

4147



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

RECEIVED

Date of Notification (1) 06/15/2026		Name of Building Owner/Operator (2) Interglobo NA Real Estate LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 2 Colony Road City, State, Zip Code Jersey City, NJ 07305 Name of Contact Sophia Cosenza Telephone Number 609-721-8091						
	<b>FACILITY INFORMATION</b>								
	Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 650 Liberty Avenue		Square Feet	# of Floors	Bldg. Age					
City (5) Union		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
County (6) Union		Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, Inc.		ASCM No.					
Name of Abatement Contractor (9) All Pro Management, LLC		Street Address PO Box 365		City, State, Zip Code Berlin, NJ 08009					
Street Address 27 Outwater Lane, Suite B		City, State, Zip Code Garfield, NJ 07026		Telephone No. 973-928-4888					
Project Manager for Monitoring Firm		Telephone No. 856-452-1311		License No. 1188					
Start Date (10) 06/16/2026		Scheduled Completion Date (11) 07/17/2026		Name of OSHA Monitor Health & Safety Services, Inc.					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO Box 365 City, State, Zip Code Berlin, NJ 08009							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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	Wet Demo					
Name of Registered Waste Hauler Mazza Recycling Services		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill				
City, State Tinton Falls, NJ		Disposal Date		City, State Morrisville, PA					
Completed by Jacqueline Anello		Title Office Administrator		Signature <i>Jacqueline Anello</i>		Date 06/15/2026			

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

1666  
 Approved by  
 Tom Varhees 6/16/26

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

Check # 44666  
 RECEIVED

Date of Notification (1) <b>6/16/26</b>		Name of Building Owner / Operator (2) <b>Pitman School District</b>	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>320 Grant Ave</b>	
		City, State & Zip Code <b>Pitman, NJ 08071</b>	
		Name of Contact <b>Christopher DeStratis</b>	Telephone Number <b>856-589-2145</b>

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Pitman ES</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>138 E Holly Ave</b>			Square Feet <b>150,000</b>	# of Floors <b>1</b>	Bldg. Age <b>40+</b>
City (5) <b>Pitman</b>	County (6) <b>Gloucester</b>	County Code (7)	Current Use (Prior if being demolished) <b>School</b>		

Name of Monitoring Firm Hired by Building Owner (8) <b>Epic Environmental Services, LLC</b>		ASCM No.	Name of Abatement Contractor (9) <b>Bristol Environmental, LLC.</b>		
Street Address <b>80 Fork Bridge Road</b>		Street Address <b>1123 Beaver Street</b>			
City, State & Zip Code <b>Pittsgrove, NJ 08318</b>		City, State & Zip Code <b>Bristol, PA 19007</b>			
Project Manager for Monitoring Firm <b>Jim Eberts</b>		Telephone Number <b>856-889-1736</b>	Telephone Number <b>(215)788-6040</b>	License Number <b>02121</b>	
Scheduled Start Date (10) <b>6/17/26</b>		Scheduled Completion Date (11) <b>6/20/26</b>		Name of OSHA Monitor <b>Bristol Environmental LLC</b>	

Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <b>7:00 AM to 4:00 PM</b> <input type="checkbox"/> Facility Occupied During Abatement			Street Address <b>1123 Beaver Street</b>		
			City, State & Zip Code <b>Bristol, PA 19007</b>		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Attic</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Wrap &amp; Cut - Pipe Insulation</b>	<b>240LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Freehold Cartage</b>	NJDEP Waste Hauler ID No. <b>15939</b>	Cubic Yards of Waste <b>5 Cu Yd</b>	Name of Registered Landfill <b>Conestoga Landfill</b>
City, State <b>Freehold, NJ</b>	Disposal Date <b>6/22/26</b>	City, State <b>Morgantown, PA</b>	
Completed By (Print or Type) <b>Gino Pizzigoni</b>	Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni</i>	Date <b>6/16/26</b>

6126098

13754

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

B & G Project # 2026-97

Check # 13756

Date of Notification (1) <b>6-17-26</b>		Name of Building Owner/Operator (2) <b>Hillsdale Board of Education</b>		<b>RECEIVED</b>								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>32 Ruckman Road</b> City, State, Zip Code <b>Hillsdale, NJ 07642</b>								
		Name of Contact <b>Sacha Pouliot</b>		Telephone Number <b>201-664-4512</b>								
<b>FACILITY INFORMATION</b>												
Name of Facility Where Abatement is Taking Place (3) <b>George G White Middle School</b>			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)									
Street Address <b>120 Magnolia Avenue</b>			Square Feet <b>50,000+</b>	# of Floors <b>3</b>	Bldg. Age <b>100+</b>							
City (5) <b>Hillsdale, NJ 07642</b>		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) <b>Middle school</b>								
County (6) <b>Bergen</b>		Name of Monitoring Firm Hired by Building Owner (8) <b>T &amp; M Associates</b>		ASCM No. _____								
Name of Monitoring Firm Hired by Building Owner (8) <b>T &amp; M Associates</b>		ASCM No. _____		Name of Abatement Contractor (9) <b>B &amp; G Restoration, Inc.</b>								
Street Address <b>11 Tindall Road</b>		Street Address <b>1234 Route 23</b>		City, State, Zip Code <b>Butler, NJ 07405</b>								
City, State, Zip Code <b>Middletown, NJ 07748</b>		City, State, Zip Code <b>Butler, NJ 07405</b>		License No. <b>00378</b>								
Project Manager for Monitoring Firm <b>Kevin Burns</b>		Telephone No. <b>908-347-4396</b>		Telephone No. <b>973-696-6869</b>								
Start Date (10) <b>6-19-26</b>		Scheduled Completion Date (11) <b>6-20-26</b>		Name of OSHA Monitor <b>B &amp; G Restoration, Inc.</b>								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>Occupied 7am to 3:30pm</b>			Street Address <b>1234 Route 23</b>									
			City, State, Zip Code <b>Butler, NJ 07405</b>									
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Building Demolition with asbestos in-place <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type				
		Yes	No					N/A	Removal	Repair	Encapsulate	Enclosure
2nd floor corridor			X		VAT & Mastic		70 SF		X			
Room adj to 2nd floor corridor			X		Pipe Insulation (wrap & cut)		20 LF		X			
									X			
									X			
Name of Registered Waste Hauler <b>B&amp;G Restoration Inc.</b>		NJDEP Waste Hauler ID No. <b>19563</b>		Cubic Yards of Waste <b>1</b>		Name of Registered Landfill <b>Grand Central Landfill</b>						
City, State <b>Butler, NJ</b>		Disposal Date <b>6-27-26</b>		City, State <b>Pen Argyl, PA</b>								
Completed by <b>Gordana Luna</b>		Title <b>Secretary / Treasurer</b>		Signature <i>Gordana Luna</i>		Date <b>6-17-26</b>						

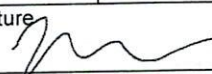
1309

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

Check# 1309

Date of Notification (1) 06/15/2026		Name of Building Owner/Operator (2) Hollie Chhabra		RECEIVED					
Agencies Notified		Type Notification		Street Address					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		85 Athens Road					
				City, State, Zip Code Short Hills, NJ 07078					
		Name of Contact Hollie Chhabra		Telephone Number 610-331-1464					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private house			Type of Facility (4)						
Street Address 85 Athens Road			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Short Hills, NJ 07078			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) 06/16/2026		Scheduled Completion Date (11) 06/17/2026		Name of OSHA Monitor Envirovision Consultants, Inc					
Occupancy Status During Abatement (Check Only One)			Street Address						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			20-21 Wagaraw Road, Bldg.# 35 E						
			City, State, Zip Code Fair Lawn, NJ 07410						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Duct insulation	20 LF	x			
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc				
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed by G.Ristanovic		Title Owner		Signature Gradimir Ristanovic		Date 06/15/2026			

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

Date of Notification (1) 6/18/2026		Name of Building Owner/Operator (2) Garrett Bardeguez							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 38 point pleasant rd							
		City, State, Zip Code Hopatcong nj 07843							
		Name of Contact Dominick DiPaolo	Telephone Number +1 (862) 397-9101						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 38 Point Pleasant		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 38 Point Pleasant Road		Square Feet unknown	# of Floors 2						
City (5) Hopatcong		Bldg. Age unknown							
County (6) Sussex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor (9) Gold Coast Management LLC						
Street Address		Street Address 30 Sherman Ave							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07307							
Project Manager for Monitoring Firm TBD		Telephone No. 908-270-8556	License No. 02109						
Start Date (10) 6/20/2026	Scheduled Completion Date (11) 6/21/2026	Name of OSHA Monitor John Kim							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Basement Only</u>		Street Address 254 Ridgewood Ave							
		City, State, Zip Code Glen Ridge NJ 07028							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) In Facility (13) <u>TO BE ABATED</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	VAT	450 SF	X			
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. NJ860	Cubic Yards of Waste 5	Name of Registered Landfill Conestoga Landfill					
City, State Elizabeth, NJ		Disposal Date		City, State Morgantown PA					
Completed by John Kim		Title President		Signature 				Date 6/18/2025	

RECEIVED

ASBESTOS CONTROL & LICENSING

145

133

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

RECEIVED

Date of Notification (1) <b>06/19/2026</b>		Name of Building Owner/Operator (2) <b>Grace Boyle</b>		JUN 26 2026						
Agencies Notified	Type Notification	Street Address <b>218 Linden Ave,</b>		City, State, Zip Code <b>Verona, NJ 07044</b>						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact <b>Michelle Conselina</b>		Telephone Number <b>973-669-4825</b>						
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) <b>residential</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>218 Linden Ave,</b>			Square Feet <b>1,597</b>	# of Floors <b>2</b>	Bldg. Age <b>125</b>					
City (5) <b>Verona</b>		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)						
County (6) <b>Essex</b>		Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>Acme Professional Services Corp</b>						
Street Address		ASCM No.		Street Address <b>170 Kinnelon Rd, Suite 32</b>						
City, State, Zip Code		Telephone No.		City, State, Zip Code <b>Kinnelon, NJ 07405</b>						
Project Manager for Monitoring Firm		Telephone No. <b>973-938-5266</b>		License No. <b>02003</b>						
Start Date (10) <b>06/22/2026</b>		Scheduled Completion Date (11) <b>06/23/2026</b>		Name of OSHA Monitor <b>Arsenije Adamov</b>						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address <b>170 Kinnelon Rd, Suite 32</b>							
			City, State, Zip Code <b>Kinnelon, NJ 07405</b>							
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
<b>Kitchen exterior wall</b>		<input checked="" type="checkbox"/>		<b>ACM Plaster</b>	<b>150 SF</b>	<input checked="" type="checkbox"/>				
Name of Registered Waste Hauler <b>Acme Professional Services Corp</b>		NJDEP Waste Hauler ID No. <b>0038176</b>		Cubic Yards of Waste <b>1</b>		Name of Registered Landfill <b>Fairless Landfill</b>				
City, State <b>Kinnelon, NJ</b>		Disposal Date <b>06/23/2026</b>		City, State <b>Morrisville, PA</b>						
Completed by <b>Samantha Zamora</b>		Title <b>Project Coordinator</b>		Signature <i>Samantha Zamora</i>			Date <b>06/19/2026</b>			

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

1332

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

**RECEIVED**

1928-NJ-26A

Date of Notification (1) 06/23/2026		Name of Building Owner/Operator (2) Newark Public Schools	
Agencies Notified  <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Notification Type  <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Amendment # ___ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 190 Muhammad Ali Ave	
		City, State, Zip Code Newark, NJ 07108	
		Name of Contact Benjamin Olagadeyo	Tel. Number (973)391-4331

JUN 26 2026

**ASBESTOS CONTROL & LICENSING**

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Hawkins Street School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 8 Hawkins St.		Square Feet	# of Floors
City (5) Newark, NJ 07105		Bldg. Age	
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

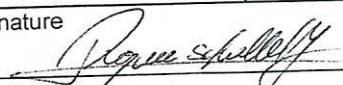
Name of Monitoring Firm Hired by Bldg. Owner TTI Environmental, Inc.	ASCM No.	Name of Contractor (9) CID CONSTRUCTION SERVICES, LLC	
Street Address 1253 North Church St.		Street Address PO Box 395	
City, State, Zip Code Moorestown, NJ 08057		City State, Zip Code Lodi, NJ 07644	

Project Manager for Monitoring Firm (8) Jim Guilardi	Telephone Number (609) 314-1683	Telephone Number (973)685-9791	License Number 01191 "A"
Scheduled Start Date (10) 06/27/2026	Scheduled Completion Date (11) 07/27/2026	Name of OSHA Monitor Testor Technologies	

Occupancy Status During Abatement (Check only one)  <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:	Street Address 10-59 Jackson Ave.	
	City, State, Zip Code Long Island City, NY 11101	

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 114 & Closets (UN-30 and UN-40)		X		Flooring Material	900 SF	X			
Room 114 Bathroom		X		Pipe Insulation	8LF	X			

Name of Reg. Waste Hauler Cid Construction Services, LLC	NJDEP Waste Hauler ID # 32905	Cubic Yards of Waste TBD	Name of Reg. Landfill Century Waste Service LLC
City, State Lodi, NJ	Disposal Date TBD	City, State Elizabeth, NJ	
Completed by Roque Schipilliti	Title Project Manager	Signature 	Date 06/23/2026

8331

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

1927-NJ-26A

Date of Notification (1) 06/23/2026		Name of Building Owner/Operator (2) Newark Public Schools		<b>RECEIVED</b>					
Agencies Notified  <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Notification Type  <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 190 Muhammad Ali Ave		JUN 26 2026				
			City, State, Zip Code Newark, NJ 07108						
			Name of Contact Benjamin Olagadeyo		ASBESTOS CONTROL & LICENSING (973)391-4331				
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) East Side High School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 238 Van Buren St.			Square Feet	# of Floors	Bldg. Age				
City (5) Newark, NJ 07105			Current Use (Prior if being demolished)						
County (6) Essex		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Bldg. Owner TTI Environmental, Inc.		ASCM No.	Name of Contractor (9) CID CONSTRUCTION SERVICES, LLC						
Street Address 1253 North Church St.		Street Address PO Box 395							
City, State, Zip Code Moorestown, NJ 08057		City State, Zip Code Lodi, NJ 07644							
Project Manager for Monitoring Firm (8) Jim Guilardi		Telephone Number (609) 314-1683	Telephone Number (973) 685-9791	License Number 01191 "A"					
Scheduled Start Date (10) 06/25/2026		Scheduled Completion Date (11) 07/25/2026		Name of OSHA Monitor Testor Technologies					
Occupancy Status During Abatement (Check only one)  <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:			Street Address 10-59 Jackson Ave.  City, State, Zip Code Long Island City, NY 11101						
Source of Work (Check all that apply)  <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Front Lobby Storage Rooms		X		Flooring Material	300 SF	X			
Front Lobby Storage Rooms Crawlspace		X		Debris	50 SF	X			
Front Lobby Storage Rooms Crawlspace		X		Pipe Insulation	50 LF		X		
Name of Reg. Waste Hauler Cid Construction Services, LLC		NJDEP Waste Hauler ID # 32905		Cubic Yards of Waste TBD	Name of Reg. Landfill Century Waste Service LLC				
City, State Lodi, NJ				Disposal Date TBD	City, State Elizabeth, NJ				
Completed by Roque Schipilliti		Title Project Manager		Signature 		Date 06/23/2026			

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

CL# 12028


#2028  
 12/21

Date of Notification (1) 5/04/2026		Name of Building Owner/Operator (2) Huntsville, BH, LLC								
Agencies Notified	Type Notification	Street Address 104 S. 25th Ave.								
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Longport, NJ 08403								
		Name of Contact Rob Merlice	Telephone Number 570-574-5931							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) Vacant Residential Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 104 S. 25th Ave.		Square Feet 2780	# of Floors 2							
City (5) Longport		Bldg. Age 100+								
County (6) Atlantic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Unoccupied								
Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental Inc.		ASCM No.	Name of Abatement Contractor (9) American Demolition Corp.							
Street Address 617 Stokes Rd., Suite 4-318		Street Address 2 English Lane								
City, State, Zip Code Medford, NJ 08055		City, State, Zip Code Egg Harbor Twp., NJ 08234								
Project Manager for Monitoring Firm Rebecca Rubnitz		Telephone No. 888-715-2211	Telephone No. 609-926-7373							
		License No. 02056								
Start Date (10) 5/13/2026	Scheduled Completion Date (11) 5/30/2026	Name of OSHA Monitor Finog Environmental Inc.								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 617 Stokes Rd., Suite 4-318								
		City, State, Zip Code Medford, NJ 08055								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
exterior			X	asbestos shingles	1800sf	X				
basement			X	pipe wrap	30lf	X				
Name of Registered Waste Hauler American Demolition Corp		NJDEP Waste Hauler ID No. 16473	Cubic Yards of Waste	Name of Registered Landfill ACUA						
City, State Egg Harbor Twp., NJ		Disposal Date TBD		City, State Pleasantville						
Completed by Jannie Truehart		Title Project Manager		Signature <i>Jannie Truehart</i>				Date 5/4/2026		

100552  
100988

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

**PAID**

Date of Notification (1) 4/13/2026		Name of Building Owner/Operator (2) New Jersey Department of Transportation								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1149 Bloomfield Ave Ste 1								
		City, State, Zip Code Clifton, NJ 07012								
		Name of Contact Muhammad Ansari	Telephone Number 908-399-1854							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) Route 7- Pier		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 1 Baler Blvd		Square Feet 1960	# of Floors 0							
City (5) Kearney, NJ 07032		Bldg. Age 20+								
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Pier on Route 7								
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Services		ASCM No. 00120	Name of Abatement Contractor (9) Gramercy Group Inc							
Street Address 280 Huyler Street		Street Address 3000 Burns Ave								
City, State, Zip Code South Hackensack, NJ 07606		City, State, Zip Code Wantagh NY 11793								
Project Manager for Monitoring Firm Anton Rezin		Telephone No. 201-489-8700	Telephone No. 516-876-0020							
		License No. 01085								
Start Date (10) 04/23/2026	Scheduled Completion Date (11) 04/22/27	Name of OSHA Monitor Gramercy Group Inc								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 3000 Burns Ave								
		City, State, Zip Code Wantagh, NY 11793								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Tops of Pier Pilings	X			Asbestos Joint Filler	1347 SF	x				
Name of Registered Waste Hauler GWEC		NJDEP Waste Hauler ID No. 32981	Cubic Yards of Waste 100	Name of Registered Landfill 110 Sand						
City, State Wantagh NY		Disposal Date		City, State Melville NY						
Completed by Brianxis Jimenez		Title Enviromental Manager		Signature 			Date 4/13/2026			

RECEIVED  
APR 16 2026

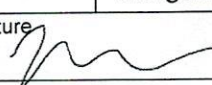
ASBESTOS CONTROL

2142

PAID

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


RECEIVED

Date of Notification (1) 6/11/2026		Name of Building Owner/Operator (2) Carly Knight							
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 30 Hughes Street Maplewood, NJ 07040							
		City, State, Zip Code							
		Name of Contact Carly Knight	Telephone Number +1 (716) 622-1332						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Single Family		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 30 Hughes St		Square Feet unknown	# of Floors 2						
City (5) Maplewood		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. 908-270-8556	License No. 02109						
Start Date (10) 6/18/2026	Scheduled Completion Date (11) 6/19/2026	Name of OSHA Monitor John Kim							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>Basement</u>		Street Address 254 Ridgewood Ave							
		City, State, Zip Code Glen Ridge NJ 07028							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bedroom			X	Plaster Ceiling	120 SF	X			
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. NJ860	Cubic Yards of Waste 5	Name of Registered Landfill Conestoga Landfill					
City, State Elizabeth, NJ		Disposal Date		City, State Morgantown PA					
Completed by John Kim		Title President		Signature 			Date 6/11/2025		

4249

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

RECEIVED

Date of Notification (1) 6 / 8 / 26		Name of Building Owner/Operator (2) Michael Russell		JUN 15 2026					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 33 Pelican Dr		ASBESTOS CONTROL & LICENSING					
		City, State, Zip Code Bayville, NJ 08721		Telephone Number 732-551-6507					
		Name of Contact Michael Russell							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 33 Pelican Dr			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 33 Pelican Dr		City (5) Bayville		Square Feet 1800	# of Floors 2				
City (5) Bayville		County (6) Ocean		County Code (7)(STATE USE ONLY)	Bldg. Age 50				
County (6) Ocean		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) 6 / 9 / 26		Scheduled Completion Date (11) 6 / 10 / 26		Name of OSHA Monitor AZ Solution Consulting					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM			Street Address 27 Susquehanna Ave						
			City, State, Zip Code Rochelle Park, NJ 07662						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Lower level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile	400SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mastic	400SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Brick Industries, Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste 8	Name of Registered Landfill Fairless Landfill					
City, State Brick, NJ		Disposal Date 6/11/26		City, State Morrisville, PA					
Completed By (Print or Type) Eric Plackis		Title President	Signature 		Date 6/8/26				

4250

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

RECEIVED

Date of Notification (1) 6 / 9 / 26		Name of Building Owner/Operator (2) Patricia Fosgreen	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 8 Westbrook Road	
		City, State, Zip Code Howell, NJ 07731	
		Name of Contact Patricia Fosgreen	Telephone Number 6237347294

JUN 15 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 8 Westbrook Road		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
City (5) Howell	Square Feet 1974	# of Floors 2	Bldg. Age 62
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) 6 / 10 / 26	Scheduled Completion Date (11) 6 / 11 / 26	Name of OSHA Monitor AZ Solution Consulting	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___ AM-___ PM/___ PM-___ AM		Street Address 27 Susquehanna Ave	
		City, State, Zip Code Rochelle Park, NJ 07662	

Scope of Work (Check all that apply)

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

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

Name of Registered Waste Hauler Brick Industries, Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill	
City, State Brick, NJ		Disposal Date 6/12/26	City, State Morrisville, PA		
Completed By (Print or Type) Eric Plackis	Title President	Signature 	Date 6/9/26		

1247

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

RECEIVED

JUN 15 2026

Date of Notification (1) 6 / 2 / 26		Name of Building Owner/Operator (2) Carole Burke & Jerry Russell	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 209 Cape May Ave	
		City, State, Zip Code Bayville, NJ 08721	
		Name of Contact Jerry Russell	Telephone Number 9732022291

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 209 Cape May Ave		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 209 Cape May Ave		Square Feet 872	# of Floors 1
City (5) Bayville		Bldg. Age 56	
County (6) Ocean	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Home	
Name of Monitoring Firm Hired by Building Owner (8) AZ Solution Consulting		ASCM No.	Name of Abatement Contractor (9) Brick Industries, Inc.
Street Address 27 Susquehanna Ave		Street Address PO Box 915	
City, State, Zip Code Rochelle Park, NJ 07662		City, State, Zip Code Brick, NJ 08723	
Project Manager for Monitoring Firm Aleksander Zivanov		Telephone No. 347-612-1572	Telephone No. 7328997499
Start Date (10) 6 / 3 / 26		Scheduled Completion Date (11) 6 / 4 / 26	License No. 01196
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Name of OSHA Monitor AZ Solution Consulting	
Street Address 27 Susquehanna Ave		City, State, Zip Code Rochelle Park, NJ 07662	

Scope of Work (Check all that apply)

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

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

Name of Registered Waste Hauler Brick Industries, Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill	
City, State Brick, NJ		Disposal Date 6/5/26	City, State Morrisville, PA		
Completed By (Print or Type) Eric Plackis	Title President	Signature 	Date 6/2/26		

4248

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

RECEIVED

Date of Notification (1) 6 / 5 / 26		Name of Building Owner/Operator (2) Daniel Dombrowiecki	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 513 3rd Ave	
		City, State, Zip Code Asbury Park, NJ 07712	
		Name of Contact Daniel Dombrowiecki	Telephone Number 732-272-4374

JUN 15 2026

ASBESTOS CONTROL & LICENSING

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) 513 3rd Ave		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
City (5) Asbury Park		Square Feet 2800	# of Floors 3
County (6) Monmouth		County Code (7)(STATE USE ONLY)	Bldg. Age 70
Name of Monitoring Firm Hired by Building Owner (8) AZ Solution Consulting		ASCM No.	Name of Abatement Contractor (9) Brick Industries, Inc.
Street Address 27 Susquehanna Ave		Street Address PO Box 915	
City, State, Zip Code Rochelle Park, NJ 07662		City, State, Zip Code Brick, NJ 08723	
Project Manager for Monitoring Firm Aleksander Zivanov		Telephone No. 347-612-1572	License No. 01196
Start Date (10) 6 / 8 / 26	Scheduled Completion Date (11) 6 / 9 / 26	Name of OSHA Monitor AZ Solution Consulting	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___AM-___PM/___PM-___AM		Street Address 27 Susquehanna Ave	
		City, State, Zip Code Rochelle Park, NJ 07662	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler insulation	20SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Duct wrap	25SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Brick Industries, Inc.	NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill
City, State Brick, NJ	Disposal Date 6/10/26	City, State Morrisville, PA	
Completed By (Print or Type) Eric Plackis	Title President	Signature 	Date 6/5/26

1107

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

RECEIVED  
 JUN 9 2026  
 110

Date of Notification (1) 6/5/2026		Name of Building Owner/Operator (2) Joint Meeting of Essex and Union Counties	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 500 S 1st Street City, State, Zip Code Elizabeth, NJ 07202 Name of Contact Terry Byrne Telephone Number 973-332-4576

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Wastewater Treatment Plant		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 500 S 1st Street		Square Feet	# of Floors
City (5) Elizabeth		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) NorthEast Management LLC
Street Address		Street Address 41 Madison Avenue	
City, State, Zip Code		City, State, Zip Code Rochelle Park, NJ 07662	
Project Manager for Monitoring Firm		Telephone No. 201-577-1381	License No. 02008
Start Date (10) 6/5/2026	Scheduled Completion Date (11) 6/13/2026	Name of OSHA Monitor NorthEast Management LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 41 Madison Avenue City, State, Zip Code Rochelle Park, NJ 07662	

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler Century Waste	NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill
City, State Elizabeth, NJ	Disposal Date	City, State Morrisville, PA	
Completed by Sonja Dimovska	Title Owner	Signature <i>S. Dimovska</i>	Date 6/5/26

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

4192

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

4192  
 DEPOSITED TO  
 STATE OF  
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Date of Notification (1) 06/01/26		Name of Building Owner/Operator (2) Academy of the Holy Angels	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 315 Hillside Ave.	
		City, State, Zip Code Demarest, NJ 07627	
		Name of Contact Luis Mendoza	Telephone Number 201-693-0380

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Academy of the Holy Angels		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 315 Hillside Ave.		Square Feet 120,000	# of Floors 2
City (5) Demarest		Bldg. Age 50+	
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) DAI Environmental Services		ASCM No. 00012	Name of Abatement Contractor (9) Lesco Services Inc.
Street Address 560 Sylvan Ave.		Street Address 156 Maple Ave.	
City, State, Zip Code Engelwood Cliffs, NJ 07632		City, State, Zip Code Wallington, NJ 07057	
Project Manager for Monitoring Firm Stephen Jaraczewski		Telephone No. 201-569-6708	Telephone No. 862-221-9092
License No. 01107			
Start Date (10) 06/18/26	Scheduled Completion Date (11) 06/28/26	Name of OSHA Monitor Leslaw Nalodka	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 156 Maple Ave.	
		City, State, Zip Code Wallington, NJ 07057	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler room		*		breaching insulation	225 sf.	*			
Boiler room		*		elbows insulation	36	*			

Name of Registered Waste Hauler Century Waste Services LLC.		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 20	Name of Registered Landfill GCSL	
City, State Elizabeth, NJ		Disposal Date 06/29/26		City, State Pen Argyl, PA	
Completed by Leslaw Nalodka		Title President	Signature 		Date 06/01/26

U193

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

1193  
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JUN 9 2026

Date of Notification (1) 06/01/26		Name of Building Owner/Operator (2) St. Anthony Church	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 276 Diamond Bridge Ave.	
		City, State, Zip Code Hawthorne, NJ 07506	
		Name of Contact Fr. Stephen Prisk	Telephone Number 973-427-1478

ASBESTOS CONTROL & LICENSING

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) St. Anthony Church		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 276 Diamond Bridge Ave.		Square Feet 9,000	# of Floors 2	Bldg. Age 95
City (5) Hawthorne	County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Church	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Lesco Services Inc.	
Street Address		Street Address 156 Maple Ave.		
City, State, Zip Code		City, State, Zip Code Wallington, NJ 07057		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 862-221-9092	License No. 01107
Start Date (10) 06/15/26	Scheduled Completion Date (11) 06/19/26	Name of OSHA Monitor Leslaw Nalodka		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 156 Maple Ave.		
		City, State, Zip Code Wallington, NJ 07057		

Scope of Work (Check All That Apply)

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

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


Name of Registered Waste Hauler Century Waste Services LLC.		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 10	Name of Registered Landfill GCSL	
City, State Elizabeth, NJ		Disposal Date 06/20/26	City, State Pen Argyl, PA		
Completed by Leslaw Nalodka		Title President	Signature 		Date 06/01/26

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

11118

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

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Date of Notification (1) 06/04/2026		Name of Building Owner/Operator (2) Newark Board of Education		JUN 9 2026						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 190 Muhammad Ali Avenue		ASBESTOS CONTROL & LICENSING					
			City, State, Zip Code Newark, NJ 07108							
			Name of Contact Benjamin Olagadeyo	Telephone Number 973-733-7220 x 8149						
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) Abington Avenue School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 209 Abington Avenue			Square Feet 100,000	# of Floors 4	Bldg. Age 141					
City (5) Newark		County (6) Essex		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No. _____	Name of Abatement Contractor (9) Shade Environmental, LLC							
Street Address 1253 N. Church Street			Street Address 623 Cutler Avenue							
City, State, Zip Code Moorestown, NJ 08057			City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Jim Guilardi		Telephone No. 856-840-8800	Telephone No. 856-755-0099	License No. 00842						
Start Date (10) 06/18/2025	Scheduled Completion Date (11) 06/23/2026		Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 200 Route 130 North							
			City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
		Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Classroom 003			X		Wall Plaster	15 SF	X			
Room 005			X		Pipe Insulation	8 LF	X			
Room 005			X		Ceiling Plaster	5 SF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Conestoga Landfill						
City, State Freehold, NJ		Disposal Date 06/23/2026	City, State Morgantown, PA							
Completed by Samantha Brown		Title Operations Coordinator		Signature 	Date 06/04/2026					

7975

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

RECEIVED

Date of Notification (1) <b>06-05-2026</b>		Name of Building Owner / Operator (2)  <div style="text-align: right;">JUN 9 2026</div>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>117 Wexford Drive</b> City, State & Zip Code <b>Cherry Hill, NJ 08003</b>	ASBESTOS CONTROL & LICENSING Telephone Number <b>Cell</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residential Home</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>117 Wexford Drive</b>			Square Feet <b>2,748</b>	# of Floors <b>2</b>	Bldg. Age <b>53</b>
City (5) <b>Cherry Hill</b>	County (6) <b>Camden</b>	County Code (7)	Current Use (Prior if being demolished) <b>Residential Home</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Resource Management Group, LLC.</b>		
Street Address <b>P.O. Box 365</b>		Street Address <b>2115 Hamilton Avenue, Suite 202</b>			
City, State & Zip Code <b>Berlin, NJ 08009</b>		City, State & Zip Code <b>Trenton, NJ 08619</b>			
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone Number <b>609-839-2432</b>	Telephone Number <b>609-914-4279</b>	License Number <b>01185</b>	
Scheduled Start Date (10) <b>06-08-2026</b>	Scheduled Completion Date (11) <b>07-10-2026</b>		Name of OSHA Monitor <b>J&amp;S Environmental Laboratories, Inc.</b>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed During Normal Hours Describe: <b>8:30am to 4:30pm</b> <input type="checkbox"/> Facility Occupied During Abatement			Street Address <b>2333 Route 22 West</b> City, State & Zip Code <b>Union, NJ 07083</b>		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sheetrock	7,500	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Resource Management Group, LLC.</b>	NJDEP Waste Hauler ID No. <b>0035218</b>	Cubic Yards of Waste <b>TBD</b>	Name of Registered Landfill <b>Grows Landfill</b>
City, State <b>Trenton, NJ 08619</b>		Disposal Date <b>TBD</b>	City, State <b>Morrisville, PA</b>
Completed By (Print or Type) <b>Mr. Brian Haney</b>		Title <b>President</b>	Signature <i>Brian Haney</i>
			Date <b>06-05-2026</b>

2966

D&S Proj. #: 26-92

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

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JUN 10 2026

Date of Notification (1) 10   6   1   10   15   12   16		Name of Building Owner/Operator (2)	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 Woodmont Rd	
	City, State, Zip Code Montclair, NJ 07043		Telephone Number
	Name of Contact		

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 15 Woodmont Rd			Square Feet 1,300 SF	# of Floors 02	Bldg. Age 90
City (5) Montclair, NJ 07043	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) Residential		

Name of Monitoring Firm Hired by Bldg. Owner (8) N/A	ASCM No.
Street Address	
City, State, Zip Code	
Project Manager for Monitoring Firm	Phone Number
Start Date (10) 06/16//2026	Sched. Completion Date (11) 06/17/2026
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: Normal Hours	

Name of Abatement Contractor (9) KLOMAX, LLC	
Street Address 144 US Highway 46	
City, State, Zip Code Budd Lake, NJ 07828	
Telephone Number 833-455-6629	License Number 02007
Name of OSHA Monitor KLOMAX, LLC	
Street Address 144 US Highway 46	
City, State, Zip Code Budd Lake, NJ 07828	

Scope of Work (check all that apply)

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
1st Floor Bathroom		X		VAT/Mastic	35 SF	X			

Registered Waste Hauler KLOMAX, LLC	NJDEP Hauler ID# 0038241	Cubic Yards of Waste 1/2 CYD.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State Budd Lake, NJ 07828	Disposal Date TBD	City, State TULLYTOWN, PA	
Completed by (Print or Type) Gordana Stojanovska	Title Secretary	Signature <i>Gordana Stojanovska</i>	Date 06/05/2026

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

*\*Emergency\**  
10584

check # 10584

Print Form

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

RECEIVED

Date of Notification (1) 6/08/26		Name of Building Owner/Operator (2) JUN 10 2026								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 519 Roosevelt Ave								
		City, State, Zip Code Glendora, NJ, 08029								
Name of Contact			Telephone Number							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) Home				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 519 Roosevelt Ave				Square Feet 1400+	# of Floors 1					
City (5) Glendora, NJ, 08029				Bldg. Age 35+						
County (6) Camdan		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) Coastal Environmental Compliance		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.							
Street Address PO Box 167		Street Address PO Box 329								
City, State, Zip Code Hammonton, NJ, 08037		City, State, Zip Code West Berlin NJ 08091								
Project Manager for Monitoring Firm Cathy Ledden		Telephone No. 609-685-9984	Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 6/09/26		Scheduled Completion Date (11) 6/12/26		Name of OSHA Monitor Same						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Home Owner Occupied				Street Address						
				City, State, Zip Code						
Scope of Work (Check All That Apply)										
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Kitchen Area			X	9x9 Floor Tile	175 SF	X				
Name of Registered Waste Hauler Pernaco		NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Hills						
City, State West Berlin, NJ, 08091		Disposal Date 6/11/26	City, State Morrisville, PA, 19067							
Completed by Anthony T Perna		Title President	Signature 		Date 6/08/26					

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

10586 \*

Emergency \*

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

check # V10586

JUN 10 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 6/8/26		Name of Building Owner/Operator (2) Gloucester County Division Of Social Services							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 115 Budd Boulevard							
		City, State, Zip Code Woodbury NJ 08096							
			Name of Contact Vince Minyon AllRisk		Telephone Number 609-941-1186				
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Gloucester County Division Of Social Services				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 115 Budd Boulevard				Square Feet 1000+	# of Floors 1				
City (5) Woodbury NJ 08096				Bldg. Age 50+					
County (6) Gloucester		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc		ASCM No.		Name of Abatement Contractor (9) Pernaco Inc.					
Street Address 1253 North Church St				Street Address PO Box 329					
City, State, Zip Code Moorestown NJ 08057				City, State, Zip Code West Berlin NJ 08091					
Project Manager for Monitoring Firm Jim Guillard		Telephone No. 609-314-1683		Telephone No. 856-753-9800	License No. 00727				
Start Date (10) 6/9/26		Scheduled Completion Date (11) 7/3/26		Name of OSHA Monitor Same					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address					
				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure					
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure					
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-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
Rear offices & Lunch room Area			x	Floor Tile & Mastic	7700 SF	x			
Name of Registered Waste Hauler Champion Disposal		NJDEP Waste Hauler ID No. 32707		Cubic Yards of Waste 40	Name of Registered Landfill Fairless Hills				
City, State Hainsport NJ				Disposal Date 7/3/26	City, State Morrisville PA 19067				
Completed by Anthony T Perna			Title President	Signature 		Date 6/8/26			

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

2134

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

RECEIVED

Date of Notification (1) <u>06</u> / <u>03</u> / <u>26</u>		Name of Building Owner/Operator (2) <b>Rowan University</b>		JUN 10 2026					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>201 Mullica Hill Road</b>		ASBESTOS CONTROL & LICENSING					
		City, State, Zip Code <b>Glassboro NJ. 08028</b>		Name of Contact <b>Tom Gallia</b>					
		Telephone Number <b>856-256-4142</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Robinson Hall Suite 117 J &amp; A</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address <b>201 Mullica Hill Road</b>			Square Feet <b>100,000</b>	# of Floors <b>3</b>	Bldg. Age <b>+/- 50</b>				
City (5) <b>Glassboro</b>		County (6) <b>Gloucester</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Vacant</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Dynamic Earth LLC</b>		ASCM No.	Name of Abatement Contractor (9) <b>USA Environmental Management, Inc.</b>						
Street Address <b>826 Newtown Yardley Road Suite 201</b>			Street Address <b>8436 Enterprise Avenue</b>						
City, State, Zip Code <b>Newtown, PA 18940</b>			City, State, Zip Code <b>Philadelphia, PA 19153</b>						
Project Manager for Monitoring Firm <b>Rafael Torres</b>		Telephone No. <b>609-890-7277</b>	Telephone No. <b>215-365-5810</b>	License No. <b>1156</b>					
Start Date (10) <u>06</u> / <u>15</u> / <u>26</u>		Scheduled Completion Date (11) <u>06</u> / <u>17</u> / <u>26</u>		Name of OSHA Monitor <b>USA Environmental Management, Inc</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00</u> AM- <u>      </u> PM/ <u>3:30</u> PM- <u>      </u> AM			Street Address <b>8436 Enterprise Avenue</b>						
			City, State, Zip Code <b>Philadelphia, PA 19153</b>						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Suite 117 J &amp; A</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Transite</b>	<b>120 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>USA Environmental Management, Inc.</b>		NJDEP Waste Hauler ID No. <b>32610</b>	Cubic Yards of Waste <b>01</b>	Name of Registered Landfill <b>Western Berks Landfill</b>					
City, State <b>Philadelphia, PA</b>		Disposal Date <b>07/30/2026</b>	City, State <b>Birdsboro, PA</b>						
Completed By (Print or Type) <b>Tracy Smith</b>		Title <b>President</b>	Signature <i>For: T-Smith</i>		Date <b>06/03/2026</b>				

2965

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

RECEIVED

Proj. #: 26-90

JUN 10 2026

Date of Notification (1) 06/10/15/12/16		Name of Building Owner/Operator (2) Michael Robert Construction	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____	Street Address 36 Plymouth Rd	
	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Summit, NJ 07901	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 36 Plymouth Rd			Square Feet 1,600 SF	# of Floors 02	Bldg. Age 90
City (5) Summit, NJ 07901	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) Residential		

Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) KLOMAX, LLC		
Street Address			Street Address 144 US Highway 46		
City, State, Zip Code			City, State, Zip Code Budd Lake, NJ 07828		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 833-455-6629	License Number 02007	
Start Date (10) 06/08/2026	Sched. Completion Date (11) 06/09/2026		Name of OSHA Monitor KLOMAX, LLC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: Normal Hours				Street Address 144 US Highway 46	
				City, State, Zip Code Budd Lake, NJ 07828	

Scope of Work (check all that apply)

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
1st Floor		X		Paper Duct Insulation	40 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

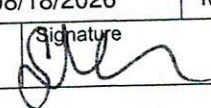
Registered Waste Hauler KLOMAX, LLC	NJDEP Hauler ID# 0038241	Cubic Yards of Waste 1/2 CYD.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State Budd Lake, NJ 07828	Disposal Date TBD	City, State TULLYTOWN, PA		Date 06/05/26
Completed by (Print or Type) Gordana Stojanovska	Title Secretary	Signature <i>Gordana Stojanovska</i>		

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

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

RECEIVED

11122

Date of Notification (1) 06/05/2026		Name of Building Owner/Operator (2) Riverside Board of Education		JUN 11 2026								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 112 E. Washington Street								
		City, State, Zip Code Riverside, NJ 08075		ASBESTOS CONTROL & LICENSING								
		Name of Contact Robert Karmade		Telephone Number 856-461-1255								
<b>FACILITY INFORMATION</b>												
Name of Facility Where Abatement is Taking Place (3) Riverside Middle School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)									
Street Address 112 E. Washington Street			Square Feet 50,000	# of Floors 3	Bldg. Age 80							
City (5) Riverside		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School								
County (6) Burlington												
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) 08/10/2026		Scheduled Completion Date (11) 08/18/2026		Name of OSHA Monitor EMSL Analytical, Inc.								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Work performed in isolated area</u>			Street Address 200 Route 130 North									
			City, State, Zip Code Cinnaminson, NJ 08077									
Scope of Work (Check All That Apply)												
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
		Yes	No	N/A					Removal	Repair	Encapsulate	Enclosure
Crawlspace			X		Pipe/Fitting Insulation Debris (O&M)		2,000 SF					
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 30		Name of Registered Landfill Conestoga Landfill						
City, State Freehold, NJ		Disposal Date 08/18/2026		City, State Morgantown, PA								
Completed by Samantha Brown		Title Operations Coordinator		Signature 				Date 06/05/2026				

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

11121

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

RECEIVED

PAID

JUN 11 2026

Date of Notification (1) 06/05/2026		Name of Building Owner/Operator (2) Newark Board of Education	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 190 Muhammad Ali Avenue	
		City, State, Zip Code Newark, NJ 07108	
		Name of Contact Benjamin Olagadeyo	Telephone Number 973-733-7220 x 8149

ASBESTOS CONTROL & LICENSING

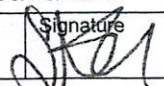
**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Newton Street School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 150 Newton Street		Square Feet 80,000	# of Floors 3
City (5) Newark		Bldg. Age 141	
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC
Street Address 1253 N. Church Street		Street Address 623 Cutler Avenue	
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Jim Guilardi	Telephone No. 856-840-8800	Telephone No. 856-755-0099	License No. 00842
Start Date (10) 06/20/2026	Scheduled Completion Date (11) 06/23/2026	Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 200 Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Conestoga Landfill
City, State Freehold, NJ	Disposal Date 06/23/2026	City, State Morgantown, PA	
Completed by Samantha Brown	Title Operations Coordinator	Signature 	Date 06/05/2026

1368

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

RECEIVED

Date of Notification (1) 6/2/2026		Name of Building Owner/Operator (2)  JUN 12 2026								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 112 GROVE AVENUE, City, State, Zip Code VERONA NJ. 07044 ASBESTOS CONTROL & LICENSING							
	Name of Contact		Telephone Number							
	<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 112 GROVE AVENUE,		Square Feet 1,293 SF.	# of Floors 2							
City (5) VERONA NJ. 07044		Bldg. Age 110								
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 ENVIRNMENTAL 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. 201-776-0642	License No. 01300							
Start Date (10) 6/11/2026	Scheduled Completion Date (11) 6/12/2026	Name of OSHA Monitor HILLMANN CONSULTING SERVICES								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1600 US. VAUXHALL RD. City, State, Zip Code UNION NJ. 07083								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
BASEMENT		X		PIPE INSULATION	50 LF.	X				
Name of Registered Waste Hauler TRI STATE TRANSFER		NJDEP Waste Hauler ID No. 19954	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE						
City, State BRONX NY.		Disposal Date TBD		City, State WAYNESBURG, OHIO						
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER		Signature 			Date 6/2/2026			

11258

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

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JUN 12 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 06/04/2026		Name of Building Owner/Operator (2)									
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 247 Euclid Ave City, State, Zip Code Ridgefield Park NJ 07660								
			Name of Contact		Telephone Number						
	<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) Private Dwelling			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 247 Euclid Ave			Square Feet N/A	# of Floors N/A	Bldg. Age N/A						
City (5) Ridgefield Park NJ 07660			Current Use (Prior if being demolished) Private Dwelling								
County (6) Bergen		County Code (7) (STATE USE ONLY) _____									
Name of Monitoring Firm Hired by Building Owner (8) Iris Lab		ASCM No.	Name of Abatement Contractor (9) Teal Management								
Street Address 2333 US-22		Street Address 24 Morley Drive									
City, State, Zip Code Union NJ 07083		City, State, Zip Code Woodland Park NJ 07424									
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 908-206-9973	Telephone No. 862-243-1471	License No. 02063							
Start Date (10) 06/05/2026		Scheduled Completion Date (11) 06/11/2026		Name of OSHA Monitor Teal Management							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 24 Morley Drive City, State, Zip Code Woodland Park NJ 087424								
Scope of Work (Check All That Apply)											
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type					
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure		
2nd Floor Bathroom			X	plaster walls	520 SF	X					
2nd Floor Bathroom			X	plaster ceiling	70 SF	X					
Name of Registered Waste Hauler Teal Management		NJDEP Waste Hauler ID No. 40229	Cubic Yards of Waste 20 CY	Name of Registered Landfill Fairless Landfill							
City, State Woodland Park NJ 07424		Disposal Date 06/11/2026		City, State Morrisville PA							
Completed by Tome Maslarkov		Title Project Manager		Signature <i>Tome Maslarkov</i>		Date 06/04/2026					

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



11283

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Print Form

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

RECEIVED

JUN 12 2026

Date of Notification (1) 06/05/2026		Name of Building Owner/Operator (2) 1103 E 23rd St								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1103 E 23rd St City, State, Zip Code Paterson NJ 07513							
			Name of Contact		Telephone Number					
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) Private House			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1103 E 23rd St			Square Feet N/A	# of Floors N/A	Bldg. Age N/A					
City (5) Paterson NJ 07513		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Private House						
County (6) Passaic										
Name of Monitoring Firm Hired by Building Owner (8) Iris Laboratories		ASCM No.	Name of Abatement Contractor (9) Teal Management							
Street Address 2333 US-22		Street Address 24 Morley Drive								
City, State, Zip Code Union NJ 07083		City, State, Zip Code Woodland Park NJ 07424								
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 908-206-0073	Telephone No. 862-243-1471	License No. 02063						
Start Date (10) 06/15/2026	Scheduled Completion Date (11) 06/17/2026		Name of OSHA Monitor Teal Management							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 24 Morley Drive							
			City, State, Zip Code Woodland Park NJ 07424							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Basement			X	PIPE INSULATION	35 LF	X				
Name of Registered Waste Hauler Teal Management		NJDEP Waste Hauler ID No. 40229	Cubic Yards of Waste 2 CY	Name of Registered Landfill Fairless Landfill						
City, State Woodland Park NJ 07424			Disposal Date 06/17/2026	City, State Morrisville PA						
Completed by Tome Maslarkov		Title Project Manager	Signature 				Date 06/05/2026			

21526

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

RECEIVED

JUN 12 2026

Date of Notification (1) <b>6/8/2026</b>		Name of Building Owner/Operator (2) <b>Bloomfield Board of Education</b>			
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Notification Type <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>155 Broad St</b>	
				City, State, Zip Code <b>Bloomfield, NJ 07003</b>	
		Name of Contact <b>Vicky Guo</b>		Tel. Number <b>973 680-8501</b>	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <b>Brookdale Elementary School</b>			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <b>1230 Broad St</b>					
City (5) <b>Bloomfield</b>	County (6) <b>Essex</b>	County Code (7) (State Use Only)			
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>Briggs Associates</b>		ASCM No. <b>00004</b>	Name of Contractor (9) <b>MTM Metro Corporation</b>		
Street Address <b>3 Crosswicks St</b>		Street Address <b>135-137 McBride Ave</b>			
City, State, Zip Code <b>Bordentown, NJ 08505</b>		City, State, Zip Code <b>Paterson, NJ 07501</b>			
Project Manager for Monitoring Firm <b>Mike Hoodak</b>	Telephone Number <b>609.298.5520</b>	Telephone Number <b>973-742-5030</b>	License Number <b>00809</b>		
Scheduled Start Date (10) <b>06/22/2026</b>	Scheduled Completion Date (11) <b>07/17/2026</b>		Name of OSHA Monitor <b>MTM Metro Corporation</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other-Describe: _____			Street Address <b>135-137 McBride Avenue</b>		
			City, State, Zip Code <b>Paterson, NJ 07501</b>		
Source of Work (Check all that apply) <input type="checkbox"/> > 3 sf or > 3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> > 160 sf or > 260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Non-Exempted(*) & Non-Friable Procedure <input type="checkbox"/> Glovebag Procedure					
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES      NO      N/A	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Rem.    Rep.    Encap    Enclose	
Rooms 111;110;108	<input checked="" type="checkbox"/>	VAT/Mastic	95 sf	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Exterior	<input checked="" type="checkbox"/>	Louver Caulking	200 lf	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Name of Reg. Waste Hauler <b>MTM Metro Corporation</b>	NJDEP Waste Hauler ID # <b>26552</b>	Cubic Yards of Waste <b>10</b>	Name of Reg. Landfill <b>Tullytown</b>		
City, State <b>135-137 McBride Ave</b>	Disp. Date <b>07/17/2026</b>		City, State <b>Tullytown, PA</b>		
Completed by (Print or Type) <b>Mike Damevski</b>	Title <b>Project manager</b>	Signature <i>Mike Damevski</i>	Date <b>06/08/2026</b>		

ASB-41

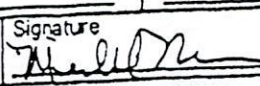
\* Do not use this form for asbestos licensure exempted activities.

6424 CLK 6424

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

JUN 12 2026

Date of Notification (1) <b>6-6-26</b>		Name of Building Owner/Operator (2) <b>MASE ENTERPRISES</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>552 LEEDS RD</b>						
	City, State, Zip Code <b>ABSECON N.J 08201</b>		Name of Contact _____						
	Telephone Number _____		_____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <b>219 33RD ST</b>		Square Feet <b>1500</b>	# of Floors <b>2</b>						
City (5) <b>BRIGANTINE</b>		Bldg. Age <b>50+</b>	Current Use (Prior if being demolished) <b>VACANT</b>						
County (6) <b>ATLANTIC</b>		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No. _____	Name of Abatement Contractor (9) <b>KLEMCO INC</b>						
Street Address _____		Street Address <b>369 S SPRUCE AVE</b>							
City, State, Zip Code _____		City, State, Zip Code <b>MAPLE SHADE N.J 08052</b>							
Project Manager for Monitoring Firm _____		Telephone No <b>856-779-0472</b>	License No <b># 01371</b>						
Start Date (10) <b>6-16-26</b>		Scheduled Completion Date (11) <b>6-26-26</b>							
Name of OSHA Monitor <b>N/A</b>		Street Address _____							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code _____							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>SIDING</b>			<b>X</b>	<b>TRANSITE</b>	<b>1250 SF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>KLEMCO INC</b>		NJDEP Waste Hauler ID No. <b>17904</b>	Cubic Yards of Waste <b>9</b>	Name of Registered Landfill <b>ACUA</b>		City, State <b>PLEASANTVILLE NJ</b>			
City, State <b>MAPLE SHADE N.J</b>		Disposal Date _____		Signature 		Date <b>6-6-26</b>			
Completed By <b>MICHAEL KLEMM</b>		Title <b>PRES</b>		_____		_____			

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

6424  
CK # 6424

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

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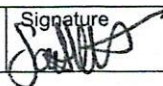
JUN 12 2026

Date of Notification (1) <b>6-6-26</b>		Name of Building Owner/Operator (2) <b>BOB HOME REPAIR</b>								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>P.O. BOX 322</b>								
		City, State, Zip Code <b>BRIGANTINE N.J 08203</b>								
		Name of Contact	Telephone Number							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)								
Street Address <b>421 WEST SHORE DR</b>		Square Feet <b>1000</b>	# of Floors <b>2</b>							
City (5) <b>BRIGANTINE</b>		Bldg. Age <b>50+</b>								
County (6) <b>ATLANTIC</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>	ASCM No.	Name of Abatement Contractor (9) <b>KLEMCO INC</b>								
Street Address		Street Address <b>369 S. SPRUCE AVE</b>								
City, State, Zip Code		City, State, Zip Code <b>MAPLE SHADE N.J 08052</b>								
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>856-779-0472</b>	License No. <b>401371</b>							
Start Date (10) <b>6-17-26</b>	Scheduled Completion Date (11) <b>6-27-26</b>	Name of OSHA Monitor <b>N/A</b>								
Occupancy Status During Abatement (Check only one): <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address								
		City, State, Zip Code								
Scope of Work (Check all that apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
<b>SIDING</b>			<b>X</b>	<b>TRANSITE</b>	<b>2500 SF</b>	<b>X</b>				
Name of Registered Waste Hauler <b>KLEMCO INC</b>		NJDEP Waste Hauler ID No. <b>17904</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>ACUA</b>						
City, State <b>MAPLE SHADE N.J</b>		Disposal Date	City, State <b>PLEASANTVILLE</b>							
Completed By <b>MICHAEL KLEMM</b>		Title <b>PRES</b>	Signature <i>[Signature]</i>			Date <b>6-6-26</b>				

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

RECEIVED

NO CK

Date of Notification (1) 06/04/2026		Name of Building Owner/Operator (2) Newark Board of Education		JUN 9 2026					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> 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					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Lafayette Street School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 205 Lafayette Street			Square Feet 100,000	# of Floors 4	Bldg. Age 100				
City (5) Newark		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School					
County (6) Essex		Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No. _____					
Street Address 1253 N. Church Street		Name of Abatement Contractor (9) Shade Environmental, LLC		Street Address 623 Cutler Avenue					
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Maple Shade, NJ 08052		Telephone No. 856-755-0099					
Project Manager for Monitoring Firm Jim Guilardi		Telephone No. 856-840-8800		License No. 00842					
Start Date (10) 06/13/2026		Scheduled Completion Date (11) 06/16/2026		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 200 Route 130 North						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf			City, State, Zip Code Cinnaminson, NJ 08077						
			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
			<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Cafeteria #2 Closet		X		Ceiling Plaster	6 SF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 1		Name of Registered Landfill Conestoga Landfill			
City, State Freehold, NJ		Disposal Date 06/16/2026		City, State Morgantown, PA					
Completed by Samantha Brown		Title Operations Coordinator		Signature 		Date 06/04/2026			

3747

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

Check 3747

**RECEIVED**

Date of Notification (1) 06/04/2026		Name of Building Owner/Operator (2)							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 100 E Palisade Ave  City, State, Zip Code Englewood, NJ 07631						
			Name of Contact  Telephone Number		JUN 9 2026 ASBESTOS CONTROL & LICENSING				
	<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Residential - Dwight Manor ~ Building D			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 100 E Palisade Ave			Square Feet TBD	# of Floors 4	Bldg. Age 2000				
City (5) Englewood, NJ 07631		County (6) Bergen		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC						
Street Address			Street Address 75 Voorhis Place						
City, State, Zip Code			City, State, Zip Code Ringwood NJ 07456						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-466-0166	License No. 02126					
Start Date (10) 06/15/2026	Scheduled Completion Date (11) 07/06/2026		Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address  City, State, Zip Code						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Please see attached									
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 07/06/2026	City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner	Signature <i>Lubica Perez</i>		Date 06/04/2026				

**VEL Construction LLC**

**100 E. Palisade Avenue, Englewood, NJ - Dwight Manor ~ Building D**

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
Apartment D53	No	pipe insulation	5 LF	Removal
Apartment D43	No	pipe insulation	12 LF	Removal
Apartment D33	No	pipe insulation	12 LF	Removal
Apartment D23	No	pipe insulation	12 LF	Removal
Apartment D13	No	pipe insulation	12 LF	Removal
Boiler Room	No	seal off the bottom of the shaft		Repair

3748

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

**RECEIVED**  
 Check 3748

JUN 9 2026

Date of Notification (1) 06/04/2026		Name of Building Owner/Operator (2) Bassett Associates							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 392 Springfield Ave							
		City, State, Zip Code Summit, NJ 07901							
		Name of Contact Beth Welsh, Bassett Associates	Telephone Number 908-277-1176						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 392 Springfield Ave		Square Feet TBD	# of Floors 2						
City (5) Summit, NJ 07901		Bldg. Age 1958							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC						
Street Address		Street Address 75 Voorhis Place							
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456							
Project Manager for Monitoring Firm		Telephone No. 201-466-0166	License No. 02126						
Start Date (10) 06/15/2026	Scheduled Completion Date (11) 06/20/2026	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement furnace room		X		pipe fittings	30	X			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Elizabeth, NJ		Disposal Date 06/20/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner	Signature <i>Lubica Perez</i>			Date 06/04/2026			

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



3757

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

Check 3757  
 STATE OF NJ  
**RECEIVED**

JUN - 9 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 06/02/2026		Name of Building Owner/Operator (2)	
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 409 Holly Lane	
		City, State, Zip Code Cedar Grove, NJ 07009	
		Name of Contact	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 3 Lucien Pl		Square Feet 1,040	# of Floors 2
City (5) Linden, NJ 07036		Bldg. Age 1943	
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC
Street Address		Street Address 75 Voorhis Place	
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456	
Project Manager for Monitoring Firm		Telephone No. 201-466-0166	License No. 02126
Start Date (10) 06/12/2026	Scheduled Completion Date (11) 06/19/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		pipe insulation	60 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 06/19/2026		City, State Pen Argyl, PA	
Completed by Lubica Perez		Title Owner	Signature <i>Lubica Perez</i>		Date 06/02/2026

3758

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

Check 3758  
**RECEIVED**

Date of Notification (1) 06/02/2026		Name of Building Owner/Operator (2) Mr. Keyur Dave	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1811 NJ-88  City, State, Zip Code Brick Township, NJ 08724
	Name of Contact Mr. Keyur Dave, Vaxa Construct		Telephone Number 732-306-7468

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 1811 NJ-88		Square Feet 9,132	# of Floors 2	Bldg. Age 1934
City (5) Brick Township, NJ 08724		Current Use (Prior if being demolished)		
County (6) Ocean	County Code (7) (STATE USE ONLY)			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) 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) 05/11/2026	Scheduled Completion Date (11) 07/31/2026		Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address		
		City, State, Zip Code		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Fl by Old Kitchen-Classroom #1		x		wall material next to sliding door	140 SF	x			
Lower Level South-Entrance Class		x		wall material	100 SF	x			

Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 30	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Elizabeth, NJ		Disposal Date 07/31/2026		City, State Pen Argyl, PA	
Completed by Lubica Perez		Title Owner	Signature <i>Lubica Perez</i>		Date 06/02/2026

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

3726

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

check 3726 RECEIVED

JUN 9 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 06/04/2026		Name of Building Owner/Operator (2) Mr. Keyur Dave							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1811 NJ-88  City, State, Zip Code Brick Township, NJ 08724						
			Name of Contact Mr. Keyur Dave, Vaxa Construct  Telephone Number 732-306-7468						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1811 NJ-88		Square Feet 9,132	# of Floors 2						
City (5) Brick Township, NJ 08724		Bldg. Age 1934							
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) VEL Construction, LLC						
Street Address		Street Address 75 Voorhis Place							
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456							
Project Manager for Monitoring Firm		Telephone No. 201- 466-0166	License No. 02126						
Start Date (10) 05/11/2026	Scheduled Completion Date (11) 07/31/2026	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First Floor Classroom		x		plaster wall	60 SF	x			
Lower level south entrance class		x		plaster wall	100 SF	x			
Basement room		x		plaster wall	80 SF	x			
Various locations		x		holes in the walls	20		x		
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 30	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Elizabeth, NJ		Disposal Date 07/31/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner		Signature Lubica Perez			Date 06/04/2026		

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

ON HOLD  
 Check 3723

RECEIVED

JUN 9 2026

ASBESTOS CONTROL & LICENSING  
 (917) 459-2175

Date of Notification (1) 05/29/2026		Name of Building Owner/Operator (2) Gary Ruth	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>4</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 388 South Livingston Avenue	
		City, State, Zip Code Livingston, NJ 07039	
		Name of Contact Gary Ruth	Telephone Number (917) 459-2175

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Aquinas Academy		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 388 South Livingston Avenue		Square Feet TBD	# of Floors 1
City (5) Livingston, NJ 07039		Bldg. Age TBD	
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) 04/09/2026	Scheduled Completion Date (11) 08/10/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler Century Waste Services	NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 30	Name of Registered Landfill Grand Central Sanitary Landfill
City, State Elizabeth, NJ	Disposal Date 08/10/2026	City, State Pen Argyl, PA	
Completed by Lubica Perez	Title Owner	Signature <i>Lubica Perez</i>	Date 05/29/2026

**VEL Construction LLC**

**388 South Livingston Avenue, Livingston, NJ - Aquinas Academy**

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
Room 206 (2 layers of tile)	No	floor tile	830 SF	Removal
Room 207, 20, 209, 210	No	floor tile	4,200 SF	Removal
Hall West Wing	No	floor tile	900 SF	Removal
Office	No	floor tile	880 SF	Removal
Multi-Purpose Room	No	floor tile	2,700 SF	Removal
East Wing Rooms 202, 202, 203, 204	No	floor tile	3,220 SF	Removal
Hall East Wing	No	floor tile	840 SF	Removal
All Purpose Building	No	floor tile & mastic	2,000 SF	Removal
West Wing 200	No	pipe fittings	118	Wrap & cut
Boiler room	No	boiler insulation	60 SF	Repair
Boiler room	No	pipe fittings	20	Wrap & cut

3725

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

Check 3725

RECEIVED

JUN 9 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 06/03/2026		Name of Building Owner/Operator (2)	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 334 South Pkwy	
		City, State, Zip Code Clifton, NJ 07014	
		Name of Contact _____ Telephone Number _____	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 334 South Pkwy		Square Feet 2,100	# of Floors 1
City (5) Clifton, NJ 07014		Bldg. Age 1940	
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC
Street Address		Street Address 75 Voorhis Place	
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456	
Project Manager for Monitoring Firm		Telephone No. 201-466-0166	License No. 02126
Start Date (10) 06/12/2026	Scheduled Completion Date (11) 06/19/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		pipe insulation	11 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 06/19/2026		City, State Pen Argyl, PA	
Completed by Lubica Perez		Title Owner	Signature <i>Lubica Perez</i>		Date 06/03/2026

3756

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

Check 3756 RECEIVED  
 STATE OF NJ

JUN 9 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 06/03/2026		Name of Building Owner/Operator (2) Mr. Brian Stephenson								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 91 S Orange Ave							
			City, State, Zip Code Livingston, NJ 07039							
			Name of Contact Brian Stephenson, Director of Operations	Telephone Number 201-247-1617						
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) Newark Academy		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 91 S Orange Ave		Square Feet TBD	# of Floors 2							
City (5) Livingston, NJ 07039		Bldg. Age 1964								
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC							
Street Address		Street Address 75 Voorhis Place								
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456								
Project Manager for Monitoring Firm		Telephone No. 201- 466-0166	License No. 02126							
Start Date (10) 08/03/2026	Scheduled Completion Date (11) 08/24/2026	Name of OSHA Monitor								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
West Hall by Maintenance & Auditori		X		floor tile & mastic	700 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 08/24/2026		City, State Pen Argyl, PA						
Completed by Lubica Perez		Title Owner	Signature Lubica Perez				Date 06/03/2026			

4810

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

RECEIVED  
 Check # 4810

Date of Notification (1) 6/3/26		Name of Building Owner/Operator (2) Princeton University		JUN 15 2026								
Agencies Notified		Type Notification		Street Address								
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		E.A. MacMillan Building								
				City, State, Zip Code Princeton, NJ 08544								
				ASBESTOS CONTROL & LICENSING								
		Name of Contact Eric Emery		Telephone Number 609-258-3432								
<b>FACILITY INFORMATION</b>												
Name of Facility Where Abatement is Taking Place (3) 212 Alexander St.			Type of Facility (4)									
Street Address 212 Alexander St.			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)									
City (5) Princeton		Square Feet 3000	# of Floors 3	Bldg. Age 75								
County (6) Mercer		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence									
Name of Monitoring Firm Hired by Building Owner (8) Pennoni		ASCM No. _____	Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.									
Street Address 515 Grove St., Suite 1B		Street Address 923 Haws Ave.										
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Norristown, PA 19401										
Project Manager for Monitoring Firm Richard Egner		Telephone No. 856-656-2874	Telephone No. 610-239-9920	License No. 00398								
Start Date (10) 6/17/26	Scheduled Completion Date (11) 6/26/26		Name of OSHA Monitor Plymouth Environmental Co., Inc.									
Occupancy Status During Abatement (Check Only One)			Street Address									
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			923 Haws Ave.									
			City, State, Zip Code Norristown, PA 19401									
Scope of Work (Check All That Apply)												
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
		Yes	No	N/A					Removal	Repair	Encapsulate	Enclosure
Basement			X		Duct Insulation & Debris		200 LF/600 SF		X			
Kitchen			X		Sink Undercoating		4 SF		X			
Living Room			X		Textured Ceiling		300 SF		X			
Living Room			X		Window Glazing		100 SF		X			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 8		Name of Registered Landfill Fairless Landfill						
City, State Newtown, PA		Disposal Date TBD		City, State Falls Township, PA								
Completed by Matthew Kelly		Title Project Manager		Signature <i>Matthew Kelly</i>				Date 6/3/26				

4811

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

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 Check # 4811


Print Form

Date of Notification (1) 6/3/26		Name of Building Owner/Operator (2) Princeton University							
Agencies Notified  <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address E.A. MacMillan Building <span style="float: right;">ASBESTOS CONTROL &amp; LICENSING</span>						
	City, State, Zip Code Princeton, NJ 08544			Name of Contact Eric Emery					
			Telephone Number 609-258-3432						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 242 Alexander St.				Type of Facility (4)  <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 242 Alexander St.				Square Feet 3000	# of Floors 3				
City (5) Princeton				Bldg. Age 75					
County (6) Mercer		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) Pennoni		ASCM No.		Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.					
Street Address 515 Grove St., Suite 1B		Street Address 923 Haws Ave.							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Norristown, PA 19401							
Project Manager for Monitoring Firm Richard Egner		Telephone No. 856-656-2874		Telephone No. 610-239-9920	License No. 00398				
Start Date (10) 6/17/26		Scheduled Completion Date (11) 6/26/26		Name of OSHA Monitor Plymouth Environmental Co., Inc.					
Occupancy Status During Abatement (Check Only One)  <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 923 Haws Ave.					
				City, State, Zip Code Norristown, PA 19401					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure					
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure					
				<input type="checkbox"/> Glovebag Procedure					
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd Floor Apartment		X		VAT and mastic	862 SF	X			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 6	Name of Registered Landfill Fairless Landfill				
City, State Newtown, PA				Disposal Date TBD	City, State Falls Township, PA				
Completed by Matthew Kelly			Title Project Manager	Signature <i>Matthew Kelly</i>		Date 6/3/26			

1192

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

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Date of Notification (1) 06/10/2026		Name of Building Owner/Operator (2) Woodbury City BOE		JUN 15 2026						
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 25 North Broad Street		ASBESTOS CONTROL & LICENSING					
			City, State, Zip Code Woodbury, NJ 08096							
			Name of Contact Nancy L. McCabe	Telephone Number 856-853-0123						
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) Evergreen Avenue Elementary School			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 160 North Evergreen Avenue			Square Feet	# of Floors	Bldg. Age					
City (5) Woodbury		County (6) Gloucester		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) school					
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Group		ASCM No. 0073	Name of Abatement Contractor (9) VMC Company, Inc							
Street Address PO Box 316		City, State, Zip Code Thorofare, NJ 08086		Street Address 208 Piaget Ave City, State, Zip Code Clifton, NJ 07011						
Project Manager for Monitoring Firm Steven Flanigan		Telephone No. 856-848-0800	Telephone No. 973-253-8828	License No. 00704						
Start Date (10) 06/22/2026		Scheduled Completion Date (11) 07/03/2026		Name of OSHA Monitor VMC Company, Inc.						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Hallway		x		Pipe/fitting "wrap & cut"	800 LF	x				
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste	Name of Registered Landfill IESI Landfill						
City, State Elizabeth, NJ		Disposal Date	City, State Bethlehem, PA							
Completed by Voytek Roszkowski		Title President	Signature 		Date 06/10/2026					

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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) 06/04/2026		Name of Building Owner/Operator (2) Old Tappan School District							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 277 Old Tappan Road City, State, Zip Code Old Tappan, NJ 07675 Name of Contact Willie Arboleda Telephone Number 201-664-1421						
	<b>FACILITY INFORMATION</b>								
	Name of Facility Where Abatement is Taking Place (3) T. Baldwin Demarest Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 1 School Street		Square Feet	# of Floors						
City (5) Old Tappan		Bldg. Age							
County (6) Bergen		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School						
Name of Monitoring Firm Hired by Building Owner (8) Envirovision Consultants Inc.		ASCM No. 00079	Name of Abatement Contractor (9) VMC Company, Inc.						
Street Address 20-21 Wagraw Road		Street Address 208 Piaget Avenue							
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Clifton, NJ 07011							
Project Manager for Monitoring Firm Frederick Larson		Telephone No. 973-636-9145	Telephone No. 973-253-8828 License No. 00704						
Start Date (10) 06/29/2026		Scheduled Completion Date (11) 07/06/2026							
Name of OSHA Monitor VMC Company, Inc.		Street Address							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Fl. Boy's/Girl's Bathroom		X		Ceiling tile glue dots	440 SF	X			
				Pipe/fitting insulation	100 LF	X			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste	Name of Registered Landfill IESI Landfill				
City, State Elizabeth, NJ		Disposal Date		City, State Bethlehem, PA					
Completed by Voytek Roszkowski		Title President		Signature <i>[Signature]</i>		Date 06/04/2026			


1668

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

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1668

JUN 15 2026

Date of Notification (1) <b>June 10, 2026</b>		Name of Building Owner/Operator (2) <b>Colgate-Palmolive</b>							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<b>909 River Road</b> City, State, Zip Code <b>Parsippany, NJ 07054</b>							
		Name of Contact <b>Project Manager</b>	Telephone Number <b>973-234-7026</b>						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>Colgate-Palmolive</b>		Type of Facility (4)							
Street Address <b>909 River Road</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) <b>Parsippany</b>		Square Feet <b>200,000</b>	# of Floors Bldg. Age						
County (6) <b>Morris</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>business</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Emerald Environmental Group, LLC</b>		ASCM No.	Name of Abatement Contractor (9) <b>The MACK Group, LLC</b>						
Street Address <b>22 Ottawa Rd N</b>		Street Address <b>1500 Kings HWY N, STE 209</b>							
City, State, Zip Code <b>Morganville, NJ 07751-1346</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
Project Manager for Monitoring Firm <b>Joseph Rizzo, CSP, CHMM</b>	Telephone No. <b>848-275-9187</b>	Telephone No. <b>(973) 759 - 5000</b>	License No. <b>00781</b>						
Start Date (10) <b>6/24/26</b>	Scheduled Completion Date (11) <b>8/31/26</b>	Name of OSHA Monitor <b>The MACK Group, LLC.</b>							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		<b>1500 Kings HWY N, STE 209</b>							
		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <b>13,480 sf</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>mechanical penthouse</b>	<input checked="" type="checkbox"/>			<b>Transite</b>		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Century Waste Services LLC</b>		NJ DEP Waste Hauler ID No. <b>4509</b>	Cubic Yards of Waste <b>134.8</b>	Name of Registered Landfill <b>IESI Bethlehem landfill / Minerva Ent.</b>					
City, State <b>Elizabeth, NJ</b>		Disposal Date <b>8/31/26</b>	City, State <b>Bethlehem, PA / Waynesburg, OH</b>						
Completed by <b>Steve King</b>	Title <b>V.P.</b>	Signature 	Date <b>6/10/26</b>						

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

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Date of Notification (1) 05/07/2026		Name of Building Owner/Operator (2) Bridgewater - Raritan Regional School District	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 836 Newmans Lane  City, State, Zip Code Bridgewater, NJ 08807
	Name of Contact Stephen Santurro		Telephone Number 908-722-1822
	ASBESTOS CONTROL & LICENSING		

JUN 15 2026

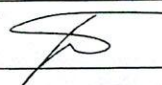
**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Hillside Intermediate School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 844 Brown Road		Square Feet 78240	# of Floors 2
City (5) Bridgewater		Bldg. Age 1920	
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) Briggs Associates		ASCM No. 0004	Name of Abatement Contractor (9) Spes Contracting
Street Address 3 Crosswicks Street		Street Address 59 Beaverbrook Rd. Ste 302 E	
City, State, Zip Code Bordentown, NJ 08505		City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm Michael Hoodak		Telephone No. 609-298-5520	Telephone No. 973-807-6330
			License No. 01383
Start Date (10) 06/19/2026	Scheduled Completion Date (11) 07/31/2026	Name of OSHA Monitor Spes Contracting	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 59 Beaverbrook Rd. Ste 302 E	
		City, State, Zip Code Lincoln Park, NJ 07035	

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler Spes Contracting LLC		NJDEP Waste Hauler ID No. 0038075	Cubic Yards of Waste 60 CY	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 05/07/2026

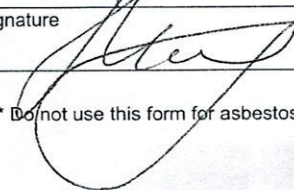


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 State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:60 and 12:120)

RECEIVED Print Form

JUN 15 2026

Date of Notification (1) 06/11/2026		Name of Building Owner/Operator (2)										
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>73 Crawford Ave</b>				ASBESTOS CONTROL & LICENSING					
	City, State, Zip Code <b>East Orange NJ 07018</b>		Name of Contact		Telephone Number							
	<b>FACILITY INFORMATION</b>											
Name of Facility Where Abatement is Taking Place (3) <b>Private House</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address <b>73 Crawford Ave</b>				Square Feet <b>N/A</b>	# of Floors <b>N/A</b>	Bldg. Age <b>N/A</b>						
City (5) <b>East Orange NJ 07018</b>		County (6) <b>Essex</b>		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) <b>Private House</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Iris Laboratories</b>			ASCM No.	Name of Abatement Contractor (9) <b>Teal Management</b>								
Street Address <b>2333 US-22</b>			Street Address <b>24 Morley Drive</b>									
City, State, Zip Code <b>Union NJ 07083</b>			City, State, Zip Code <b>Woodland Park NJ 07424</b>									
Project Manager for Monitoring Firm <b>Rick Eustaquio</b>			Telephone No. <b>908-206-0073</b>	Telephone No. <b>862-243-1471</b>	License No. <b>02063</b>							
Start Date (10) <b>06/12/2026</b>		Scheduled Completion Date (11) <b>06/17/2026</b>		Name of OSHA Monitor <b>Teal Management</b>								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address <b>24 Morley Drive</b>								
				City, State, Zip Code <b>Woodland Park NJ 07424</b>								
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure												
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes    No    N/A			Description of Asbestos 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 Bathoom				x	plaster wall & ceiling		300 SF	x				
1st Floor Dininig Room				x	plaster wall & ceiling		135 SF	x				
Basement Hallway				x	plaster wall		55 SF	x				
Name of Registered Waste Hauler <b>Teal Management</b>			NJDEP Waste Hauler ID No. <b>40229</b>	Cubic Yards of Waste <b>18 CY</b>	Name of Registered Landfill <b>Fairless Landfill</b>							
City, State <b>Woodland Park NJ 07424</b>			Disposal Date <b>06/17/2026</b>		City, State <b>Morrisville PA</b>							
Completed by <b>Tome Maslarkov</b>			Title <b>Project Manager</b>	Signature 		Date <b>06/11/2026</b>						

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Date of Notification (1) 06/10/2026		Name of Building Owner/Operator (2) LINDENWOLD BOARD OF EDUCATION							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 801 EGG HARBOR ROAD City, State, Zip Code LINDENWOLD, NJ 08021 Name of Contact CHRIS BECICA Telephone Number 609-577-3595						
	<b>FACILITY INFORMATION</b>								
	Name of Facility Where Abatement is Taking Place (3) SCHOOL 4 Street Address 900 EAST GIBBSBORO ROAD City (5) LINDENWOLD County (6) CAMDEN		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet      # of Floors      Bldg. Age County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) HORIZON ENVIRONMENTAL GROUP Street Address PO BOX 316 City, State, Zip Code WEST DEPTFORD, NJ 08086		ASCM No. _____ Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC. Street Address 11 VREELAND AVENUE City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm STEVE Telephone No. 856-848-0800		Telephone No. 973-956-8700 License No. 00494							
Start Date (10) 06/22/2026		Scheduled Completion Date (11) 07/15/2026							
Name of OSHA Monitor SAME AS (9) ABOVE		Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIED							
Street Address City, State, Zip Code		Street Address City, State, Zip Code							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BOILER ROOM	X			BOILER INSULATION	110 SF	X			
BOILER ROOM	X			TRANSITE WALL PANEL	12 SF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING, INC.		NJDEP Waste Hauler ID No. 18743		Cubic Yards of Waste 5+/-		Name of Registered Landfill WASTE MANAGEMENT			
City, State TOTOWA, NJ 07512		Disposal Date 07/15/2026		City, State MORRISVILLE, PA					
Completed by ELIZABETH MLADENOVIC		Title VP OF OPERATIONS		Signature <i>Elizabeth Mladenovic</i>		Date 06/10/2026			

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

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JUN 15 2026

Date of Notification (1) 06/10/2026		Name of Building Owner/Operator (2) LINDENWOLD BOARD OF EDUCATION	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 801 EGG HARBOR ROAD City, State, Zip Code LINDENWOLD, NJ 08021
			Name of Contact CHRIS BECICA
			Telephone Number 609-577-3595

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) SCHOOL 4		Type of Facility (4)	
Street Address 900 EAST GIBBSBORO ROAD		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) LINDENWOLD		Square Feet	# of Floors
County (6) CAMDEN		Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) HORIZON ENVIRONMENTAL GROUP		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.	
Street Address PO BOX 316		Street Address 11 VREELAND AVENUE		
City, State, Zip Code WEST DEPTFORD, NJ 08086		City, State, Zip Code TOTOWA, NJ 07512		
Project Manager for Monitoring Firm STEVE		Telephone No. 856-848-0800	Telephone No. 973-956-8700	License No. 00494

Start Date (10) 06/22/2026	Scheduled Completion Date (11) 07/15/2026	Name of OSHA Monitor SAME AS (9) ABOVE	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIED		City, State, Zip Code	

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

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

Name of Registered Waste Hauler TWO BROTHERS CONTRACTING, INC.		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 5+/-	Name of Registered Landfill WASTE MANAGEMENT	
City, State TOTOWA, NJ 07512		Disposal Date 07/15/2026		City, State MORRISVILLE, PA	
Completed by ELIZABETH MLADENOVIC		Title VP OF OPERATIONS	Signature <i>Elizabeth Mladenovic</i>		Date 06/10/2026

0591 \*

Emergency \*

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

CK 10591  
JUN 15 2026

Date of Notification (1) 6/12/26		Name of Building Owner/Operator (2)								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 8 Stirrup Lane								
		City, State, Zip Code Willingboro, NJ, 08046								
		Name of Contact		Telephone Number						
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) Residential Home			Type of Facility (4)							
Street Address 8 Stirrup Lane			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Willingboro, NJ, 08046		Square Feet 1400+	# of Floors 1	Bldg. Age 50+						
County (6) Burlington	County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Coastal Environmental Compliance		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.							
Street Address PO Box 167		Street Address PO Box 329								
City, State, Zip Code Hammonton NJ 08037		City, State, Zip Code West Berlin NJ 08091								
Project Manager for Monitoring Firm Cathy Ledden		Telephone No. 609-820-9312	Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 6/15/26	Scheduled Completion Date (11) 6/19/26		Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One)			Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Home owner in Hotel for duration of our work			City, State, Zip Code							
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Kitchen, Laundry Rm, Dining Rm			x	Sheet Flooring	470 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 6/19/26		City, State Morrisville PA 19067						
Completed by Anthony T Perna		Title President	Signature 			Date 6/12/26				

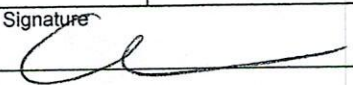
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State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1) 6/12/26		Name of Building Owner/Operator (2) JUN 15 2026								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 17 South Long Beach Blvd								
		City, State, Zip Code Surf City NJ 08008								
		Name of Contact	Telephone Number							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)								
Street Address 13 East 9th St		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
City (5) Barnegat Light NJ 08006		Square Feet 1000+	# of Floors 2							
County (6) Ocean		County Code (7) (STATE USE ONLY)	Bldg. Age 50+							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.							
Street Address		Street Address PO Box 329								
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091								
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727							
Start Date (10) 6/26/26	Scheduled Completion Date (11) 7/2/26	Name of OSHA Monitor Same								
Occupancy Status During Abatement (Check Only One)		Street Address								
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Exterior Siding			x	Exterior Siding	2000 SF	x				
Name of Registered Waste Hauler Pernaco Inc		NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste 4	Name of Registered Landfill Fairless Hills						
City, State Berlin NJ		Disposal Date 7/2/26		City, State Morrisville PA 19067						
Completed by Anthony T Perna		Title President	Signature 				Date 6/12/26			

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

JUN 15 2026

Date of Notification (1) 6/11/26		Name of Building Owner/Operator (2) Delran Twp School District								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 52 Harford Rd								
		City, State, Zip Code Delran NJ 08075								
		Name of Contact Mike Digionanni	Telephone Number 609-868-0461							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) Delran High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 50 Hartford Rd		Square Feet 1000+	# of Floors 2							
City (5) Delran NJ 08075		Bldg. Age 50+								
County (6) Burlington	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) Coastal Environmental Compliance		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.							
Street Address PO Box 167		Street Address PO Box 329								
City, State, Zip Code Hammonton NJ 08037		City, State, Zip Code West Berlin NJ 08091								
Project Manager for Monitoring Firm Cathy Ledden		Telephone No. 609-820-9312	Telephone No. 856-753-9800							
		License No. 00727								
Start Date (10) 6/25/26	Scheduled Completion Date (11) 7/1/26	Name of OSHA Monitor Same								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Library Area			x	Transite Panels	120 SF	x				
Library Area			x	Floor Tile & Mastic	1285 SF	x				
Name of Registered Waste Hauler Pernaco Inc		NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste 4	Name of Registered Landfill Fairless Hills						
City, State Berlin NJ		Disposal Date 7/1/26		City, State Morrisville PA 19067						
Completed by Anthony T Perna		Title President	Signature 				Date 6/11/26			

\* 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)

JUN 15 2026

Date of Notification (1) 6/11/26		Name of Building Owner/Operator (2) Jacques School								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 25 Washington Avenue Edgewater Park NJ 08010								
		City, State, Zip Code Edgewater Park NJ 08010								
			Name of Contact Ms. Nancy Lane		Telephone Number 609-877-2174					
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) Jacques School Transportation Office,				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 25 Washington Ave				Square Feet 1000+	# of Floors 1					
City (5) Edgewater Park NJ 08010				Bldg. Age 50+						
County (6) Burlington		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) Epic Environmental		ASCM No. _____		Name of Abatement Contractor (9) Pernaco Inc.						
Street Address 80 Fork Bridge Road		Street Address PO Box 329								
City, State, Zip Code Pittsgrove NJ 08318		City, State, Zip Code West Berlin NJ 08091								
Project Manager for Monitoring Firm James Eberts		Telephone No. 856-889-1736		Telephone No. 856-753-9800	License No. 00727					
Start Date (10) 6/24/26		Scheduled Completion Date (11) 6/29/26		Name of OSHA Monitor Same						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address						
				City, State, Zip Code						
Scope of Work (Check All That Apply)										
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Transportation Office			x	Floor Tile & Mastic	650 SF	x				
Name of Registered Waste Hauler Pernaco Inc		NJDEP Waste Hauler ID No. 21787		Cubic Yards of Waste 3	Name of Registered Landfill Fairless Hills					
City, State Berlin NJ		Disposal Date 6/26/26		City, State Morrisville PA 19067						
Completed by Anthony T Perna		Title President		Signature 			Date 6/11/26			

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

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

RECEIVED K# 1111

Date of Notification (1) 6/11/2026		Name of Building Owner/Operator (2) Lawrence Township Board of Education JUN 15 2026	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 225 Main Street	
		City, State, Zip Code Cedarville, NJ 08311 ASBESTOS CONTROL & LICENSING	
		Name of Contact Joshua Robinson	Telephone Number 856-469-1599

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Myron L Powell Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 225 Main Street		Square Feet	# of Floors
City (5) Cedarville		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) IAQ Guru, Inc.		ASCM No.	Name of Abatement Contractor (9) NorthEast Management LLC
Street Address 49 Frances Street		Street Address 41 Madison Avenue	
City, State, Zip Code Totowa, NJ 07512		City, State, Zip Code Rochelle Park, NJ 07662	
Project Manager for Monitoring Firm Mark Jovic	Telephone No. 973-650-0392	Telephone No. 201-577-1381	License No. 02008
Start Date (10) 6/22/2026	Scheduled Completion Date (11) 7/6/2026	Name of OSHA Monitor NorthEast Management LLC	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 41 Madison Avenue	
		City, State, Zip Code Rochelle Park, NJ 07662	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			X	Window Caulking	6,000LF	X			

Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill	
City, State Elizabeth, NJ			Disposal Date	City, State Morrisville, PA	
Completed by Sonja Dimovska		Title Owner	Signature 	Date 6/11/2026	

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

JUN 15 2026

Date of Notification (1) 6/10/2026		Name of Building Owner/Operator (2) ASBESTOS CONTROL & LICENSING							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 164 Bladwin Street							
		City, State, Zip Code New Brunswick, NJ 08901							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)							
Street Address 164 Baldwin Street		Square Foot 2,000	# of Floors 2						
City (5) New Brunswick		Bldg. Age 55+							
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) Unicorn Contracting Corp.						
Street Address		Street Address 14 Willow Street							
City, State, Zip Code		City, State, Zip Code Bloomfield, NJ 07003							
Project Manager for Monitoring Firm		Telephone No. 973-333-9176	License No. 01331						
Start Date (10) 6/12/2026	Scheduled Completion Date (11) 6/12/2026	Name of OSHA Monitor Envirovision Consultants, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8am-4:30pm		Street Address 20-21 Wagaraw Rd., Bldg. 35-E							
		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement boiler room		X		TSI	25 LF	X			
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844		Cubic Yards of Waste 1+	Name of Registered Landfill Fairless Hills Landfill				
City, State Bloomfield, New Jersey		Disposal Date TBD		City, State Morrisville, PA					
Completed by Blazhe Grozdanov		Title Project Manager		Signature <i>BG</i>		Date 6/10/2026			

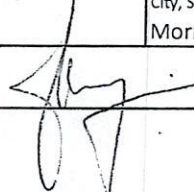
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 State of New Jersey  
 NOTIFICATION OF ASBESTOS ABATEMENT  
 (Pursuant to NJAC 8:60 and 12:120)

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JUN 15 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 06/11/2026		Name of Building Owner/Operator (2) Madison Board of Education							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 359 Woodland Road						
			City, State, Zip Code Madison, NJ 07940						
			Name of Contact John Eschmann	Telephone Number 973.593.3157 x 7189					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Madison High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) Sub-8 Occupied <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)							
Street Address 170 Ridgedale Avenue									
City (5) Madison, NJ 07940		Square Feet: 120,000	# of Floors 2						
		55+							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services LLC		ASCM No. 00118	Name of Abatement Contractor (9) Unicorn Contracting Corp.						
Street Address 464 Valley Brook Avenue		Street Address 14 Willow street							
City, State, Zip Code Lyndhurst, NJ 08736		City, State, Zip Code Bloomfield, NJ 07003							
Project Manager for Monitoring Firm Jarred Panecki		Telephone No. 732.552.9615	Telephone No. 973-333-9176						
			License No. 01331						
Start Date (10) 06/22/2026		Scheduled Completion Date (11) 06/26/2026	Name of OSHA Monitor Envirovision Consultants, Inc.						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am - 3:30pm		Street Address 20-21 Wagaraw Rd., Bldg. 35-E							
		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure * <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure. <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Gymnasium		x		TSI	100 LF	x			
Gymnasium - Catwalk		x		TSI	250 LF	x			
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844		Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Hills Landfill				
City, State Bloomfield, New Jersey				Disposal Date TBD	City, State Morrisville, PA				
Completed by Blazhe Grozdanov		Title Project Manager		Signature 			Date: 06/11/2026		

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

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 06/10/2026		Name of Building Owner/Operator (2)							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 508 Arthur Drive					
		City, State, Zip Code Cherry Hill, NJ 08003		Name of Contact					
				Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 508 Arthur Drive			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Cherry Hill		Square Feet 2,476	# of Floors 2	Bldg. Age 52					
County (6) Camden		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, Inc.		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address PO Box 365		Street Address 623 Cutler Avenue		City, State, Zip Code Maple Shade, NJ 08052					
City, State, Zip Code Berlin, NJ 08009		Telephone No. 856-452-1311		Telephone No. 856-755-0099	License No. 00842				
Project Manager for Monitoring Firm James Proctor		Scheduled Completion Date (11) 07/15/2026		Name of OSHA Monitor EMSL Analytical, Inc.					
Start Date (10) 07/11/2026									
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 200 Route 130 North						
			City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Family Room			X	Floor Tile	307 SF	X			
Laundry Room			X	Paper Backing	75 SF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 3		Name of Registered Landfill Conestoga Landfill			
City, State Freehold, NJ		Disposal Date 07/15/2026		City, State Morgantown, PA					
Completed by Shannon Thomson		Title Operations Manager		Signature <i>Shannon Thomson</i>		Date 06/10/2026			

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

JUN 15 2026

Date of Notification (1) 06/10/2026		Name of Building Owner/Operator (2)							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 208 S. Princeton Avenue						
			City, State, Zip Code Wenonah, NJ 08090						
			Name of Contact		Telephone Number				
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)			Type of Facility (4)						
Street Address 208 S. Princeton Avenue			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Wenonah		Square Feet 1,821	# of Floors 2	Bldg. Age 101					
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) 07/11/2026		Scheduled Completion Date (11) 07/14/2026		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check Only One)			Street Address						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			200 Route 130 North						
			City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen			X	Duct Paper	30 SF	X			
Basement			X	Duct Paper	3 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 07/14/2026		City, State Morgantown, PA			
Completed by Shannon Thomson			Title Operations Manager		Signature <i>Shannon Thomson</i>		Date 06/10/2026		


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

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JUN 15 2026

Date of Notification (1) 6/12/26		Name of Building Owner/Operator (2) West Deptford School District								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 999 Kings Hwy								
		City, State, Zip Code West Deptford, NJ, 08086								
Name of Contact Tim Brunetta			Telephone Number 609-501-9013							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) West Deptford High School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1600 Crown Point Rd			Square Feet 10,000+	# of Floors 2	Bldg. Age 50+					
City (5) West Deptford, NJ, 08093		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)						
County (6) Gloucester		Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		Name of Abatement Contractor (9) Pernaco Inc.						
Street Address 1263 N Church Street		Street Address PO Box 329		City, State, Zip Code West Berlin NJ 08091						
City, State, Zip Code Moorestown, NJ, 08057		Telephone No. 609-314-1683		Telephone No. 856-753-9800						
Project Manager for Monitoring Firm Jim Guillard		License No. 00727								
Start Date (10) 6/29/26		Scheduled Completion Date (11) 7/03/26		Name of OSHA Monitor Same						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address							
			City, State, Zip Code							
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure						
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure						
				<input type="checkbox"/> Glovebag Procedure						
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
2 Storage Rms & Connecting Hall			x	Floor Tile & Mastic	1,302 SF	x				
All one work Area										
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 7/03/26		City, State Morrisville PA 19067					
Completed by Anthony T Perna			Title President		Signature 			Date 6/12/26		

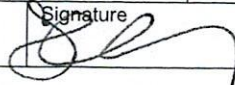
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State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:60 and 12:120)

JUN 15 2026

Date of Notification (1) 06/11/2026		Name of Building Owner/Operator (2) Haddonfield Board of Education						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 95 Grove Street City, State, Zip Code Haddonfield, NJ 08033					
			Name of Contact Timothy McFerron Telephone Number 609-828-7852					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Haddonfield Middle School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 5 Lincoln Avenue		Square Feet 100,000	# of Floors 3					
City (5) Haddonfield		Bldg. Age 97						
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School						
Name of Monitoring Firm Hired by Building Owner (8) Atlas Technical Consultants		ASCM No. 00098	Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address 3 Terri Lane, Suite 4		Street Address 623 Cutler Avenue						
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Maple Shade, NJ 08052						
Project Manager for Monitoring Firm John Lutz		Telephone No. 609-386-8800	Telephone No. 856-755-0099					
			License No. 00842					
Start Date (10) 06/22/2026	Scheduled Completion Date (11) 07/06/2026	Name of OSHA Monitor EMSL Analytical, Inc.						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 200 Route 130 North						
		City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Room 106		X	Wall Plaster	30 SF	X			
Nurse's Office (Room 130)		X	Wall Plaster	12 SF	X			
Nurse's Office (Room 130)		X	Floor Tile & Mastic	320 SF	X			
Waiting Room (Room 130-1)		X	Wall Plaster	110 SF				
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 30	Name of Registered Landfill Conestoga Landfill				
City, State Freehold, NJ		Disposal Date 07/06/2026		City, State Morgantown, PA				
Completed by Samantha Brown		Title Operations Coordinator		Signature 			Date 06/11/2026	

Location of Asbestos-Containing Material (ACM) <u>TO</u> <u>BE ABATED</u> In Facility	Is Location Normally Used Solely by Maintenance/Custodial			Description of Asbestos Containing Material (ACM)	Amount (Specify SF or LF)	Removal	Repair
	Yes	No	N/A				
Classroom 155-A		X		Wall Plaster	42 SF	X	
Classroom 155-B		X		Wall Plaster	30 SF	X	