 / Bldg. Age: 1947
County (6): Warren / County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): VEL Construction, LLC
Street Address	Street Address: 75 Voorhis Place
City, State, Zip Code	City, State, Zip Code: Ringwood NJ 07456
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 201-466-0166 / License No.: 02126
Start Date (10): 08/08/2026 / Scheduled Completion Date (11): 08/12/2026	Name of OSHA Monitor
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____	Street Address / City, State, Zip Code

Scope of Work (Check All That Apply)

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

[ ] Renovation
[x] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement ceiling		x		asbestos paper on duct	5 SF	x			
Attic		x		2 loose pieces of Transite boards	5 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: 08/12/2026	City, State: Pen Argyl, PA

Completed by: Lubica Perez	Title: Owner	Signature: Lubica Perez	Date: 07/30/2026

ASB-41 (R-06-08)

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

3835

Print Form

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

Check 3835

RECEIVED
AUG 11 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 07/28/2026		Name of Building Owner/Operator (2)	
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 403 Abbott Rd	
		City, State, Zip Code Paramus, NJ 07652	
		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 403 Abbott Rd			
City (5) Paramus, NJ 07652		Square Feet 1,456	# of Floors 2 / Bldg. Age 1955
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.	Telephone No. 201-466-0166	License No. 02126
Start Date (10) 08/06/2026	Scheduled Completion Date (11) 08/20/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address City, State, Zip Code	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
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 08/20/2026	City, State Pen Argyl, PA
Completed by Lubica Perez	Title Owner	Signature Lubica Perez	Date 07/28/2026

ASB-41 (R-06-08)

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VEL Construction LLC

403 Abbott Road, Paramus NJ

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Is Location Normally Used Solely by Maintenance/ Custodial Staff?	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type
Kitchen	No	ceiling	144 SF	Removal
Guest Bathroom	No	ceiling	42 SF	Removal
Guest Bathroom	No	walls	182 SF	Removal
Guest Bathroom	No	floor	42 SF	Removal
Master bedroom	No	ceiling	143 SF	Removal
Master bathroom	No	ceiling	20 SF	Removal
Master bathroom	No	walls	126 SF	Removal
Master bathroom	No	floor	20 SF	Removal
Basement laundry room	No	back perimeter wall	84 SF	Removal
Basement laundry room	No	left wall	50 SF	Removal

3833

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

Check 3833

RECEIVED AUG 11 2026 ASBESTOS CONTROL & LICENSING

Date of Notification (1): 07/30/2026	Name of Building Owner/Operator (2):	
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	Street Address: 61 N 5th Ave City, State, Zip Code: Long Branch, NJ 07740 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: 61 N 5th Ave			
City (5): Long Branch, NJ 07740		Square Feet: 1,405	# of Floors: 2 / Bldg. Age: 1910
County (6): Monmouth	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished):	
Name of Monitoring Firm Hired by Building Owner (8):	ASCM No.:	Name of Abatement Contractor (9): VEL Construction, LLC	
Street Address:		Street Address: 75 Voorhis Place	
City, State, Zip Code:		City, State, Zip Code: Ringwood NJ 07456	
Project Manager for Monitoring Firm:	Telephone No.:	Telephone No.: 201-466-0166	License No.: 02126
Start Date (10): 07/31/2026	Scheduled Completion Date (11): 08/04/2026	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) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Crawlspace		x		pipe insulation	20 LF	x			

Name of Registered Waste Hauler: Century Waste Services	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: 5	Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 08/04/2026	City, State: Pen Argyl, PA
Completed by: Lubica Perez	Title: Owner	Signature: Lubica Perez	Date: 07/30/2026

ASB-41 (R-06-08)

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

3851

Print Form

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RECEIVED Check 3851

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

AUG 11 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 07/29/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation
Street Address: 29 Manor Blvd	
City, State, Zip Code: Monroe Township, NJ 08831,	
Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential House		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 29 Manor Blvd			
City (5): Monroe Township, NJ 08831,		Square Feet: 2,476	# of Floors: 2 / Bldg. Age: 1976
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): 07/30/2026	Scheduled Completion Date (11): 08/05/2026	Name of OSHA Monitor:	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address:	
		City, State, Zip Code:	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement office		x		Floor tile	113 SF	x			
Basement closet		x		Floor tile	6 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: 08/05/2026	City, State: Pen Argyl, PA

Completed by: Lubica Perez	Title: Owner	Signature: Lubica Perez	Date: 07/29/2026

ASB-41 (R-06-08)

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