* New Start date + Updated Sow

1876497

PAID

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SEP 30 2025
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 07 / 15 / 26		Name of Building Owner/Operator (2): Paco Housing Corporation I # 2510-3445-1 check #4250
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #2 ☐ Emergency (including justification) ☐ Cancellation	Street Address: 192 Third Street
		City, State, Zip Code: Jersey City, NJ 07302
		Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 396 Manilla Avenue- Muiltple Units		
City (5): Jersey City	Square Feet: 1602 / # of Floors: 2 / Bldg. Age: 1974	
County (6): Hudson	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Residential

Name of Monitoring Firm Hired by Building Owner (8): Finog Environmental	ASCM No.	Name of Abatement Contractor (9): Asbestos and Mold Services, Corp.
Street Address: 617 Stokes Road #4-318		Street Address: 70 Stacy Haines Road Suite 4
City, State, Zip Code: Medford NJ 08055		City, State, Zip Code: Lumberton NJ 08048
Project Manager for Monitoring Firm: Rebecca Rubnitz / Telephone No.: 856-596-9994		Telephone No.: 609-702-0400 / License No.: 00862
Start Date (10): 09 / 21 / 26 / Scheduled Completion Date (11): 09 / 23 / 26		Name of OSHA Monitor: EMSL Analytical, Inc.
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address: 200 U.S. Route 130 North / City, State, Zip Code: Cinnaminson, NJ 08077

Scope of Work (Check all that apply)

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

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

Name of Registered Waste Hauler: Asbestos and Mold Services Corp	NJDEP Waste Hauler ID No.: 0035680	Cubic Yards of Waste: 80	Name of Registered Landfill: Fairless Hills
City, State: Lumberton, NJ		Disposal Date: 09/23/26	City, State: Morrisville, PA

Completed By (Print or Type): Kaysi Gruner	Title: Office Admin	Signature:	Date: 9/3/26

ASB-41
MAY 11

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

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

O&M Repair Work

1. Unit 2A- Ceiling - 5 SF bubble
2. Unit 4G- Ceiling - 4 SF living room, 6 SF bedroom
3. Unit 5A - Ceiling - 3 SF living room
4. Unit 5B -Ceiling 2SF bedroom
5. Unit 6A Ceiling - 9 SF living room, foyer 1 SF closet gauge
6. Unit 6D - Ceiling - 2 SF bedroom closet
7. Unit 7A- Ceiling - 2SF Kitchen
8. Unit 7D - Ceiling - 2 SF living room, 3 SF bedroom
9. Unit 9F- Ceiling - 3 SF bedroom closet area
10. Unit 9K- Ceiling - 2 SF living room
11. Unit 10F - Ceiling - 1 SF living room, 1 SF kitchen, 3 SF bedroom near closet
12. Unit 11B- Floor - 3 SF Ceiling - 1 SF Living Room
13. Unit 11D - Ceiling - 15 SF bedroom and 2 SF closet door area

4254

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SEP 30 2026

ASBESTOS CONTROL & LICENSING

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1): 07 / 15 / 26	Name of Building Owner/Operator (2): Paco Housing Corporation I # 2510-3445-1 check #425
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #3 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 192 Third Street
	City, State, Zip Code: Jersey City, NJ 07302
	Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 396 Manilla Avenue- Muiltple Units	
City (5): Jersey City	Square Feet: 1602 / # of Floors: 2 / Bldg. Age: 1974
County (6): Hudson / County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): Residential

Name of Monitoring Firm Hired by Building Owner (8): Finog Environmental	ASCM No.:	Name of Abatement Contractor (9): Asbestos and Mold Services, Corp.
Street Address: 617 Stokes Road #4-318		Street Address: 70 Stacy Haines Road Suite 4
City, State, Zip Code: Medford NJ 08055		City, State, Zip Code: Lumberton NJ 08048
Project Manager for Monitoring Firm: Rebecca Rubnitz / Telephone No.: 856-596-9994		Telephone No.: 609-702-0400 / License No.: 00862
Start Date (10): 09 / 21 / 26 / Scheduled Completion Date (11): 09 / 23 / 26		Name of OSHA Monitor: EMSL Analytical, Inc.
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address: 200 U.S. Route 130 North / City, State, Zip Code: Cinnaminson, NJ 08077

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

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

Name of Registered Waste Hauler: Asbestos and Mold Services Corp	NJDEP Waste Hauler ID No.: 0035680	Cubic Yards of Waste: 80	Name of Registered Landfill: Fairless Hills
City, State: Lumberton, NJ		Disposal Date: 09/23/26	City, State: Morrisville, PA

Completed By (Print or Type): Kaysi Gruner	Title: Office Admin	Signature:	Date: 9/22/26

ASB-41
MAY 11

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

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

O&M Repair Work

1. Unit 2A- Ceiling - 5 SF bubble
2. Unit 4G- Ceiling - 4 SF living room, 6 SF bedroom
3. Unit 5A - Ceiling - 3 SF living room
4. Unit 5B -Ceiling 2SF bedroom
5. Unit 6A Ceiling - 9 SF living room, foyer 1 SF closet gauge
6. Unit 6D - Ceiling - 2 SF bedroom closet, 4 SF in bedroom
7. Unit 7A- Ceiling - 2SF Kitchen
8. Unit 7D - Ceiling - 2 SF living room, 5 SF bedroom
9. Unit 9F- Ceiling - 3 SF bedroom closet area. 4 SF in living room, removal of 27 SF of floor tile
10. Unit 9K- Ceiling - 2 SF living room
11. Unit 10F - Ceiling - 1 SF living room, 1 SF kitchen, 3 SF bedroom near closet
12. Unit 11B- Floor - 3 SF Ceiling - 1 SF Living Room
13. Unit 11D - Ceiling - 15 SF bedroom and 2 SF closet door area, removal of 29 SF of floor tile

18220

4285461
RECEIVED

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

PAID

Date of Notification (1): 10 / 6 / 26	Name of Building Owner/Operator (2): PSE&G / Job #2604-6573 Check #18220 OCT 13 2026
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #1 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 4000 Hadley Road
	City, State, Zip Code: South Plainfield, NJ
	Name of Contact: Kelsey DuBois — Telephone Number: 908-328-4248

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): PSEG Fairview Substation	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 22 Bergenwood Road	
City (5): Fairview — Square Feet: — # of Floors: — Bldg. Age:	
County (6): Bergen — County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): Substation

Name of Monitoring Firm Hired by Building Owner (8): Matrix New World	ASCM No.: 00121	Name of Abatement Contractor (9): AbateTech, Inc.	
Street Address: 26 Columbia Turnpike		Street Address: 30 Maple Ave. PO Box 25	
City, State, Zip Code: Florham Park, NJ 07932		City, State, Zip Code: Lumberton, NJ 08048	
Project Manager for Monitoring Firm: Gavin Gilmore	Telephone No.: 973-240-1800	Telephone No.: 609-265-2107	License No.: 00529
Start Date (10): 9 / 24 / 26	Scheduled Completion Date (11): 10 / 30 / 26	Name of OSHA Monitor: IATL	

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM

Street Address: 9000 Commerce Pkwy. Suite B
City, State, Zip Code: Mount Laurel, NJ 08054

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

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

Name of Registered Waste Hauler: Veolia ES	NJDEP Waste Hauler ID No.: 000151	Cubic Yards of Waste: 40	Name of Registered Landfill: Fairless Landfill
City, State: Flanders, NJ		Disposal Date: 10/30/26	City, State: Morrisville, PA

Completed By (Print or Type): Gwendolyn Trumbetti	Title: Operations Coordinator	Signature: GMT	Date: 10-6-26

ASB-41
MAY 11

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

ABATETECH
Real Solutions for a Clean Environment

Please authorize this work to be completed by signing in the space provided and faxing this proposal back to our office @ (609) 265-2109.

_____
Authorized Signature

PSEG Fairview Substation
22 Bergenwood Road, Fairview, NJ

AbateTech proposes to provide the removal & packaging of asbestos related materials identified in the table 2 summary provided by Matrix New World. PSEG to supply waste containers and disposal.

Asbestos:

- 28 LF Brown Frame Window, 1st floor Women's & Men's Bathrooms.
- 20 LF Window Caulk, 1st Floor Warehouse.
- 24 SF Window Glazing Brown, 2nd Floor Bathrooms #1 & #2.
- 67 LF Spam Tar, East Elevation.
- 1,145 SF Flashing Tar, Roof.
- 1,250 SF Roof Parapet Wall Tar
- 229 SF Seam Tar to Coping Stone, Roof.

Materials Assumed ACM:

- 6 LF Large braided Wiring, 1st Floor Elevator Room.
- 18 LF Black Braided Wiring, 2nd Floor Warehouse.

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ASBESTOS CONTROL & LICENSING

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1): 9 / 22 / 26	Name of Building Owner/Operator (2): PSE&G / Job #2605-6577 Check #18179
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #12 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 4000 Hadley Road
	City, State, Zip Code: South Plainfield, NJ
	Name of Contact: Kelsey DuBois — Telephone Number: 908-328-4248

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): PSEG Irvington HQ	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 934 Clinton Ave.	
City (5): Irvington	Square Feet: — # of Floors: — Bldg. Age: —
County (6): Essex — County Code (7)(STATE USE ONLY): —	Current Use (Prior if being demolished): Headquarters

Name of Monitoring Firm Hired by Building Owner (8): Matrix New World	ASCM No.: 00121	Name of Abatement Contractor (9): AbateTech, Inc.	
Street Address: 26 Columbia Turnpike		Street Address: 30 Maple Ave. PO Box 25	
City, State, Zip Code: Florham Park, NJ 07932		City, State, Zip Code: Lumberton, NJ 08048	
Project Manager for Monitoring Firm: Matt Sheldon	Telephone No.: 973-240-1800	Telephone No.: 609-265-2107	License No.: 00529
Start Date (10): 10 / 5 / 26	Scheduled Completion Date (11): 10 / 16 / 26	Name of OSHA Monitor: IATL	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address: 9000 Commerce Pkwy. Suite B; City, State, Zip Code: Mount Laurel, NJ 08054	

Scope of Work (Check all that apply)

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

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

Name of Registered Waste Hauler: Veolia ES	NJDEP Waste Hauler ID No.: 000151	Cubic Yards of Waste: 40	Name of Registered Landfill: Fairless Landfill
City, State: Flanders, NJ		Disposal Date: 10/16/26	City, State: Morrisville, PA

Completed By (Print or Type): Gwendolyn Trumbetti	Title: Operations Coordinator	Signature: GMT	Date: 9-22-26

ASB-41
MAY 11

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

Scope of Work Cont.

Location of ACM	Used for Maint.	Description of ACM	Amount	Abatement Type
2nd Floor Mens Bathroom	NA	Pipe Insulation	30 LF	Removal (GB)
Meter Department	NA	Mastic	140 SF	Removal (NF)
2nd Floor Assembly Area	NA	Floor tile, mastic, leveling compound	700 SF	Removal (FC)

4259

4409548

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

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SEP 30 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09 / 25 / 26	Name of Building Owner/Operator (2): Yael Weintraub # 2609-3600 check # 4256
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 251 Van Nostrand Avenue
	City, State, Zip Code: Englewood NJ 07631
	Name of Contact: Yael Weintraub — Telephone Number: 201-819-5222

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Island House Unit 1704	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 9100 Beach Avenue	
City (5): Margate	Square Feet: TBD — # of Floors: TBD — Bldg. Age: TBD
County (6): Atlantic — County Code (7)(*STATE USE ONLY*)	Current Use (Prior if being demolished): Residential

Name of Monitoring Firm Hired by Building Owner (8): Criterion Labs — ASCM No.	Name of Abatement Contractor (9): Asbestos and Mold Services, Corp.	
Street Address: 400 Street Road	Street Address: 70 Stacy Haines Road Suite 4	
City, State, Zip Code: Bensalem PA 19020	City, State, Zip Code: Lumberton NJ 08048	
Project Manager for Monitoring Firm: Office — Telephone No.: 215-244-1300	Telephone No.: 609-702-0400 — License No.: 00862	
Start Date (10): 10 / 05 / 26 — Scheduled Completion Date (11): 10 / 09 / 26	Name of OSHA Monitor: EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	Street Address: 200 U.S. Route 130 North — City, State, Zip Code: Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

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

☒ Drill w shroud + HEPA vacuum attachment ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure

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

Name of Registered Waste Hauler: Asbestos and Mold Services Corp — NJDEP Waste Hauler ID No.: 0035680	Cubic Yards of Waste	Name of Registered Landfill: ACUA	
City, State: Lumberton, NJ	Disposal Date: 10/09/2026	City, State: Egg Harbor NJ	

Completed By (Print or Type): Kaysi Gruner	Title: Office Admin	Signature: KG	Date: 9/24/26

ASB-41
MAY 11

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

SCOPE OF WORK- ISLAND HOUSE UNIT 1704, MARGATE NJ

- Install fasteners and/or metal studs in living room, bedroom and master bedroom- totaling approximately 60 holes through asbestos containing ceiling finish using shrouded drill with HEPA-vacuum attachment.

4366437

4718 Pg1

PAID

CHECK #4718

RECEIVED

OCT - 8 2026

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 10 / 6 / 26	Name of Building Owner/Operator (2): **Princeton University-Facilities Operations**
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #4 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: **MacMillan Building, Elm Drive**
	City, State, Zip Code: **Princeton, NJ 08544**
	Name of Contact: **Eric Emery** / Telephone Number: **609-258-3432**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Princeton University-Dean Mathey Court Cmplex**	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: **Harrison St & Hartley Ave**	
City (5): **Princeton**	Square Feet: / # of Floors: / Bldg. Age: **63**
County (6): **MERCER** / 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): **BRISTOL ENVIRONMENTAL, LLC**
Street Address: **1253 North Church Rd**	Street Address: **1123 BEAVER STREET**
City, State, Zip Code: **Moorestown, NJ 08057**	City, State, Zip Code: **BRISTOL, PA 19007**
Project Manager for Monitoring Firm: **Michael Keehn** / Telephone No.: **609-386-8800**	Telephone No.: **215-788-6040** / License No.: **02121**
Start Date (10): 7 / 13 / 26 / Scheduled Completion Date (11): 1 / 6 / 27	Name of OSHA Monitor: **BRISTOL ENVIRONMENTAL, LLC.**
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: **7:00**AM-**3:30**PM/_____PM-_____AM	Street Address: **1123 BEAVER STREET** / City, State, Zip Code: **BRISTOL, PA 19007**

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
West Bldg Suite 22-Kitchen and bathroom	☐	☒	☐	Joint Compound	780 SF	☒	☐	☐	☐
West Bldg Suite 22 Kitchen and bathroom	☐	☒	☐	Flooring	131 SF	☒	☐	☐	☐
West Bldg Suite 24 Kitchen	☐	☒	☐	Joint Compound	19 LF	☒	☐	☐	☐
South Bldg Suite 28 Kitchen	☐	☒	☐	Joint compound	15 LF	☒	☐	☐	☐

Name of Registered Waste Hauler: **Freehold Cartage**	NJDEP Waste Hauler ID No.:	Cubic Yards of Waste:	Name of Registered Landfill: **Fairless Landfill**
City, State: **Freehold, NJ**		Disposal Date:	City, State: **MORRISVILLE, PA 19067**

Completed By (Print or Type)	Title	Signature	Date
Brian Scafiro	**Estimator**	Brian Scafiro/KB	10/6/26

ASB-41
MAY 11

BS26045

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

Pg 2

CHECK #4718

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

Date of Notification (1): 10 / 6 / 26	Name of Building Owner/Operator (2): **Princeton University-Facilities Operations**
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #4 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: **MacMillan Building, Elm Drive**
	City, State, Zip Code: **Princeton, NJ 08544**
	Name of Contact: **Eric Emery** — Telephone Number: **609-258-3432**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Princeton University-Dean Mathey Court Cmplex**	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: **Harrison St & Hartley Ave**	
City (5): **Princeton** — Square Feet: — # of Floors: — Bldg. Age: **63**	
County (6): **MERCER** — 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): **BRISTOL ENVIRONMENTAL, LLC**	
Street Address: **1253 North Church Rd**		Street Address: **1123 BEAVER STREET**	
City, State, Zip Code: **Moorestown, NJ 08057**		City, State, Zip Code: **BRISTOL, PA 19007**	
Project Manager for Monitoring Firm: **Michael Keehn**	Telephone No.: **609-386-8800**	Telephone No.: **215-788-6040**	License No.: **02121**
Start Date (10): 7 / 13 / 26	Scheduled Completion Date (11): 1 / 6 / 27	Name of OSHA Monitor: **BRISTOL ENVIRONMENTAL, LLC.**	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: **7:00**AM-**3:30**PM/_____PM-_____AM		Street Address: **1123 BEAVER STREET** — City, State, Zip Code: **BRISTOL, PA 19007**	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
South Bldg Suite 30 Kitchen and bathroom	☐	☒	☐	**Joint Compound**	**780 SF**	☒	☐	☐	☐
South Bldg Suite 38 Kitchen	☐	☒	☐	**Joint Compound**	**6 LF**	☒	☐	☐	☐
South Bldg Suite 40 Kitchen	☐	☒	☐	**Joint Compound**	**15 LF**	☒	☐	☐	☐
East Bldg Suite 289 Kitchen	☐	☒	☐	**Joint Compound**	**15 LF**	☒	☐	☐	☐

Name of Registered Waste Hauler: **Freehold Cartage**	NJDEP Waste Hauler ID No.:	Cubic Yards of Waste:	Name of Registered Landfill: **Fairless Landfill**
City, State: **Freehold, NJ**		Disposal Date:	City, State: **MORRISVILLE, PA 19067**

Completed By (Print or Type)	Title	Signature	Date
Brian Scafiro	**Estimator**	Brian Scafiro/KB	10/10/26

ASB-41
MAY 11

BS20045

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

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Pg3 CHECK #4718

Date of Notification (1): **10 / 6 / 26**	Name of Building Owner/Operator (2): **Princeton University-Facilities Operations**
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment **#4** ☐ Emergency (including justification) ☐ Cancellation
	Street Address: **MacMillan Building, Elm Drive**
	City, State, Zip Code: **Princeton, NJ 08544**
	Name of Contact: **Eric Emery** — Telephone Number: **609-258-3432**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Princeton University-Dean Mathey Court Cmplex**	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: **Harrison St & Hartley Ave**	
City (5): **Princeton** — Square Feet: — # of Floors: — Bldg. Age: **63**	
County (6): **MERCER** — 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): **BRISTOL ENVIRONMENTAL, LLC**
Street Address: **1253 North Church Rd**		Street Address: **1123 BEAVER STREET**
City, State, Zip Code: **Moorestown, NJ 08057**		City, State, Zip Code: **BRISTOL, PA 19007**
Project Manager for Monitoring Firm: **Michael Keehn** — Telephone No.: **609-386-8800**		Telephone No.: **215-788-6040** — License No.: **02121**
Start Date (10): **7 / 13 / 26** — Scheduled Completion Date (11): **1 / 6 / 27**		Name of OSHA Monitor: **BRISTOL ENVIRONMENTAL, LLC.**
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: **7:00**AM-**3:30**PM/_____PM-_____AM		Street Address: **1123 BEAVER STREET** — City, State, Zip Code: **BRISTOL, PA 19007**

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
East Bldg Suite 293 Kitchen and bathroom	☐	☒	☐	Joint Compound	1320 SF	☒	☐	☐	☐
East Bldg Suite 293 Kitchen and bathroom	☐	☒	☐	Flooring	249 SF	☒	☐	☐	☐
East Bldg Suite 295 Kitchen and bathroom	☐	☒	☐	Joint Compound	1321 SF	☒	☐	☐	☐
East Bldg Suite 295 Kitchen and bathroom	☐	☒	☐	Flooring	240 SF	☒	☐	☐	☐

Name of Registered Waste Hauler: **Freehold Cartage**	NJDEP Waste Hauler ID No.:	Cubic Yards of Waste:	Name of Registered Landfill: **Fairless Landfill**
City, State: **Freehold, NJ**		Disposal Date:	City, State: **MORRISVILLE, PA 19067**

Completed By (Print or Type): **Brian Scafiro**	Title: **Estimator**	Signature: Brian Scafiro/KB	Date: 10/10/20

ASB-41
MAY 11 BS 26045

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

Pg 4

Check #4718

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1): 10 / 6 / 26	Name of Building Owner/Operator (2): **Princeton University-Facilities Operations**
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment **#4** ☐ Emergency (including justification) ☐ Cancellation
	Street Address: **MacMillan Building, Elm Drive**
	City, State, Zip Code: **Princeton, NJ 08544**
	Name of Contact: **Eric Emery** — Telephone Number: **609-258-3432**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Princeton University-Dean Mathey Court Cmplex**	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: **Harrison St & Hartley Ave**	
City (5): **Princeton**	Square Feet: — # of Floors: — Bldg. Age: **63**
County (6): **MERCER** — 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): **BRISTOL ENVIRONMENTAL, LLC**	
Street Address: **1253 North Church Rd**		Street Address: **1123 BEAVER STREET**	
City, State, Zip Code: **Moorestown, NJ 08057**		City, State, Zip Code: **BRISTOL, PA 19007**	
Project Manager for Monitoring Firm: **Michael Keehn** — Telephone No.: **609-386-8800**		Telephone No.: **215-788-6040**	License No.: **02121**
Start Date (10): 7 / 13 / 26	Scheduled Completion Date (11): 1 / 6 / 27	Name of OSHA Monitor: **BRISTOL ENVIRONMENTAL, LLC.**	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: **7:00**AM-**3:30**PM/_____PM-_____AM		Street Address: **1123 BEAVER STREET** — City, State, Zip Code: **BRISTOL, PA 19007**	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
East Bldg Suite 299 Kitchen	☐	☒	☐	**Joint compound**	**15 LF**	☒	☐	☐	☐
North Bldg Suite 87 Kitchen and bathroom	☐	☒	☐	**Joint Compound**	**780 SF**	☒	☐	☐	☐
North Bldg Suite 87 Kitchen and bathroom	☐	☒	☐	**Flooring**	**131 SF**	☒	☐	☐	☐
North Bldg Suite 89 Kitchen and bathroom	☐	☒	☐	**Joint Compound**	**974 SF**	☒	☐	☐	☐

Name of Registered Waste Hauler: **Freehold Cartage**	NJDEP Waste Hauler ID No.:	Cubic Yards of Waste:	Name of Registered Landfill: **Fairless Landfill**
City, State: **Freehold, NJ**		Disposal Date:	City, State: **MORRISVILLE, PA 19067**

Completed By (Print or Type): **Brian Scafiro**	Title: **Estimator**	Signature: Brian Scafiro/KB	Date: 10/19/20

ASB-41
MAY 11

BS 260045

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

Pg5 Check #4718

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1): 10 / 6 / 26	Name of Building Owner/Operator (2): **Princeton University-Facilities Operations**
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment **#4** ☐ Emergency (including justification) ☐ Cancellation
	Street Address: **MacMillan Building, Elm Drive**
	City, State, Zip Code: **Princeton, NJ 08544**
	Name of Contact: **Eric Emery** — Telephone Number: **609-258-3432**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Princeton University-Dean Mathey Court Cmplex**			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: **Harrison St & Hartley Ave**			
City (5): **Princeton**		Square Feet:	# of Floors: — Bldg. Age: **63**
County (6): **MERCER**	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): **BRISTOL ENVIRONMENTAL, LLC**	
Street Address: **1253 North Church Rd**		Street Address: **1123 BEAVER STREET**	
City, State, Zip Code: **Moorestown, NJ 08057**		City, State, Zip Code: **BRISTOL, PA 19007**	
Project Manager for Monitoring Firm: **Michael Keehn** — Telephone No.: **609-386-8800**		Telephone No.: **215-788-6040**	License No.: **02121**
Start Date (10): 7 / 13 / 26	Scheduled Completion Date (11): 1 / 6 / 27	Name of OSHA Monitor: **BRISTOL ENVIRONMENTAL, LLC.**	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: **7:00**AM-**3:30**PM/_____PM-_____AM		Street Address: **1123 BEAVER STREET** — City, State, Zip Code: **BRISTOL, PA 19007**	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
North Bldg Suite 89 Kitchen and bathroom	☐	☒	☐	**Flooring**	**177 SF**	☒	☐	☐	☐
North Bldg Suite 97 Kitchen	☐	☒	☐	**Joint Compound**	**16 LF**	☒	☐	☐	☐
Common Corridors A level-All Buildings(13 total)	☐	☒	☐	**Floor tile and mastic**	**1722 SF**	☒	☐	☐	☐
Exterior Courtyard	☐	☒	☐	**Waterproofing**	**1940 SF**	☐	☒	☐	☐

Name of Registered Waste Hauler: **Freehold Cartage**	NJDEP Waste Hauler ID No.:	Cubic Yards of Waste:	Name of Registered Landfill: **Fairless Landfill**
City, State: **Freehold, NJ**		Disposal Date:	City, State: **MORRISVILLE, PA 19067**

Completed By (Print or Type): **Brian Scafiro**	Title: **Estimator**	Signature: Brian Scafiro/KB	Date: 10/16/20

ASB-41
MAY 11 BS 260045

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

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Pg 6 check #4778

Date of Notification (1): 10 / 6 / 26	Name of Building Owner/Operator (2): **Princeton University-Facilities Operations**
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #4 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: **MacMillan Building, Elm Drive**
	City, State, Zip Code: **Princeton, NJ 08544**
	Name of Contact: **Eric Emery** — Telephone Number: **609-258-3432**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Princeton University-Dean Mathey Court Cmplex**			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: **Harrison St & Hartley Ave**			
City (5): **Princeton**		Square Feet:	# of Floors: Bldg. Age: **63**
County (6): **MERCER**	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): **BRISTOL ENVIRONMENTAL, LLC**	
Street Address: **1253 North Church Rd**		Street Address: **1123 BEAVER STREET**	
City, State, Zip Code: **Moorestown, NJ 08057**		City, State, Zip Code: **BRISTOL, PA 19007**	
Project Manager for Monitoring Firm: **Michael Keehn** — Telephone No.: **609-386-8800**		Telephone No.: **215-788-6040**	License No.: **02121**
Start Date (10): 7 / 13 / 26 — Scheduled Completion Date (11): 1 / 6 / 27		Name of OSHA Monitor: **BRISTOL ENVIRONMENTAL, LLC.**	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: **7:00**AM-**3:30**PM/_____PM-_____AM		Street Address: **1123 BEAVER STREET** — City, State, Zip Code: **BRISTOL, PA 19007**	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior All Buildings	☐	☒	☐	**Storm Window Caulk**	**4140 LF**	☒	☐	☐	☐
Exterior All Buildings	☐	☒	☐	**Dryer/kitechen vent caulk**	**51 LF**	☒	☐	☐	☐
Throughout Complex	☐	☒	☐	**Caulk on sliding glass doors**	**342 LF**	☒	☐	☐	☐
Units 20, 22, 34, 87, 289 and 299	☐	☒	☐	**Joint compound**	**522 SF**	☒	☐	☐	☐

Name of Registered Waste Hauler: **Freehold Cartage**	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill: **Fairless Landfill**
City, State: **Freehold, NJ**		Disposal Date	City, State: **MORRISVILLE, PA 19067**

Completed By (Print or Type)	Title	Signature	Date
Brian Scafiro	**Estimator**	Brian Scafiro KB	10/6/26

ASB-41
MAY 11 BS200045

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

Pg7 CHECK #4718

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1): **10 / 6 / 26**		Name of Building Owner/Operator (2): **Princeton University-Facilities Operations**
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #4 ☐ Emergency (including justification) ☐ Cancellation	Street Address: **MacMillan Building, Elm Drive** City, State, Zip Code: **Princeton, NJ 08544** Name of Contact: **Eric Emery** — Telephone Number: **609-258-3432**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Princeton University-Dean Mathey Court Cmplex**			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: **Harrison St & Hartley Ave**			
City (5): **Princeton**		Square Feet:	# of Floors: — Bldg. Age: **63**
County (6): **MERCER**	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): **BRISTOL ENVIRONMENTAL, LLC**	
Street Address: **1253 North Church Rd**		Street Address: **1123 BEAVER STREET**	
City, State, Zip Code: **Moorestown, NJ 08057**		City, State, Zip Code: **BRISTOL, PA 19007**	
Project Manager for Monitoring Firm: **Michael Keehn** — Telephone No.: **609-386-8800**		Telephone No.: **215-788-6040**	License No.: **02121**
Start Date (10): **7 / 13 / 26** — Scheduled Completion Date (11): **1 / 6 / 27**		Name of OSHA Monitor: **BRISTOL ENVIRONMENTAL, LLC.**	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: **7:00**AM-**3:30**PM/_____PM-_____AM		Street Address: **1123 BEAVER STREET** City, State, Zip Code: **BRISTOL, PA 19007**	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior West Bldg	☐	☒	☐	**Tarpaper**	**140 SF**	☒	☐	☐	☐
Exterior West Bldg	☐	☒	☐	**Window & Door Caulk**	**60 LF**	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: **Freehold Cartage**	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill: **Fairless Landfill**
City, State: **Freehold, NJ**		Disposal Date	City, State: **MORRISVILLE, PA 19067**

Completed By (Print or Type): **Brian Scafiro**	Title: **Estimator**	Signature: Brian Scafiro/KB	Date: 10/10/26

ASB-41
MAY 11

BS210046

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

50670

4409646

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

RECEIVED

OCT – 5 2026

50670

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09 / 30 / 26	Name of Building Owner/Operator (2): County of Monmouth
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 1 East Main Street
	City, State, Zip Code: Freehold, NJ 07728
	Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 83 Strickland Road	
City (5): Freehold	Square Feet: 1600 / # of Floors: 1 / Bldg. Age: 115
County (6): Monmouth	County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): Residence

Name of Monitoring Firm Hired by Building Owner (8): Environmental Tactics, Inc	ASCM No.: 0045	Name of Abatement Contractor (9): Guardian Contracting, Inc.
Street Address: 64 Broad Street		Street Address: 1889 Route 9, Unit 61
City, State, Zip Code: Matawan, NJ 07747		City, State, Zip Code: Toms River, New Jersey 08755
Project Manager for Monitoring Firm: Tom Geiger / Telephone No.: 732-290-2217		Telephone No.: 732-349-9932 / License No.: 00624
Start Date (10): 10 / 12 / 26	Scheduled Completion Date (11): 10 / 16 / 26	Name of OSHA Monitor: E.M.S.L. Analytical
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address: 1056 Stelton / City, State, Zip Code: Piscataway, New Jersey 08854

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf

☐ Renovation ☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
kitchen & laundry room	☐	☒	☐	asbestos floor tile	562 sf	☒	☐	☐	☐
exterior	☐	☒	☐	asbestos roof	1790 sf	☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Guardian Contracting, Inc.	NJDEP Waste Hauler ID No.: 20223	Cubic Yards of Waste: 6	Name of Registered Landfill: Fairless Landfill
City, State: Toms River, New Jersey		Disposal Date: 10/16/26	City, State: Morrisville, Pennsylvania

Completed By (Print or Type): Nicholas Fernicola	Title: Project Manager	Signature:	Date: 9/30/26

ASB-41
JAN 13

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

13908

4409619

PAID

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

B & G Project # 2026-157

Check # 13908

RECEIVED
OCT - 5 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
10/02/2026	

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

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

Street Address: 29 Sussex Road

City, State, Zip Code: Twp of Washington, NJ 07676

Name of Contact | Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

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

Street Address: 29 Sussex Road

City (5): Twp of Washington

Square Feet | # of Floors | Bldg. Age

County (6): Bergen

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

Current Use (Prior if being demolished): residential

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

Name of Abatement Contractor (9): B & G Restoration, Inc.

Street Address

Street Address: 1234 Route 23

City, State, Zip Code

City, State, Zip Code: Butler, NJ 07405

Project Manager for Monitoring Firm | Telephone No.

Telephone No.: 973-696-6869 | License No.: 00378

Start Date (10): 10/13/2026

Scheduled Completion Date (11): 10/16/2026

Name of OSHA Monitor: B & G Restoration, Inc.

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

Street Address: 1234 Route 23

City, State, Zip Code: Butler, NJ 07405

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

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

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
B & G Restoration Inc.	19563	5	Grand Central Landfill
City, State: Butler, NJ		Disposal Date: 10/16/2026	City, State: Pen Argyl, PA

Completed by	Title	Signature	Date
Gordana Luna	Secretary / Treasurer	Gordana Luna	10/02/2026

ASB-41 (R-06-08)

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

50665

PAID

4409618

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

RECEIVED
50665
OCT - 2 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09 / 29 / 26		Name of Building Owner/Operator (2): Potts Excavating, Inc.	
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 316 Main Street	
		City, State, Zip Code: West Creek, NJ 08092	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 24 W Ohio Avenue			
City (5): Long Beach Twp.		Square Feet: 1600	# of Floors: 1 / Bldg. Age: 80
County (6): Ocean	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Residence	
Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): Guardian Contracting, Inc.	
Street Address		Street Address: 1889 Route 9, Unit 61	
City, State, Zip Code		City, State, Zip Code: Toms River, New Jersey 08755	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 732-349-9932	License No.: 00624
Start Date (10): 10 / 14 / 26	Scheduled Completion Date (11): 10 / 16 / 26	Name of OSHA Monitor: E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address: 1056 Stelton / City, State, Zip Code: Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf

☐ Renovation ☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
exterior	☐	☒	☐	asbestos siding	1600 sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Guardian Contracting, Inc.	NJDEP Waste Hauler ID No.: 20223	Cubic Yards of Waste: 3	Name of Registered Landfill: Fairless Landfill
City, State: Toms River, New Jersey		Disposal Date: 10/16/26	City, State: Morrisville, Pennsylvania

Completed By (Print or Type): Nicholas Fernicola	Title: Project Manager	Signature	Date: 9/29/26

ASB-41
JAN 13

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

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4285893

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

RECEIVED
SEP 30 2026
ASBESTOS

Date of Notification (1) 09/23/2026	Name of Building Owner/Operator (2)

Agencies Notified	Type Notification	Street Address / City, State, Zip Code / Name of Contact
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 2 HALSEY PLACE City, State, Zip Code: SOUTH ORANGE,NJ.07079 Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PRIVATE HOUSE		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 2 HALSEY PLACE		Square Feet N/A	# of Floors N/A / Bldg. Age N/A
City (5) SOUTH ORANGE		Current Use (Prior if being demolished) PRIVATE HOUSE	
County (6) ESSEX	County Code (7) *(STATE USE ONLY)* _____		
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) EHW ABATEMENT LLC	
Street Address		Street Address 89 FRANKLIN STREET	
City, State, Zip Code		City, State, Zip Code PATERSON,NJ.07524	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-333-5144	License No. 01274
Start Date (10) 10/03/2026	Scheduled Completion Date (11) 10/04/2026	Name of OSHA Monitor EHW ABATEMENT LLC	
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: OCCUPIE		Street Address 89 FRANKLIN STREET City, State, Zip Code PATERSON,NJ.07524	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
BASEEMNT		X		PIPE INSULATION	160 LF	X			

Name of Registered Waste Hauler EHW ABATEMENT LLC	NJDEP Waste Hauler ID No. 0037095	Cubic Yards of Waste TBD	Name of Registered Landfill TRI STATE TRANSFER
City, State PATERSON,NJ		Disposal Date TBD	City, State BRONX,NY
Completed by VICTOR ESPIRITU	Title PROJECT MANAGER	Signature	Date 09/23/2026

ASB-41 (R-06-08)

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

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4409627

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

PAID

RECEIVED 50680 OCT - 6 2026 ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10 / 02 / 26	Name of Building Owner/Operator (2): Padula Builders
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 2430 Highway 34, Bldg. A, Suite 210
	City, State, Zip Code: Manasquan, NJ 08736
	Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 207 Maxson Avenue	
City (5): Point Pleasant	Square Feet: 900 / # of Floors: 1 / Bldg. Age: 80
County (6): Ocean / County Code (7)(*STATE USE ONLY*)	Current Use (Prior if being demolished): Residence
Name of Monitoring Firm Hired by Building Owner (8): N/A / ASCM No.	Name of Abatement Contractor (9): Guardian Contracting, Inc.
Street Address	Street Address: 1889 Route 9, Unit 61
City, State, Zip Code	City, State, Zip Code: Toms River, New Jersey 08755
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 732-349-9932 / License No.: 00624
Start Date (10): 10 / 14 / 26 / Scheduled Completion Date (11): 10 / 16 / 26	Name of OSHA Monitor: E.M.S.L. Analytical
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	Street Address: 1056 Stelton / City, State, Zip Code: Piscataway, New Jersey 08854

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
exterior	☐	☒	☐	asbestos siding	900 sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Guardian Contracting, Inc.	NJDEP Waste Hauler ID No.: 20223	Cubic Yards of Waste: 3	Name of Registered Landfill: Fairless Landfill
City, State: Toms River, New Jersey		Disposal Date: 10/16/26	City, State: Morrisville, Pennsylvania
Completed By (Print or Type): Nicholas Fernicola	Title: Project Manager	Signature	Date: 10/2/26

ASB-41
JAN 13

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

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4407650

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

RECEIVED CK 5501

OCT – 5 2025

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 9/30/26 Type Notification	Name of Building Owner / Operator (2)
Agencies Notified EPA DEP X DOL X DOH DCA	X Emergency Notification X Initial Notification Amended Notification Cancellation
	Street Address **215 E. 9th Street**
	City, State & Zip Code **Plainfield, NJ 07060**
	Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) **Residence**			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) X Other (i.e., private & commercial buildings, homes, etc.)
Street Address **215 E. 9th Street**			Square Feet: **2,200** / # of Floors: **2** / Bldg. Age: **70**
City (5) **Plainfield**	County (6) **Union**	County Code (7)	Current Use (Prior if being demolished) **Residential**
Name of Monitoring Firm Hired by Building Owner (8) **Environmental Tactics, Inc**		ASCM No.	Name of Abatement Contractor (9) **Global Abatement Services, LLC**
Street Address **64 Broad Street**			Street Address **P.O. Box 7620**
City, State & Zip Code **Matawan, NJ 07747**			City, State & Zip Code **Monroe Township, NJ 08831**
Project Manager for Monitoring Firm **Tom Geiger**		Telephone Number **732-290-2217**	Telephone Number: **732-605-9062** / License Number: **00714**
Scheduled Start Date (10) **10/10/26**	Scheduled Completion Date (11) **10/15/26**		Name of OSHA Monitor **Global Abatement Services, LLC**
Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: **Area Isolated During Abatement** Other - Describe:			Street Address **P.O. Box 7620** City, State & Zip Code **Monroe Township, NJ 08831**

Scope of Work (Check all that apply)

- Demolition
- X Renovation
- Large Project
- X Quantity is ≥ 3 SF or ≥ 3 LF ACM
- Quantity is ≥ 160 SF or ≥ 260 LF ACM
- Full Containment with Negative Pressure
- Mini-Enclosure
- X Glovebag Procedure
- Other: **Non-friable**

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Basement	**N/A**	**Pipe insulation**	**10LF**	**Removal**

Name of Registered Waste Hauler **Freehold Carting**	NJDEP Waste Hauler ID # **18693**	Cu. Yds. of Waste **5**	Name of Registered Landfill **Fairless Hills**
City, State **Freehold, NJ**		Disposal Date **10/15/26**	City, State **Fairless Hills, PA**

Completed By (Print or Type) **Dominick Tringali**	Title **Pres.**	Signature *Dominick Tringali*	Date **9/30/26**

ASB-41 JUN 95 G4667

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OCT -9 2026

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 10/1/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justificaton) ☐ Cancellation	Street Address: 226 W. 15th Street City, State, Zip Code: North Wildwood, NJ Name of Contact: Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 226 W. 15th Street			
City (s): North Wildwood, NJ	Square Feet: 2100sf	# of Floors: 2	Bldg. Age: 45 yrs
County (6): Cape May	County Code(7) *(STATE USE ONLY)*:		Current Use (Prior if being demolished): Residence

Name of Monitoring Firm Hired by Building Owner (8):	ASCM No.:	Name of Abatement Contractor (9): AEi2, LLC	
Street Address:		Street Address: PO Box 499	
City, State, Zip Code:		City, State, Zip Code: Hammonton, NJ 08037	
Project Manager for Monitoring Firm:	Telephone No.:	Telephone No.: 609-381-2990	License No.: 00689
Start Date (10): 10/10/26	Scheduled Completion Date (11): 10/25/26	Name of OSHA Monitor: AEi2, LLC	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:		Street Address: PO Box 499 City, State, Zip Code: Hammonton, NJ 08037	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facilily (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
Siding			X	Asbestos Shingles	2100 sf	X			

Name of Registered Waste Hauler: TBD	NJDEP Waste Hauler ID No.: TBD	Cubic Yards of Waste: 5	Name of Registered Landfill: TBD
City, State: TBD, NJ		Disposal Date: TBD	City, State: NJ

Completed By: Wm. Minnick	Title: Program Mgr.	Signature:	Date: 10/1/26

ASB-41

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

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4409633

Print Form

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

RECEIVED
OCT – 5 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/02/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: 240 New York Ave	
City, State, Zip Code: Jersey City NJ 07307	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 240 New York Ave	
City (5): Jersey City	Square Feet / # of Floors / Bldg. Age
County (6): Hudson	County Code (7) *(STATE USE ONLY)* _____
	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): E & V Services LLC
Street Address	Street Address: 711 Sip Street
City, State, Zip Code	City, State, Zip Code: Union City NJ 07087
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 201-875-7290 / License No.: 02053
Start Date (10): 10/15/2026 / Scheduled Completion Date (11): 11/05/2026	Name of OSHA Monitor
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: _____	Street Address / City, State, Zip Code

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
EXTERIOR		X		ROOF	510 sf	X			

Name of Registered Waste Hauler: TRISTATE TRANFER INC	NJDEP Waste Hauler ID No.: 24-1129	Cubic Yards of Waste: 2	Name of Registered Landfill: MINERVA ENTERPRISES LLC
City, State: BRONX NY 10474		Disposal Date	City, State: WAYNESBURG OH 44688

Completed by: Angel Penaherrera	Title: Owner	Signature	Date: 10/02/2026

ASB-41 (R-06-08)

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RECEIVED

OCT 13 2026

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 10/09/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☑ EPA ☐ DEP ☑ DOL ☑ DOH ☐ DCA	Type Notification: ☑ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: 5 Knollwood Road,	
City, State, Zip Code: Whippany, NJ 07981	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): residential	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☑ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 5 Knollwood Road,	
City (5): Whippany	Square Feet: 1,400 / # of Floors: 1 / Bldg. Age: 74
County (6): Morris	County Code (7) (STATE USE ONLY): _____ / Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): Acme Professional Services Corp
Street Address		Street Address: 170 Kinnelon Rd, Suite 32
City, State, Zip Code		City, State, Zip Code: Kinnelon, NJ 07405
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 973-938-5266 / License No.: 02003
Start Date (10): 10/20/2026	Scheduled Completion Date (11): 10/23/2026	Name of OSHA Monitor: Arsenije Adamov
Occupancy Status During Abatement (Check Only One): ☑ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: 170 Kinnelon Rd, Suite 32 / City, State, Zip Code: Kinnelon, NJ 07405

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☑ ≥160 sf or ≥260 lf

☑ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Attic		✓		Vermiculite	1,200	✓			

Name of Registered Waste Hauler: Acme Professional Services Corp	NJDEP Waste Hauler ID No.: 0038176	Cubic Yards of Waste: 5	Name of Registered Landfill: Fairless Landfill
City, State: Kinnelon, NJ		Disposal Date: 10/23/2026	City, State: Morrisville, PA

Completed by: Samantha Zamora	Title: Project Coordinator	Signature: Samantha Zamora	Date: 10/09/2026

ASB-41 (R-06-08)

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

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OCT - 5 2026

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1) 9/30/26 Type Notification			Name of Building Owner / Operator (2)
Agencies Notified EPA DEP X DOL X DOH DCA	Emergency Notification X Initial Notification Amended Notification Cancellation		Street Address **5 Franklin Street** City, State & Zip Code **Jamesburg, NJ 08831** Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) **Residence**			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) X Other (i.e., private & commercial buildings, homes, etc.)		
Street Address **5 Franklin Street**			Square Feet **2,000**	# of Floors **2**	Bldg. Age **70**
City (5) **Jamesburg**	County (6) **Middlesex**	County Code (7)	Current Use (Prior if being demolished) **Residential**		
Name of Monitoring Firm Hired by Building Owner (8) **Environmental Tactics, Inc**		ASCM No.	Name of Abatement Contractor (9) **Global Abatement Services, LLC**		
Street Address **64 Broad Street**			Street Address **P.O. Box 7620**		
City, State & Zip Code **Matawan, NJ 07747**			City, State & Zip Code **Monroe Township, NJ 08831**		
Project Manager for Monitoring Firm **Tom Geiger**	Telephone Number **732-290-2217**		Telephone Number **732-605-9062**	License Number **00714**	
Scheduled Start Date (10) **10/10/26**	Scheduled Completion Date (11) **10/14/26**		Name of OSHA Monitor **Global Abatement Services, LLC**		
Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: **Area Isolated During Abatement** Other - Describe:			Street Address **P.O. Box 7620** City, State & Zip Code **Monroe Township, NJ 08831**		

Scope of Work (Check all that apply)

- Demolition
- X Renovation
- Large Project
- X Quantity is ≥ 3 SF or ≥ 3 LF ACM
- Quantity is ≥ 160 SF or ≥ 260 LF ACM
- Full Containment with Negative Pressure
- Mini-Enclosure
- X Glovebag Procedure
- Other: **Non-friable**

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Basement	**N/A**	**Pipe insulation**	**30LF**	**Removal**

Name of Registered Waste Hauler **Freehold Carting**	NJDEP Waste Hauler ID # **18693**	Cu. Yds. of Waste **5**	Name of Registered Landfill **Fairless Hills**
City, State **Freehold, NJ**		Disposal Date **10/15/26**	City, State **Fairless Hills, PA**

Completed By (Print or Type) **Dominick Tringali**	Title **Pres.**	Signature *Dominick Tringali*	Date **9/30/26**

ASB-41 JUN 95 G4667

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
09/24/2026	

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

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

Street Address: 51 Charwalt Dr,
City, State, Zip Code: Hawthorne, NJ 07506
Name of Contact:
Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): residential
Street Address: 51 Charwalt Dr,
City (5): Hawthorne
County (6): Passaic
County Code (7) *(STATE USE ONLY)*: _____

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

Square Feet	# of Floors	Bldg. Age
1,365	1	73

Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Building Owner (8):
ASCM No.:
Street Address:
City, State, Zip Code:
Project Manager for Monitoring Firm:
Telephone No.:

Name of Abatement Contractor (9): Acme Professional Services Corp
Street Address: 170 Kinnelon Rd, Suite 32
City, State, Zip Code: Kinnelon, NJ 07405
Telephone No.: 973-938-5266
License No.: 02003

Start Date (10): 09/25/2026
Scheduled Completion Date (11): 09/26/2026

Name of OSHA Monitor: Arsenije Adamov
Street Address: 170 Kinnelon Rd, Suite 32
City, State, Zip Code: Kinnelon, NJ 07405

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

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

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

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Acme Professional Services Corp	0038176	2	Fairless Landfill
City, State: Kinnelon, NJ		Disposal Date: 09/28/2026	City, State: Morrisville, PA

Completed by	Title	Signature	Date
Samantha Zamora	Project Coordinator	Samantha Zamora	09/24/2026

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 9/24/2026	Name of Building Owner/Operator (2): Fidelco Realty Group
Agencies Notified: [x] EPA [x] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 225 Millburn Ave
	City, State, Zip Code: Millburn, NJ 07041
	Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): 550 Broad St	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 550 Broad St	
City (5): Newark	Square Feet: 315,000 / # of Floors: 17 / Bldg. Age: 100+
County (6): Essex / County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Mixed Use
Name of Monitoring Firm Hired by Building Owner (8): A. Seine Lighthouse Solutions / ASCM No.	Name of Abatement Contractor (9): Brink's Plumbing & Heating
Street Address: PO Box 354	Street Address: 1256 Liberty Ave
City, State, Zip Code: South Orange, NJ 07079	City, State, Zip Code: Hillside, NJ 07205
Project Manager for Monitoring Firm: Sarah Calandra / Telephone No.: (201) 349-2666	Telephone No.: (844) 462-7465 / License No.: 02116
Start Date (10): 10/7/2026 / Scheduled Completion Date (11): 10/9/2026	Name of OSHA Monitor: A. Seine Lighthouse Solutions
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [x] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____	Street Address: PO Box 354 / City, State, Zip Code: South Orange, NJ 07079

Scope of Work (Check All That Apply)

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

[x] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
1st Floor	X			Floor Tile	100 SF	X			
1st Floor	X			TSI Elbows	5 LF				
2nd Floor	X			TSI Elbows	10 LF	X			

Name of Registered Waste Hauler: Newark Carting	NJDEP Waste Hauler ID No.: 04509	Cubic Yards of Waste	Name of Registered Landfill: Waste Management Landfill
City, State: East Orange, NJ		Disposal Date	City, State: Penn Argyle, PA
Completed by: Connor Brink	Title: Project Manger	Signature	Date: 9/24/2026

ASB-41 (R-06-08)

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 10/06/26 MS# 26-153	Name of Building Owner/Operator (2)	
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	Street Address 609 Galvin Ave City, State, Zip Code Roselle, NJ 07203 Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 609 Galvin Ave			
City (5) Roselle, NJ		Square Feet 1,000	# of Floors 2 / Bldg. Age 90
County (6) Union	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) D&S Restoration, Inc	
Street Address		Street Address 20 California Ave	
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-345-8020	License No. 01169
Start Date (10) 10/07/26	Scheduled Completion Date (11) 10/08/26	Name of OSHA Monitor D&S Restoration, Inc	
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: Regular Hours		Street Address 20 California Ave City, State, Zip Code Paterson, NJ 07503	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	38 LF	X			

Name of Registered Waste Hauler D&S Restoration, Inc	NJDEP Waste Hauler ID No. 13506	Cubic Yards of Waste 1 CYD	Name of Registered Landfill Tyllytown Recource Recovery
City, State 20 California Ave Paterson, NJ 07503		Disposal Date TBD	City, State Tullytown, PA
Completed by Bogdan Joldzic	Title President	Signature	Date 10/06/2026

ASB-41 (R-06-08)

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
10/5/2026	

Agencies Notified	Type Notification	Street Address / City, State, Zip Code
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	39 Warrenville Rd, Middlesex, NJ 08846

Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Single Family	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 39 Warrenville Rd	

City (5)	Square Feet	# of Floors	Bldg. Age
Middlesex	unknown	2	unknown

County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)
Middlesex	_____	Child Center

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
TBD		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	Telephone No.	Telephone No.	License No.
TBD		908-270-8556	02109

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
10/12/26	10/13/2026	David Cuevas

Occupancy Status During Abatement (Check Only One)

☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe: _____

Street Address: 74 Franklin Ave
City, State, Zip Code: East Orange, NJ 07017

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Century Waste	NJ860	10	Conestoga Landfill
City, State: Elizabeth, NJ		Disposal Date	City, State: Morgantown PA

Completed by	Title	Signature	Date
John Kim	President		10/5/2026

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 10 / 05 / 26	Name of Building Owner/Operator (2): **Atlantic Building Company**
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
	Street Address: **75 Taylor Avenue**
	City, State, Zip Code: **Manasquan, NJ 08736**
	Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Residence**		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: **121 1st Avenue**			
City (5): **Manasquan**		Square Feet: **800**	# of Floors: **1** / Bldg. Age: **80**
County (6): **Monmouth**	County Code (7)*(STATE USE ONLY)*	Current Use (Prior if being demolished): **Residence**	

Name of Monitoring Firm Hired by Building Owner (8): **Guardian Contracting, Inc.**	ASCM No.	Name of Abatement Contractor (9): **Guardian Contracting, Inc.**	
Street Address: **1889 Route 9, Unit 61**		Street Address: **1889 Route 9, Unit 61**	
City, State, Zip Code: **Toms River, New Jersey 08755**		City, State, Zip Code: **Toms River, New Jersey 08755**	
Project Manager for Monitoring Firm: **Nicholas Fernicola**	Telephone No.: **732-349-9932**	Telephone No.: **732-349-9932**	License No.: **00624**
Start Date (10): 10 / 15 / 26	Scheduled Completion Date (11): 10 / 19 / 26	Name of OSHA Monitor: **E.M.S.L. Analytical**	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address: **1056 Stelton** / City, State, Zip Code: **Piscataway, New Jersey 08854**	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
exterior	☐	☒	☐	**asbestos siding**	**835 sf**	☒	☐	☐	☐
attic	☐	☒	☐	**asbestos insulation**	**600 sf**	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: **Guardian Contracting, Inc.**	NJDEP Waste Hauler ID No.: **20223**	Cubic Yards of Waste: **6**	Name of Registered Landfill: **Fairless Landfill**
City, State: **Toms River, New Jersey**		Disposal Date: **10/19/26**	City, State: **Morrisville, Pennsylvania**

Completed By (Print or Type): **Nicholas Fernicola**	Title: **Project Manager**	Signature	Date: 10/5/26

ASB-41
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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OCT 13 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
09/16/2026	

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

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

Street Address: 141 Raymond Ave,
City, State, Zip Code: South Orange, NJ 07079
Name of Contact:
Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): residential
Street Address: 141 Raymond Ave,
City (5): South Orange
County (6): Essex
County Code (7) *(STATE USE ONLY)*: _____

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

Square Feet	# of Floors	Bldg. Age
2,881	2	72

Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Building Owner (8):
ASCM No.:
Street Address:
City, State, Zip Code:
Project Manager for Monitoring Firm:
Telephone No.:

Name of Abatement Contractor (9): Acme Professional Services Corp
Street Address: 170 Kinnelon Rd, Suite 32
City, State, Zip Code: Kinnelon, NJ 07405
Telephone No.: 973-938-5266
License No.: 02003

Start Date (10): 09/17/2026
Scheduled Completion Date (11): 09/18/2026
Name of OSHA Monitor: Arsenije Adamov
Street Address: 170 Kinnelon Rd, Suite 32
City, State, Zip Code: Kinnelon, NJ 07405

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

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement		✓		Tile and Mastic	530 SF	✓			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Acme Professional Services Corp	0038176	3	Fairless Landfill
City, State: Kinnelon, NJ		Disposal Date: 09/20/2026	City, State: Morrisville, PA

Completed by	Title	Signature	Date
Samantha Zamora	Project Coordinator	Samantha Zamora	09/16/2026

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ASBESTOS CONTROL & LICENSING

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

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Date of Notification (1) 10/08/26 MS# 26-161		Name of Building Owner/Operator (2)
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	Street Address 222 Summit Ave City, State, Zip Code Jersey City, NJ 07304 Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address 222 Summit Ave			
City (5) Jersey City	Square Feet 1,300	# of Floors 3	Bldg. Age 95
County (6) Hudson	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished) Residential

Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) D&S Restoration, Inc	
Street Address		Street Address 20 California Ave	
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-345-8020	License No. 01169
Start Date (10) 10/21/26	Scheduled Completion Date (11) 10/22/26	Name of OSHA Monitor D&S Restoration, Inc	
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: Regular Hours		Street Address 20 California Ave City, State, Zip Code Paterson, NJ 07503	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

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

Name of Registered Waste Hauler D&S Restoration, Inc	NJDEP Waste Hauler ID No. 13506	Cubic Yards of Waste 1 CYD	Name of Registered Landfill Tyllytown Recource Recovery
City, State 20 California Ave Paterson, NJ 07503		Disposal Date TBD	City, State Tullytown, PA

Completed by Bogdan Joldzic	Title President	Signature Bog Jold	Date 10/08/2026

ASB-41 (R-06-08)

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
10/02/26 MS# 26-158	

Agencies Notified	Type Notification	Street Address
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	1469 Stanley Terr
		City, State, Zip Code: Hillside, NJ 07205
		Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Residential	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1469 Stanley Terr	

City (5)	Square Feet	# of Floors	Bldg. Age
Hillside, NJ	1,200	2	95

County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)
Union	_____	Residential

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
N/A		D&S Restoration, Inc
Street Address		Street Address: 20 California Ave
City, State, Zip Code		City, State, Zip Code: Paterson, NJ 07503

Project Manager for Monitoring Firm	Telephone No.	Telephone No.	License No.
		973-345-8020	01169

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
10/14/26	10/19/26	D&S Restoration, Inc

Occupancy Status During Abatement (Check Only One)	Street Address
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: Regular Hours	20 California Ave
	City, State, Zip Code: Paterson, NJ 07503

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement		X		VAT/MAstic	560 SF	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
D&S Restoration, Inc	13506	6 CYD	Tyllytown Recource Recovery
City, State: 20 California Ave Paterson, NJ 07503		Disposal Date: TBD	City, State: Tullytown, PA

Completed by	Title	Signature	Date
Bogdan Joldzic	President	Bog Jdz	10/02/2026

ASB-41 (R-06-08)

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

Date of Notification (1) 10/07/26 MS# 26-160	Name of Building Owner/Operator (2) OCT 13 2026
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	Street Address 1166 Irvin Ave City, State, Zip Code Union, NJ 07090 Name of Contact Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1166 Irvin Ave			
City (5) Union, NJ		Square Feet 1,200	# of Floors 2	Bldg. Age 70
County (6) Union	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished) Residential		

Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) D&S Restoration, Inc	
Street Address		Street Address 20 California Ave	
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-345-8020	License No. 01169
Start Date (10) 10/16/26	Scheduled Completion Date (11) 10/19/26	Name of OSHA Monitor D&S Restoration, Inc	
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: Regular Hours		Street Address 20 California Ave City, State, Zip Code Paterson, NJ 07503	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

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

Name of Registered Waste Hauler D&S Restoration, Inc	NJDEP Waste Hauler ID No. 13506	Cubic Yards of Waste 1 CYD	Name of Registered Landfill Tyllytown Recource Recovery
City, State 20 California Ave Paterson, NJ 07503		Disposal Date TBD	City, State Tullytown, PA

Completed by Bogdan Joldzic	Title President	Signature	Date 10/07/2026

ASB-41 (R-06-08)

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

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OCT 13 2026

ASBESTOS CONTROL & LICENSING

Print Form

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

Date of Notification (1): 10/7/26	Name of Building Owner/Operator (2):
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [ ] Initial [ ] Amended Amendment #_____ [x] Emergency (including justification) [ ] Cancellation
Street Address: 9 E. Saddle River Rd.	
City, State, Zip Code: Saddle River, NJ 07458	
Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential Home			Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 9 E. Saddle River Rd.			
City (5): Saddle River		Square Feet: 3000	# of Floors: 2 / Bldg. Age: 60 +/-
County (6): Bergen	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished): Residential Home

Name of Monitoring Firm Hired by Building Owner (8): Project Manager	ASCM No.	Name of Abatement Contractor (9): All Stages Abatement	
Street Address:		Street Address: 55 Cannonball Rd.	
City, State, Zip Code:		City, State, Zip Code: Pompton Lakes, NJ 07442	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-600-3184	License No.: 01305
Start Date (10): 10/8/26	Scheduled Completion Date (11): 10/10/26	Name of OSHA Monitor: Same As Above	
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: 8 A.M to 4 P.M		Street Address:	
		City, State, Zip Code:	

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler: All Stages Abatement	NJDEP Waste Hauler ID No.: 0036592	Cubic Yards of Waste: 1 YD	Name of Registered Landfill: Chrin Brothers Sanitary Landfill
City, State: Pompton Lakes, NJ		Disposal Date: TBD	City, State: Easton, PA

Completed by: Richard Cristofol	Title: President	Signature:	Date: 10/7/26

ASB-41 (R-06-08)

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

12042 PAID 4181665 Check #12042 RECEIVED

Print Form

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

OCT - 5 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/2/26	Name of Building Owner/Operator (2): ARYA PROPERTIES LLC
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 130 CENTRAL AVENUE
	City, State, Zip Code: ISLAND HEIGHTS, NJ 08732
	Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): SINGLE FAMILY DWELLING			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 93 STATION ROAD			
City (5): BAYVILLE, NJ 08721		Square Feet:	# of Floors: 2 / Bldg. Age: 55+-
County (6): OCEAN	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8): EPC TECHNOLOGIES, INC	ASCM No.: N/A	Name of Abatement Contractor (9): EPC TECHNOLOGIES, INC	
Street Address: P.O. BOX 337		Street Address: P.O. BOX 337	
City, State, Zip Code: NEW EGYPT, NJ 08533		City, State, Zip Code: NEW EGYPT, NJ 08533	
Project Manager for Monitoring Firm: STEVE SCHENKER	Telephone No.: 609-744-6384	Telephone No.: 609-744-6384	License No.: 00394
Start Date (10): 10/15/26	Scheduled Completion Date (11): 10/16/26	Name of OSHA Monitor: EPC TECHNOLOGIES	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: P.O. BOX 337 / City, State, Zip Code: NEW EGYPT, NJ 08533	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
1ST FLOOR MID-ROOM	XXX			TRANSITE PANEL BOARD	10-15 SF	XX			
						XX			

Name of Registered Waste Hauler: EPC TECHNOLOGIES INC	NJDEP Waste Hauler ID No.: 17000	Cubic Yards of Waste: <1	Name of Registered Landfill: FAIRLESS LANDFILL
City, State: NEW EGYPT, NJ 08533		Disposal Date: 10/16/26	City, State: MORRISVILLE, PA

Completed by: STEVE SCHENKER	Title: PRESIDENT	Signature: Steve Schenker	Date: 10/02/26

ASB-41 (R-06-08)

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

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Print Form

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

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OCT - 5 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 10/01/26 MS# 26-157		Name of Building Owner/Operator (2)	
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 95 Liberty Ave City, State, Zip Code Belleville, NJ 07109 Name of Contact / Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 95 Liberty Ave			
City (5) Belleville, NJ		Square Feet 1,000	# of Floors 2 / Bldg. Age 80
County (6) Essex	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished) Residential	

Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) D&S Restoration, Inc	
Street Address		Street Address 20 California Ave	
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-345-8020	License No. 01169
Start Date (10) 10/12/26	Scheduled Completion Date (11) 10/13/26	Name of OSHA Monitor D&S Restoration, Inc	
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: Regular Hours		Street Address 20 California Ave City, State, Zip Code Paterson, NJ 07503	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

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

Name of Registered Waste Hauler D&S Restoration, Inc	NJDEP Waste Hauler ID No. 13506	Cubic Yards of Waste 1 CYD	Name of Registered Landfill Tyllytown Recource Recovery
City, State 20 California Ave Paterson, NJ 07503		Disposal Date TBD	City, State Tullytown, PA

Completed by Bogdan Joldzic	Title President	Signature	Date 10/01/2026

ASB-41 (R-06-08)

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

Check No. 7302
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OCT - 5 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
October 01, 2026	

Agency Notified	Type Notification	Street Address / City, State, Zip Code / Name of Contact / Telephone Number
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation	Street Address: 96 Vreeland Avenue City, State, Zip Code: Clifton, NJ 07011 Name of Contact: Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
residential house	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 96 Vreeland Avenue	

City (5)	Square Feet	# of Floors	Bldg. Age
Clifton, NJ 07011	2,200	2	1950+

County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)
Passaic		residential house

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
The Saban Engineering Group, Inc.		B&N&K Restoration Co. Inc.
Street Address: 201 Stuyvesant Avenue		Street Address: 223 Randolph Avenue
City, State, Zip Code: Lyndhurst, NJ 07071-1704		City, State, Zip Code: Randolph, NJ 07011
Project Manager for Monitoring Firm: Stephen Pharai	Telephone No.: 212-372-0338	Telephone No.: 973-478-4681 / License No.: 0120
Start Date (10): October 12, 2026	Scheduled Completion Date (11): October 19, 2026	Name of OSHA Monitor: The Saban Engineering Group, Inc.

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☒ Other - Describe:

Street Address: 201 Stuyvesant Avenue
City, State, Zip Code: Lyndhurst, NJ 07071-1704

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
basement			X	Pipe insulation & fittings	5 ln ft	X			
basement			X	boiler insulation	10 sf	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
B&N&K Restoration Co. Inc.	12695	.50	Minerva Enterprises, Inc.
City, State: Clifton, NJ 07011		Disposal Date: 10/19/26	City, State: Waynesburg, OH

Completed by	Title	Signature	Date
Aleksandar Kuridza	Project Manager		10/1/2026

ASB-41

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

ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
10 / 06 / 26	5691 10/6/26

Agencies Notified	Type Notification	Street Address
☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	One Oaks Lane
		City, State, Zip Code: Boynton Beach, FL 33436
		Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Residence	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 908 North Lenola Road	
City (5): Moorestown	Square Feet: 1500 / # of Floors: 1 / Bldg. Age: 65
County (6): Burlington / County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Residence

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
Guardian Contracting, Inc.		Guardian Contracting, Inc.
Street Address: 1889 Route 9, Unit 61		Street Address: 1889 Route 9, Unit 61
City, State, Zip Code: Toms River, New Jersey 08755		City, State, Zip Code: Toms River, New Jersey 08755
Project Manager for Monitoring Firm: Nicholas Fernicola / Telephone No.: 732-349-9932		Telephone No.: 732-349-9932 / License No.: 00624
Start Date (10): 10 / 19 / 26 / Scheduled Completion Date (11): 10 / 21 / 26		Name of OSHA Monitor: E.M.S.L. Analytical
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address: 1056 Stelton City, State, Zip Code: Piscataway, New Jersey 08854

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
2 bedrooms & hallway	☐	☒	☐	asbestos floor tile & mastic	330 sf	☒	☐	☐	☐
back entrance	☐	☒	☐	asbestos floor tile & mastic	60 sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Guardian Contracting, Inc.	20223	3	Fairless Landfill
City, State: Toms River, New Jersey		Disposal Date: 10/21/26	City, State: Morrisville, Pennsylvania

Completed By (Print or Type)	Title	Signature	Date
Nicholas Fernicola	Project Manager		10/6/26

ASB-41
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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OCT 13 2026
ASBESTOS LICENSING

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

Agencies Notified: ☑ EPA ☐ DEP ☑ DOL ☑ DOH ☐ DCA

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

Street Address: 30 Homer Ave,
City, State, Zip Code: Morris Plains, NJ 07950
Name of Contact: Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): residential			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☑ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 30 Homer Ave,			
City (5): Morris Plains	Square Feet: 2,400	# of Floors: 2	Bldg. Age: 86
County (6): Morris	County Code (7) *(STATE USE ONLY)*:		Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Building Owner (8):	ASCM No.:	Name of Abatement Contractor (9): Acme Professional Services Corp
Street Address:		Street Address: 170 Kinnelon Rd, Suite 32
City, State, Zip Code:		City, State, Zip Code: Kinnelon, NJ 07405
Project Manager for Monitoring Firm:	Telephone No.:	Telephone No.: 973-938-5266 License No.: 02003
Start Date (10): 10/09/2026	Scheduled Completion Date (11): 10/09/2026	Name of OSHA Monitor: Arsenije Adamov
Occupancy Status During Abatement (Check Only One): ☑ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: 170 Kinnelon Rd, Suite 32 City, State, Zip Code: Kinnelon, NJ 07405

Scope of Work (Check All That Apply):

☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf

☑ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement		✓		Tile and Mastic	45 SF	✓			

Name of Registered Waste Hauler: Acme Professional Services Corp	NJDEP Waste Hauler ID No.: 0038176	Cubic Yards of Waste: 1	Name of Registered Landfill: Fairless Landfill
City, State: Kinnelon, NJ		Disposal Date: 10/12/2026	City, State: Morrisville, PA

Completed by: Samantha Zamora	Title: Project Coordinator	Signature: Samantha Zamora	Date: 10/08/2026

ASB-41 (R-06-08)

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Print Form

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

RECEIVED
OCT - 8 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/5/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: 315 Wood St.	
City, State, Zip Code: Burlington,Nj 08016	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 315 Wood St.			
City (5): Burllington	Square Feet: 2400	# of Floors: 3	Bldg. Age: 50+
County (6): Burlington	County Code (7) *(STATE USE ONLY)*		Current Use (Prior if being demolished): Vacant

Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): Audubon Environmental Inc.	
Street Address		Street Address: 449 Oak Shade Rd.	
City, State, Zip Code		City, State, Zip Code: Shamong, Nj 08088	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: (609)859-3625	License No.: 02094
Start Date (10): 10/15/26	Scheduled Completion Date (11): 10/19/26	Name of OSHA Monitor: N/A	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address / City, State, Zip Code	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

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

Name of Registered Waste Hauler: R & B Debris	NJDEP Waste Hauler ID No.: 29439	Cubic Yards of Waste: 2	Name of Registered Landfill: Fairless Hills
City, State: Hainesport, NJ		Disposal Date: TBD	City, State: Morrisville, Pa

Completed by: Nick Smarrito	Title: Project Manager	Signature	Date: 10/5/2026

ASB-41 (R-06-08)

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OCT 15 2026
ASBESTOS CONTROL & LICENSING

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

B & G Project # 2026-115

Check # 3911

Date of Notification (1)	Name of Building Owner/Operator (2)
10/06/2026	

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

Type Notification
- ☐ Initial
- ☒ Amended — Amendment # 2
- ☐ Emergency (including justification)
- ☐ Cancellation

Street Address: 357 Greylock Parkway

City, State, Zip Code: Belleville, NJ 07109

Name of Contact | Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address: 357 Greylock Parkway

City (5): Belleville, NJ 07109

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

Square Feet | # of Floors | Bldg. Age

County (6): Essex

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished): residential

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

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm | Telephone No.

Name of Abatement Contractor (9): B & G Restoration, Inc.

Street Address: 1234 Route 23

City, State, Zip Code: Butler, NJ 07405

Telephone No.: 973-696-6869 | License No.: 00378

Start Date (10): 10/07/2026 *** | Scheduled Completion Date (11): 10/08/2026 ***

Name of OSHA Monitor: B & G Restoration, Inc.

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

Street Address: 1234 Route 23

City, State, Zip Code: Butler, NJ 07405

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
basement			X	pipe insulation	130 LF	X			
basement			X	VAT	2 SF	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
B & G Restoration Inc.	19563	2	Grand Central Landfill
City, State: Butler, NJ		Disposal Date: 10/08/2026	City, State: Pen Argyl, PA

Completed by	Title	Signature	Date
Gordana Luna	Secretary / Treasurer	Gordana Luna	10/06/2026

ASB-41 (R-06-08)

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

3094

4409259

Print Form

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

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OCT 13 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
10/7/26	

Agencies Notified	Type Notification	Street Address
[x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	[ ] Initial [ ] Amended Amendment #_____ [x] Emergency (including justification) [ ] Cancellation	40 Birch Run Rd.
		City, State, Zip Code: Denville, NJ 07834
		Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Residential Home	[ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 40 Birch Run Rd.	
City (5): Denville	Square Feet: 2000 / # of Floors: 2 / Bldg. Age: 60 +/-
County (6): Morris / County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Residential Home

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
Project Manager		All Stages Abatement
Street Address		Street Address: 55 Cannonball Rd.
City, State, Zip Code		City, State, Zip Code: Pompton Lakes, NJ 07442
Project Manager for Monitoring Firm / Telephone No.		Telephone No.: 201-600-3184 / License No.: 01305
Start Date (10): 10/8/26	Scheduled Completion Date (11): 10/10/26	Name of OSHA Monitor: Same As Above
Occupancy Status During Abatement (Check Only One)		Street Address
[ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: 8 A.M to 4 P.M		City, State, Zip Code

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement		X		VAT	105 SF	x			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
All Stages Abatement	0036592	3 YD	Chrin Brothers Sanitary Landfill
City, State: Pompton Lakes, NJ		Disposal Date: TBD	City, State: Easton, PA

Completed by	Title	Signature	Date
Richard Cristofol	President		10/7/26

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

ASB-41 (R-06-08)

1966

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Chk #1966

Print Form

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

RECEIVED
OCT - 5 2026
ASBESTOS LICENSING

Date of Notification (1): 9/29/2029	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: 743 Harding St.	
City, State, Zip Code: Westfield, NJ 07090	
Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential Property	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 743 Harding St.	
City (5): Westfield, NJ 07090	Square Feet: 1,917 / # of Floors: 2 / Bldg. Age: 1950
County (6): Union / County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): DANVIC CONTRACTING LLC
Street Address	Street Address: 240 South 5th St.
City, State, Zip Code	City, State, Zip Code: Elizabeth, NJ 07206
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 908-906-4123 / License No.: 01355
Start Date (10): 10/10/2026 / Scheduled Completion Date (11): 10/13/2026	Name of OSHA Monitor: Iris Environmental Laboratories, Inc.
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: OCCUPIED	Street Address: 2333 Route 22 West / City, State, Zip Code: Union, NJ 07083

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

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

Name of Registered Waste Hauler: Danvic Contracting LLC	NJDEP Waste Hauler ID No.: 37574	Cubic Yards of Waste: TBD	Name of Registered Landfill: Fairless Landfill
City, State: Elizabeth, NJ		Disposal Date: TBD	City, State: Morrisville, PA
Completed by: Jeymy Donneys	Title: Owner	Signature: Jeymy Donneys	Date: 9/29/2026

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

ASB-41 (R-06-08)

50697

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

PAID RECEIVED PAID 50697

OCT 13 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10 / 07 / 26	Name of Building Owner/Operator (2): Kelly Builders
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 14 Bridgewaters Drive
	City, State, Zip Code: Oceanport, NJ 07757
	Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 89 Forrest Avenue	Square Feet: 1100 / # of Floors: 1 / Bldg. Age: 60
City (5): Rumson	
County (6): Monmouth / County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Residence
Name of Monitoring Firm Hired by Building Owner (8): Guardian Contracting, Inc. / ASCM No.	Name of Abatement Contractor (9): Guardian Contracting, Inc.
Street Address: 1889 Route 9, Unit 61	Street Address: 1889 Route 9, Unit 61
City, State, Zip Code: Toms River, New Jersey 08755	City, State, Zip Code: Toms River, New Jersey 08755
Project Manager for Monitoring Firm: Nicholas Fernicola / Telephone No.: 732-349-9932	Telephone No.: 732-349-9932 / License No.: 00624
Start Date (10): 10 / 20 / 26 / Scheduled Completion Date (11): 10 / 22 / 26	Name of OSHA Monitor: E.M.S.L. Analytical
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	Street Address: 1056 Stelton / City, State, Zip Code: Piscataway, New Jersey 08854

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
exterior-house & garage	☐	☒	☐	asbestos siding	1800 sf	☒	☐	☐	☐
kitchen	☐	☒	☐	asbestos floor tile	80 sf	☒	☐	☐	☐
basement	☐	☒	☐	duct insulation	5 sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Guardian Contracting, Inc.	NJDEP Waste Hauler ID No.: 20223	Cubic Yards of Waste: 3	Name of Registered Landfill: Fairless Landfill
City, State: Toms River, New Jersey		Disposal Date: 10/22/26	City, State: Morrisville, Pennsylvania

Completed By (Print or Type): Nicholas Fernicola	Title: Project Manager	Signature: [signature]	Date: 10/7/26

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1): 9 / 18 / 26		Name of Building Owner/Operator (2): Transcontinental Gas Pipe Line	Job # 2609-6626 Check# RECEIVED OCT - 5 2020 ASBESTOS CONTROL & LICENSING
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #2 ☐ Emergency (including justification) ☐ Cancellation	Street Address: 315 Cold Soil Rd.	
		City, State, Zip Code: Princeton, NJ 08540	
		Name of Contact: Kevin Schmidt	Telephone Number: 610-755-8956

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Williams/Transco Dig #58570, 57940, 57610		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: Across from 172 Southern Blvd.			
City (5): Chatham Twp., NJ		Square Feet	# of Floors / Bldg. Age
County (6): Morris	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Gas Pipe Line	
Name of Monitoring Firm Hired by Building Owner (8): NA	ASCM No.	Name of Abatement Contractor (9): AbateTech, Inc.	
Street Address		Street Address: 30 Maple Ave. PO Box 25	
City, State, Zip Code		City, State, Zip Code: Lumberton, NJ 08048	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 609-265-2107	License No.: 00529
Start Date (10): 9 / 11 / 26	Scheduled Completion Date (11): 9 / 30 / 26	Name of OSHA Monitor: IATL Analytical	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address: 9000 Commerce Parkway Suite B	
		City, State, Zip Code: Mt Laurel, NJ 08054	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior #58570 Dig	☐	☐	☒	Coal Tar Wrap- 36" Line	10 LF	☒	☐	☐	☐
Exterior #57940 Dig	☐	☐	☒	Coal Tar Wrap- 36" Line	10 LF	☒	☐	☐	☐
Exterior #57610 Dig	☐	☐	☒	Coal Tar Wrap- 36" Line	10 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: AbateTech, Inc.	NJDEP Waste Hauler ID No.: 18750	Cubic Yards of Waste: 12	Name of Registered Landfill: Fairless Landfill
City, State: Lumberton, NJ		Disposal Date: 9/30/26	City, State: Morrisville, PA 19067

Completed By (Print or Type): Gwendolyn Trumbetti	Title: Operations Coordinator	Signature: Gwen	Date: 9-18-20

ASB-41
MAY 11

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

RACK

Date of Notification (1): 10 / 2 / 26	Name of Building Owner/Operator (2): PSEG / Job #2609-6627 — Check #
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8) — Type Notification: ☐ Initial ☒ Amended Amendment #1 ☐ Emergency (including justification) ☐ Cancellation	Street Address: 4000 Hadley Road
	City, State, Zip Code: South Plainfield, NJ
	Name of Contact: Sandeep Singh — Telephone Number: 1-908-217-5362

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ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): PSEG West End M&R	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 65 Duffield Avenue	Square Feet: — # of Floors: — Bldg. Age: —
City (5): Jersey City	
County (6): Hudson — County Code (7)(STATE USE ONLY): —	Current Use (Prior if being demolished): M&R Station
Name of Monitoring Firm Hired by Building Owner (8): Matrix New World — ASCM No.: 00121	Name of Abatement Contractor (9): AbateTech, Inc.
Street Address: 26 Columbia Turnpike	Street Address: 30 Maple Ave. PO Box 25
City, State, Zip Code: Florham Park, NJ 07932	City, State, Zip Code: Lumberton, NJ 08048
Project Manager for Monitoring Firm: Gavin Gilmore — Telephone No.: 973-240-1800	Telephone No.: 609-265-2107 — License No.: 00529
Start Date (10): 9 / 15 / 26 — Scheduled Completion Date (11): 10 / 30 / 26	Name of OSHA Monitor: IATL
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	Street Address: 9000 Commerce Pkwy. Suite B — City, State, Zip Code: Mount Laurel, NJ 08054

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Bldg. 128	☐	☒	☐	Asbestos Paint	100 LF	☒	☐	☐	☐
TR Building	☐	☒	☐	Asbestos Paint	50 LF	☒	☐	☐	☐
Exrerior	☐	☐	☒	Asbestos Paint	1,500 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Veolia ES	NJDEP Waste Hauler ID No.: 000151	Cubic Yards of Waste: 40	Name of Registered Landfill: Fairless Landfill
City, State: Flanders, NJ		Disposal Date: 10/3026	City, State: Morrisville, PA
Completed By (Print or Type): Gwendolyn Trumbetti	Title: Operations Coordinator	Signature: Gwen	Date: 10-2-26

ASB-41
MAY 11

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1): 9 / 25 / 26	Name of Building Owner/Operator (2): Hartley Dodge Memorial Building Job #2508-6484 Check #
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8) Type Notification: ☐ Initial ☒ Amended Amendment #1 ☐ Emergency (including justification) ☐ Cancellation	Street Address: 50 Kings Road City, State, Zip Code: Madison, NJ Name of Contact: Tyler Merson Telephone Number: 973-593-3042

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Hartley Dodge Memorial Building		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 50 Kings Road		Square Feet	# of Floors / Bldg. Age
City (5): Madison			
County (6): Morris	County Code (7) *(STATE USE ONLY)*	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8): Environmental Connection	ASCM No.	Name of Abatement Contractor (9): AbateTech, Inc.	
Street Address: 120 North Warren St.		Street Address: 30 Maple Ave. PO Box 25	
City, State, Zip Code: Trenton, NJ 08608		City, State, Zip Code: Lumberton, NJ 08048	
Project Manager for Monitoring Firm: Jordan Reed	Telephone No.: 609-392-4200	Telephone No.: 609-265-2107	License No.: 00529
Start Date (10): 9 / 25 / 26	Scheduled Completion Date (11): 9 / 28 / 26	Name of OSHA Monitor: IATL	
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address: 9000 Commerce Parkway City, State, Zip Code: Mount Laurel, NJ 08054	

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Attic	☐	☐	☒	Plaster & Skew Block	5 SF	☒	☐	☐	☐
Attic	☐	☐	☒	Pipe Insulation	4 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: AbateTech, Inc.	NJDEP Waste Hauler ID No.: 18750	Cubic Yards of Waste: 40	Name of Registered Landfill: Fairless Landfill
City, State: Lumberton, NJ		Disposal Date: 9/28/26	City, State: Morrisville, PA
Completed By (Print or Type): Gwen Trumbetti	Title: Operations Coord.	Signature: [signature]	Date: 9-25-26

ASB-41
MAY 11

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

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

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OCT 5 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9 / 18 / 26	Name of Building Owner/Operator (2): PSE&G Lawrenceville HQ / Job #2509-6487 Check #
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #17 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 4140 Quakerbridge Rd.
	City, State, Zip Code: Lawrence Township, NJ 08648
	Name of Contact: Scott Mayes / Telephone Number: 609-923-2075

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): PSEG Lawrenceville HQ ROC Project	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 4140 Quakerbridge Rd.	Square Feet / # of Floors / Bldg. Age
City (5): Lawrenceville	
County (6): Mercer / County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Facility Headquarters
Name of Monitoring Firm Hired by Building Owner (8): Matrix New World / ASCM No.: 00121	Name of Abatement Contractor (9): AbateTech, Inc.
Street Address: 26 Columbia Turnpike	Street Address: 30 Maple Ave. PO Box 25
City, State, Zip Code: Florham Park, NJ 07932	City, State, Zip Code: Lumberton, NJ 08048
Project Manager for Monitoring Firm: Gavin Gilmore / Telephone No.: 973-240-1800	Telephone No.: 609-265-2107 / License No.: 00529
Start Date (10): 9 / 21 / 26 / Scheduled Completion Date (11): 9 / 28 / 26	Name of OSHA Monitor: IATL
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7 AM-3:30 PM/____PM-____AM Weekend	Street Address: 9000 Commerce Pkwy. Suite B / City, State, Zip Code: Mount Laurel, NJ 08054

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

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

Name of Registered Waste Hauler: Veolia ES	NJDEP Waste Hauler ID No.: 000151	Cubic Yards of Waste: 40	Name of Registered Landfill: Fairless Landfill
City, State: Flanders, NJ		Disposal Date: 9/28/26	City, State: Morrisville, PA

Completed By (Print or Type): Gwendolyn Trumbetti	Title: Operations Coordinator	Signature: GMT	Date: 9-18-26

ASB-41
MAY 11

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

4409302

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OCT 13 2026

ASBESTOS CONTROL & LICENSING

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1): 10 / 9 / 26	Name of Building Owner/Operator (2): Transcontinental Gas Pipe Line Job # 2610-6630 Check #
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #1 ON HOLD ☐ Emergency (including justification)
	Street Address: 315 Cold Soil Rd.
	City, State, Zip Code: Princeton, NJ 08540
	Name of Contact: Kevin Schmidt — Telephone Number: 610-755-8956

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Williams/Transco Dig #23260	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 4801 Route 202/206	Square Feet: — # of Floors: — Bldg. Age: —
City (5): Green Knoll	
County (6): Somerset — County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): Gas Pipe Line
Name of Monitoring Firm Hired by Building Owner (8): NA — ASCM No.:	Name of Abatement Contractor (9): AbateTech, Inc.
Street Address:	Street Address: 30 Maple Ave. PO Box 25
City, State, Zip Code:	City, State, Zip Code: Lumberton, NJ 08048
Project Manager for Monitoring Firm — Telephone No.:	Telephone No.: 609-265-2107 — License No.: 00529
Start Date (10): 10 / 12 / 26 — Scheduled Completion Date (11): 10 / 13 / 26	Name of OSHA Monitor: IATL Analytical
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	Street Address: 9000 Commerce Parkway Suite B — City, State, Zip Code: Mt Laurel, NJ 08054

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☐ Renovation ☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior Dig#23260	☐	☐	☒	Coal Tar Wrap- 36" Line	20 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: AbateTech, Inc.	NJDEP Waste Hauler ID No.: 18750	Cubic Yards of Waste: 12	Name of Registered Landfill: Fairless Landfill
City, State: Lumberton, NJ		Disposal Date: 10/13/26	City, State: Morrisville, PA 19067
Completed By (Print or Type): Gwendolyn Trumbetti	Title: Operations Coordinator	Signature: [signature]	Date: 10-9-26

ASB-41
MAY 11

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

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Print Form

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OCT 13 2026

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 10-05-26	Name of Building Owner/Operator (2): Brogmag Contracting
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 8 Dock Rd.
	City, State, Zip Code: Rockaway, NJ 07866
	Name of Contact: Tommy Catanzaro — Telephone Number: (973) 445-7276

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Commercial Building	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 865 Ridge Rd.	Square Feet: — # of Floors: 2 — Bldg. Age: —
City (5): East Brunswick	
County (6): Middlesex — County Code (7) (STATE USE ONLY): _____	Current Use (Prior if being demolished): Industrial and logistical Use
Name of Monitoring Firm Hired by Building Owner (8): N/A — ASCM No.: —	Name of Abatement Contractor (9): Delfa Contracting LLC.
Street Address: —	Street Address: 1119 East Grand St.
City, State, Zip Code: —	City, State, Zip Code: Elizabeth, NJ 07201
Project Manager for Monitoring Firm: — Telephone No.: —	Telephone No.: 908 576-7646 — License No.: 01206
Start Date (10): 10-15-26 — Scheduled Completion Date (11): 10-17-26	Name of OSHA Monitor: Delfa Contracting LLC
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____	Street Address: 1119 East Grand — City, State, Zip Code: Elizabeth, NJ 07201

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Eterior Wall		x		Transite Panels	128 SF	x			

Name of Registered Waste Hauler: Delfa Contracting LLC	NJDEP Waste Hauler ID No.: 35240	Cubic Yards of Waste: 10	Name of Registered Landfill: Tullytown Resource Recovery Facility
City, State: Elizabeth, NJ		Disposal Date: 10-17-26	City, State: Tullytown PA

Completed by: Jaime Delgado	Title: Proj. Manager.	Signature: Jaime Delgado	Date: 10-05-26

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

ASB-41 (R-06-08)

18221

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

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OCT 13 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10 / 6 / 26	Name of Building Owner/Operator (2): Transcontinental Gas Line Co., LLC Job #2608-6624 Check #18221
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation
	Street Address: 6811 Tonnelle Avenue
	City, State, Zip Code: North Bergen, NJ 07047
	Name of Contact: Jesse Montalvo — Telephone Number: 832-206-1367

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Williams Meter Station	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 6811 Tonnelle Avenue	
City (5): North Bergen	Square Feet: ____ # of Floors: ____ Bldg. Age: ____
County (6): Hudson — County Code (7)(STATE USE ONLY): ____	Current Use (Prior if being demolished): Meter Station

Name of Monitoring Firm Hired by Building Owner (8): August Mack Environmental Inc	ASCM No.:	Name of Abatement Contractor (9): AbateTech, Inc.	
Street Address: 806 Fayette Street		Street Address: 30 Maple Ave. PO Box 25	
City, State, Zip Code: Conshohocken, PA 19428		City, State, Zip Code: Lumberton, NJ 08048	
Project Manager for Monitoring Firm: Ben Beers	Telephone No.: 610-297-1554	Telephone No.: 609-265-2107	License No.: 00529
Start Date (10): 10 / 7 / 26	Scheduled Completion Date (11): 10 / 13 / 26	Name of OSHA Monitor: IATL Analytical	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address: 9000 Commerce Parkway Suite B; City, State, Zip Code: Mt Laurel, NJ 08054	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

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

Name of Registered Waste Hauler: AbateTech, Inc.	NJDEP Waste Hauler ID No.: 18750	Cubic Yards of Waste: 12	Name of Registered Landfill: Fairless Landfill
City, State: Lumberton, NJ		Disposal Date: 10/13/26	City, State: Morrisville, PA 19067

Completed By (Print or Type): Gwendolyn Trumbetti	Title: Operations Coordinator	Signature: [signature]	Date: 10-6-26

ASB-41
MAY 11

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

1930

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

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OCT 13 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 10/05/2026	Name of Building Owner/Operator Plainfield TWP Board of Education
Agencies Notified ☒ EPA ☒ DCA ☒ DOL ☐ DEP ☒ DOH	Notification Type ☒ Initial Notification ☐ Amended ☐ Emergency notification (including justification) ☐ Cancelled	Street Address 1200 Myrtle Avenue City, State, Zip Code Plainfield, New Jersey 07063 Name of Contact: Sean Sutton Telephone Number: (908) 731-4200

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Buff One			Type of Facility (4)x ☐ School (K-12) Subchapter 8 ☐ Subchapter 8 (other than K-12) ☒ Other (i.e. private & commercial buildings., homes, etc.) Sq. Feet 45,029+ # of Floors:3 Bldg. Age: 1930 Current Use (prior if being demolished): BUF Building I
Street Address 402 West 7th Street			
City (5) Plainfield NJ 07430	County (6) Union	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner Westchester Environmental, LLC		ASCM No. 00127	Name of Contractor (9) BL Contracting Inc.
1248 Wrights Lane			Street Address 5 Marguerite Lane
West Chester, Pennsylvania 19380			City State, Zip Code Towaco NJ 07082
Project Manager for Monitoring Firm Phillip Conteh	(610) 431-7545		Telephone Number 973-901-0153 License Number 01265
Scheduled Start Date (10) 10/21/2026	Scheduled Completion Date (11) 11/12/2026		Name of OSHA Monitoring BL Contracting Inc
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe ☒ Other – Describe: Monday- Saturday 7 am- 4pm			Street Address 5 Marguerite Lane City, State, Zip Code Towaco NJ 07082

Source of Work (Check all that apply)

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

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Main/Custodial Staff (12) YES	NO	NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)	Abatement Type: Remove	Repair	Encap	Enclos
Basement Locker Room		☒		Pipe Insulation , EVT's	215 LF	☒			
1st Floor Gym Floor		☒		Vapor Barrier	5880 SF	☒			
Dining Area		☒		Pipe Insulation	32 LF	☒			
Classroom Side Basement		☒		Pipe Insulation	780 LF	☒			

Name of Reg. Waste Hauler	NJDEP Waste Hauler ID #	Cubic Yards of Waste	Name of Registered Landfill	Disposal Date	City, State
BL Contracting Inc	0036784	20	T.R.R..F	11/15/2026	Tully town, PA

Completed by (Print or Type)	Title	Signature	Date
Nedo Vasilic	Project Manager	Nedo Vasilic	10/05/2026

1929

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

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4409691

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Date of Notification (1) 09/30/2026	Name of Building Owner/Operator Plainfield TWP Board of Education
Agencies Notified ☒ EPA ☐ DCA ☒ DOL ☐ DEP ☒ DOH	Notification Type ☒ Initial Notification ☐ Amended ☐ Emergency notification (including justification) ☐ Cancelled
	Street Address 1200 Myrtle Avenue
	City, State, Zip Code Plainfield, New Jersey 07063
	Name of Contact: Sean Sutton Telephone Number: (908) 731-4356 EXT 5161

SEP 3 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Buff One	Type of Facility (4)x ☐ School (K-12) Subchapter 8 ☐ Subchapter 8 (other than K-12) ☒ Other (i.e. private & commercial buildings., homes, etc.) Sq. Feet 45,029+ # of Floors:3 Bldg. Age: 1930 Current Use (prior if being demolished): BUF Building I
Street Address 402 West 7th Street	
City (5): Plainfield NJ 07430 County (6): Union County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner Karl Asociates ASCM No.	Name of Contractor (9) BL Contracting Inc.
PO Box 646	Street Address 5 Marguerite Lane
Shillington, Pennsylvania 19678	City State, Zip Code Towaco NJ 07082
Project Manager for Monitoring Firm Ed Karl (610) 698-3308	Telephone Number 973-901-0153 License Number 01265
Scheduled Start Date (10) 10/12/2026 Scheduled Completion Date (11) 10/20/2026	Name of OSHA Monitoring BL Contracting Inc
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe ☒ Other – Describe: Monday- Saturday 7 am- 4pm	Street Address 5 Marguerite Lane City, State, Zip Code Towaco NJ 07082

Source of Work (Check all that apply)

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

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Main/Custodial Staff (12) YES	NO	NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)	Abatement Type: Remove	Repair	Encap	Enclos
Hallway outside Dining Room		☒		Floor Tile and Mastic Glue	300 SF	☒			
2nd Floor Kitchen Area		☒		Floor Tile and Mastic Glue	140 SF	☒			
Basement Office Area Locker-room Side Basement		☒ ☒		Floor Tile and Mastic Glue Transite Ceiling Tiles 2x2	500 SF 6,600 SF	☒ ☒			

Name of Reg. Waste Hauler BL Contracting Inc	NJDEP Waste Hauler ID # 0036784	Cubic Yards of Waste 25	Name of Registered Landfill T.R.R..F
		Disposal Date 10/30/2026	City, State Tully town, PA

Completed by (Print or Type) Nedo Vasilic	Title Project Manager	Signature Nedo Vasilic	Date 09/30/2026

1219
Approved by
Tom Vorhees 10/8/26

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

PAID Check # 4719

RECEIVED OCT 13 2026 ASBESTOS CONTROL & LICENSING

Date of Notification (1): **10/8/26**	Name of Building Owner / Operator (2): **State of New Jersey Department of Human Services**
Agencies Notified: ☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended ☒ Emergency ☐ Cancellation
	Street Address: **P.O. Box 700, 222 South Warren Street**
	City, State & Zip Code: **Trenton, NJ 08625**
	Name of Contact: **Patrick Littleford** — Telephone Number: **609-940-9964**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Vineland Developmental – Kimble Cottage**	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: **1676 E Landis Ave**	Square Feet: **N/A** — # of Floors: **N/A** — Bldg. Age: **N/A**
City (5): **Vineland** — County (6): **Cumberland** — County Code (7):	Current Use (Prior if being demolished): **Various Services**
Name of Monitoring Firm Hired by Building Owner (8): **Environmental Connection Inc.** — ASCM No.	Name of Abatement Contractor (9): **Bristol Environmental LLC**
Street Address: **120 North Warren Street**	Street Address: **1123 Beaver Street**
City, State & Zip Code: **Trenton, NJ 08608**	City, State & Zip Code: **Bristol, PA 19007**
Project Manager for Monitoring Firm: **Jordan Reed** — Telephone Number: **609-392-4200**	Telephone Number: **(215)788-6040** — License Number: **02121**
Scheduled Start Date (10): **10/9/26** — Scheduled Completion Date (11): **10/9/26**	Name of OSHA Monitor: **Bristol Environmental LLC**
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: ☒ Facility Occupied During Abatement 8:00 AM – 4:30 PM	Street Address: **1123 Beaver Street** — City, State & Zip Code: **Bristol, PA 19007**

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf ≥260 lf — ☒ Renovation ☐ Demolition — ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glove Bag Procedures ☒ Non-Exempted and Non-Friable Procedure

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

Name of Registered Waste Hauler: **Bristol Environmental LLC**	NJDEP Waste Hauler ID No.: **18706**	Cubic Yards of Waste: **1/2 Cu YD**	Name of Registered Landfill: **Cumberland County Landfill**
City, State: **Bristol, PA**		Disposal Date: **10/9/26**	City, State: **Millville, NJ**
Completed By (Print or Type): **Gino Pizzigoni**	Title: **Project Manager**	Signature: Gino Pizzigoni	Date: **10/8/26**

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4010464 Check No. 2243

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

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OCT 9 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1) **October 06, 2026**		Name of Building Owner/Operator (2) **PA of NY & NJ**	
Agency Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation	Street Address **241 Erie Street** City, State, Zip Code **Jersey City, NJ 07302** Name of Contact **Tom Taylor**	Telephone Number **609-744-3471**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) **PATH Newport Station**		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address **90 Pavonia Ave**		Square Feet **17,000**	# of Floors **3**
City (5) **Jersey City, 07310**			Bldg. Age **80+**
County (6) **Hudson**	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) **Transportation Hub**	

Name of Monitoring Firm Hired by Building Owner (8) **PANYNJ**	ASCM No. **N/A**	Name of Abatement Contractor (9) **B&N&K Restoration Co., Inc.**	
Street Address **241 Erie Street**		Street Address **223 Randolph Avenue**	
City, State, Zip Code **Jersey City, 07310**		City, State, Zip Code **Clifton, NJ 07011**	
Project Manager for Monitoring Firm **Tom Taylor**	Telephone No. **609-744-3471**	Telephone No. **973-478-4681**	License No. **00120**
Start Date (10) **October 17, 2026**	Scheduled Completion Date (11) **November 17, 2026**	Name of OSHA Monitor **The Saban Engineering Group, Inc.**	
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:		Street Address **201 Stuyvesant Avenue** City, State, Zip Code **Lyndhurst, NJ 07071-1704**	

Scope of Work (Check all that apply)

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

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Mezzanine		X		4 presumed asbestos containing fire doors	128 SF	X			
Platform				1 presumed asbestos containing fire door	32 SF	X			

Name of Registered Waste Hauler **Cardella Trucking**	NJDEP Waste Hauler ID No. **378756**	Cubic Yards of Waste **1**	Name of Registered Landfill **Fairless Landfill**
City, State **North Bergen**		Disposal Date **10/19//2026**	City, State **Morrisville, PA**
Completed by **Aleksandar Kuridza**	Title **Project Manager**	Signature	Date **10/6/2026**

ASB-41

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

13903

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

B & G Project # 2026-119

Check # 13903

RECEIVED
OCT – 5 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/30/2026	Name of Building Owner/Operator (2): Princeton University
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☒ Amended Amendment # Resume ☐ Emergency (including justification) ☐ Cancellation
	Street Address: Elm Drive, Facilities Procurement Office, EA MacMillan Bldg.
	City, State, Zip Code: Princeton, NJ 08543
	Name of Contact: Eric Emery, PE — Telephone Number: 609-258-3432

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Princeton University - Moffet Laboratory -Non Friable Removal	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: Washington Road	
City (5): Princeton, NJ	Square Feet: — # of Floors: — Bldg. Age: —
County (6): Mercer — County Code (7) (STATE USE ONLY): —	Current Use (Prior if being demolished): Educational - Non Friable Removal
Name of Monitoring Firm Hired by Building Owner (8): Pennoni Associates, Inc. — ASCM No.: N/A	Name of Abatement Contractor (9): B & G Restoration, Inc.
Street Address: 515 Grove St.	Street Address: 1234 Route 23
City, State, Zip Code: Haddon Heights, NJ 0803	City, State, Zip Code: Butler, NJ 07405
Project Manager for Monitoring Firm: Richard Egner — Telephone No.: 856-547-0505	Telephone No.: 973-696-6869 — License No.: 00378
Start Date (10): 10/01/2026 — Scheduled Completion Date (11): 10/02/2026	Name of OSHA Monitor: B & G Restoration, Inc.
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: Occupied	Street Address: 1234 Route 23 — City, State, Zip Code: Butler, NJ 07405

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Stairwell # 3STR1		X		Floor Tile and Mastic	50 SF	X			

Name of Registered Waste Hauler: B & G Restoration Inc.	NJDEP Waste Hauler ID No.: 19563	Cubic Yards of Waste: 2	Name of Registered Landfill: Grand Central Landfill
City, State: Butler, NJ		Disposal Date: 10/03/2026	City, State: Pen Argyl, PA

Completed by: Gordana Luna	Title: Secretary / Treasurer	Signature: Gordana Luna	Date: 09/30/2026

ASB-41 (R-06-08)

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

13906 3993615

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

B & G Project # 2026-119 Check # 13906

Date of Notification (1): 10/02/2026	Name of Building Owner/Operator (2): Princeton University
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [ ] Initial [X] Amended Amendment # Resume [ ] Emergency (including justification) [ ] Cancellation
	Street Address: Elm Drive, Facilities Procurement Office, EA MacMillan Bldg.
	City, State, Zip Code: Princeton, NJ 08543
	Name of Contact: Eric Emery, PE — Telephone Number: 609-258-3432

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Princeton University - Moffet Laboratory - Sub-chapter 8	Type of Facility (4): [ ] School (K-12) [X] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: Washington Road	
City (5): Princeton, NJ	Square Feet: — # of Floors: — Bldg. Age: —
County (6): Mercer — County Code (7) (STATE USE ONLY): —	Current Use (Prior if being demolished): Educational

Name of Monitoring Firm Hired by Building Owner (8): Pennoni Associates, Inc.	ASCM No.: 00102	Name of Abatement Contractor (9): B & G Restoration, Inc.	
Street Address: 515 Grove St.		Street Address: 1234 Route 23	
City, State, Zip Code: Haddon Heights, NJ 0803		City, State, Zip Code: Butler, NJ 07405	
Project Manager for Monitoring Firm: Richard Egner	Telephone No.: 856-547-0505	Telephone No.: 973-696-6869	License No.: 00378
Start Date (10): 10/05/2026	Scheduled Completion Date (11): 12/31/2026	Name of OSHA Monitor: B & G Restoration, Inc.	
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [X] Other – Describe: Occupied		Street Address: 1234 Route 23	
		City, State, Zip Code: Butler, NJ 07405	

Scope of Work (Check All That Apply)

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

[X] Renovation
[ ] Demolition

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

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

Name of Registered Waste Hauler: B & G Restoration Inc.	NJDEP Waste Hauler ID No.: 19563	Cubic Yards of Waste: 40	Name of Registered Landfill: Grand Central Landfill
City, State: Butler, NJ		Disposal Date: 10/05/26 - 12/31/26	City, State: Pen Argyl, PA

Completed by: Gordana Luna	Title: Secretary / Treasurer	Signature: Gordana Luna	Date: 10/02/2026

ASB-41 (R-06-08)

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

004782

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

4409620

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OCT - 8 2025
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10-01-26	Name of Building Owner/Operator (2): LaSala Developers, LLC
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 3 University Plaza City, State, Zip Code: Hackensack, NJ 07601 Name of Contact: John Veteri Telephone Number: 201 836-6300

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Commercial Building	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 201 East Main St.	Square Feet: # of Floors: 1 Bldg. Age:
City (5): Little Falls	
County (6): Bergen County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8): N/A ASCM No.:	Name of Abatement Contractor (9): Delfa Contracting LLC.
Street Address:	Street Address: 1119 East Grand St.
City, State, Zip Code:	City, State, Zip Code: Elizabeth, NJ 07201
Project Manager for Monitoring Firm Telephone No.	Telephone No.: 908 576-7646 License No.: 01206
Start Date (10): 10-12-26 Scheduled Completion Date (11): 10-14-26	Name of OSHA Monitor: Delfa Contracting LLC
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____	Street Address: 1119 East Grand St. City, State, Zip Code: Elizabeth, NJ 07201

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

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

Name of Registered Waste Hauler: Delfa Contracting LLC	NJDEP Waste Hauler ID No.: 35240	Cubic Yards of Waste: 10	Name of Registered Landfill: Tullytown Resource Recovery Facility
City, State: Elizabeth, NJ		Disposal Date: 10-14-26	City, State: Tullytown, PA
Completed by: Jaime Delgado	Title: Proj. Manager.	Signature:	Date: 10-01-26

ASB-41 (R-06-08)

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

2124

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

4409282 V# 2124

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09 / 28 / 26	Name of Building Owner/Operator (2): Max Flus Realestate
Agencies Notified: ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 1000 Teaneck Road
	City, State, Zip Code: Teaneck, NJ 07666
	Name of Contact: Roger Matos — Telephone Number: 917-587-9283

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Former Bank			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 210 Rochelle Avenue			
City (5): Rochelle Park, NJ 07662	Square Feet: 5,000	# of Floors: 1	Bldg. Age: 50+
County (6): Bergen	County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): A. Mac Contracting Inc.	
Street Address		Street Address: 176 Saddle River Avenue	
City, State, Zip Code		City, State, Zip Code: South Hackensack, NJ 07606	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-262-5841	License No.: 00156
Start Date (10): 10 / 12 / 26	Scheduled Completion Date (11): 10 / 15 / 26	Name of OSHA Monitor: Asbestos Analytical Labs	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00 AM-_PM/4:30 PM-_____AM		Street Address: 51 Gage Road	
		City, State, Zip Code: East Brunswick, NJ 08816	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior - Roof	☐	☒	☐	Roof Flashing	426 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Century Waste Services, LLC	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: 5 Yards	Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 10-15-2026	City, State: Pen Argyl, PA 08072

Completed By (Print or Type)	Title	Signature	Date
Ralph Barnhardt	Sr. Project Manager		09-23-2026

ASB-41
JAN 13

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18 IP

4367180

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

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OCT – 5 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10 / 1 / 26		Name of Building Owner/Operator (2): Transcontinental Gas Pipe Line	Job # 2606-6593 Check #18180
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 315 Cold Soil Rd.	
		City, State, Zip Code: Princeton, NJ 08540	
		Name of Contact: Kevin Schmidt	Telephone Number: 610-755-8956

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Williams/Transco Dig #950		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 255 Penn Lawrenceville Rd.			
City (5): Hopewell Twp		Square Feet	# of Floors / Bldg. Age
County (6): Mercer	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Gas Pipe Line	
Name of Monitoring Firm Hired by Building Owner (8): NA	ASCM No.	Name of Abatement Contractor (9): AbateTech, Inc.	
Street Address		Street Address: 30 Maple Ave. PO Box 25	
City, State, Zip Code		City, State, Zip Code: Lumberton, NJ 08048	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 609-265-2107	License No.: 00529
Start Date (10): 10 / 13 / 26	Scheduled Completion Date (11): 10 / 14 / 26	Name of OSHA Monitor: IATL Analytical	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address: 9000 Commerce Parkway Suite B	
		City, State, Zip Code: Mt Laurel, NJ 08054	

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☐ Renovation ☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior Dig#950	☐	☐	☒	Coal Tar Wrap- 24" Line	10 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: AbateTech, Inc.	NJDEP Waste Hauler ID No.: 18750	Cubic Yards of Waste: 12	Name of Registered Landfill: Fairless Landfill
City, State: Lumberton, NJ		Disposal Date: 10/14/26	City, State: Morrisville, PA 19067

Completed By (Print or Type): Gwendolyn Trumbetti	Title: Operations Coordinator	Signature: [signature]	Date: 10-1-26

ASB-41
MAY 11

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

1093

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

879004 879004

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OCT – 5 2026

Date of Notification (1): 9/16/2026	Name of Building Owner/Operator (2): Bernards Township Townhall
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 1 Collyer Lane City, State, Zip Code: Basking Ridge NJ 07920 Name of Contact: Will Gaddish Telephone Number: 908-482-1906

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Bernards Township- DPW Building/ Construction	Type of Facility (4): [ ] School (K-12) [x] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 277 South Maple Ave	
City (5): Basking Ridge	Square Feet: 50,000 / # of Floors: 2 / Bldg. Age: 50+
County (6): Somerset County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): commerical-Townhall building
Name of Monitoring Firm Hired by Building Owner (8): TTI Environmental Inc. ASCM No.	Name of Abatement Contractor (9): Checkmark Industrial
Street Address: 1253 North Church Street	Street Address: 54 Morgan Dr
City, State, Zip Code: Moorsetown NJ 08057	City, State, Zip Code: Sparta NJ 07871
Project Manager for Monitoring Firm: Brian Clark Telephone No.: 856-265-1014	Telephone No.: 973-570-2645 License No.: 01334
Start Date (10): October 5, 2026 Scheduled Completion Date (11): October 31, 2026	Name of OSHA Monitor: Checkmark Industrial
Occupancy Status During Abatement (Check Only One) [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: _____	Street Address: 54 Morgan Dr City, State, Zip Code: Sparta NJ 07871

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler: Atlantic Carting	NJDEP Waste Hauler ID No.	Cubic Yards of Waste: 3	Name of Registered Landfill: Grand Central
City, State: Wayne NJ		Disposal Date	City, State: Pen Agryl PA
Completed by: Corey Stankovic	Title: CEO	Signature: C Stankovic	Date: September 16, 2026

ASB-41 (R-06-08)

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

4720

4409636

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

PAID

Check #4720

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OCT 13 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10 / 9 / 26		Name of Building Owner/Operator (2): South Jersey Port Corporation
Agencies Notified: ☐ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 2 Aquarium Loop Drive City, State, Zip Code: Camden, NJ 08103 Name of Contact: Chris Perks Telephone Number: 609-682-0968

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): South Jersey Port Broadway Terminal			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 2500 Broadway			
City (5): Camden		Square Feet	# of Floors / Bldg. Age: 50+
County (6): Camden	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8): Pennoni	ASCM No.	Name of Abatement Contractor (9): BRISTOL ENVIRONMENTAL, LLC	
Street Address: 515 Grove St, Suite 1B		Street Address: 1123 BEAVER STREET	
City, State, Zip Code: Haddon Heights, NJ 08035		City, State, Zip Code: BRISTOL, PA 19007	
Project Manager for Monitoring Firm: Jeremy Humble	Telephone No.: 856-656-2945	Telephone No.: 215-788-6040	License No.: 02121
Start Date (10): 10 / 19 / 26	Scheduled Completion Date (11): 10 / 20 / 26	Name of OSHA Monitor: BRISTOL ENVIRONMENTAL, LLC	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/_____PM-_____AM		Street Address: 1123 BEAVER STREET City, State, Zip Code: BRISTOL, PA 19007	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Bldg A	☐	☒	☐	Pipe Insulation-Wrap & Cut	50 LF	☒	☐	☐	☐
Bldg E	☐	☒	☐	Pipe Insulation	24 LF	☐	☒	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill: Conestoga Lanfill
City, State: Freehold, NJ		Disposal Date	City, State: Morgantown, PA

Completed By (Print or Type): Brian Scafiro	Title: Estimator	Signature: Brian Scafiro	Date: 10/9/26

ASB-41
MAY 11 BS260097

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B & G Project # 2026-54

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

Check # ON HOLD 2

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OCT – 5 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/02/2026	Name of Building Owner/Operator (2): Hackensack Meridian Health
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA Type Notification: [ ] Initial [X] Amended Amendment # On Hold [ ] Emergency (including justification) [ ] Cancellation	Street Address: 2020 Sixth Avenue City, State, Zip Code: Neptune, NJ 07753 Name of Contact: Erika Seaver Telephone Number: (732)290-2217

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Neptune Professional Plaza	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 51-81 Davis Avenue	
City (5): Neptune, NJ 07753	Square Feet: / # of Floors: / Bldg. Age:
County (6): Monmouth	County Code (7) (STATE USE ONLY):
	Current Use (Prior if being demolished): hospital wing
Name of Monitoring Firm Hired by Building Owner (8): Environmental Tactics , Inc. / ASCM No.: 0045	Name of Abatement Contractor (9): B & G Restoration, Inc.
Street Address: 64 Broad Street	Street Address: 1234 Route 23
City, State, Zip Code: Matawan, NJ 07747	City, State, Zip Code: Butler, NJ 07405
Project Manager for Monitoring Firm: Thomas Greiger / Telephone No.: 732-290-2217	Telephone No.: 973-696-6869 / License No.: 00378
Start Date (10): On Hold / Scheduled Completion Date (11): 12/31/2026	Name of OSHA Monitor: B & G Restoration, Inc.
Occupancy Status During Abatement (Check Only One) [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [X] Other – Describe: shift: 7:00 am - 3:30 pm	Street Address: 1234 Route 23 City, State, Zip Code: Butler, NJ 07405
Scope of Work (Check All That Apply) [ ] ≥3 sf or ≥3 lf [X] ≥160 sf or ≥260 lf [ ] Renovation [X] Demolition	[ ] Wrap and Cut [X] Full Containment with Negative Pressure [ ] Mini-Enclosure [ ] Glovebag Procedure [X] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Roof			X	Roof flashing materials	2,121 SF	X			
basement			X	waterproofing tar on block walls	400 SF	X			

Name of Registered Waste Hauler: B & G Restoration Inc.	NJDEP Waste Hauler ID No.: 19563	Cubic Yards of Waste: 200 CY	Name of Registered Landfill: Fairless Landfill
City, State: Butler, NJ		Disposal Date: 08/31/26 - 12/31/26	City, State: Morrisville, PA

Completed by: Gordana Luna	Title: Secretary / Treasurer	Signature: Gordana Luna	Date: 10/02/2026

ASB-41 (R-06-08)

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

4257

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SEP 0 3 2026

ASBESTOS CONTROL & LICENSING

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1): 09 / 25 / 26	Name of Building Owner/Operator (2): Boulevard Liquor Store Inc # 2609-3607 check # 4257
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 501 Roosevelt Blvd
	City, State, Zip Code: Marmora NJ 08223
	Name of Contact: David Beyel — Telephone Number: 609-432-2500

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Boulevard Super Liquors	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 501 Roosevelt Blvd	
City (5): Marmora	Square Feet: 18,000 — # of Floors: 1 — Bldg. Age: 1952
County (6): Cape May — County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): Retail

Name of Monitoring Firm Hired by Building Owner (8): Criterion Labs	ASCM No.	Name of Abatement Contractor (9): Asbestos and Mold Services, Corp.	
Street Address: 400 Street Road		Street Address: 70 Stacy Haines Road Suite 4	
City, State, Zip Code: Bensalem PA 19020		City, State, Zip Code: Lumberton NJ 08048	
Project Manager for Monitoring Firm: Office	Telephone No.: 215-244-1300	Telephone No.: 609-702-0400	License No.: 00862
Start Date (10): 10 / 06 / 26	Scheduled Completion Date (11): 10 / 13 / 26	Name of OSHA Monitor: EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address: 200 U.S. Route 130 North; City, State, Zip Code: Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Wine Area	☐	☐	☒	Floor Tile and Mastic	1,212 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Asbestos and Mold Services Corp	NJDEP Waste Hauler ID No.: 0035680	Cubic Yards of Waste: 40	Name of Registered Landfill: CMCMUA
City, State: Lumberton, NJ		Disposal Date: 10/13/2026	City, State: Cape May NJ

Completed By (Print or Type): Kaysi Gruner	Title: Office Admin	Signature:	Date: 9/25/26

ASB-41
MAY 11

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

1925

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

PAID

44097664

RECEIVED
OCT 13 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/29/2026	Name of Building Owner/Operator: Ramapo College of New Jersey
Agencies Notified: ☒ EPA ☐ DCA ☒ DOL ☐ DEP ☒ DOH	Notification Type: ☒ Initial Notification ☐ Amended ☐ Emergency notification (including justification) ☐ Cancelled
	Street Address: 505 Ramapo Valley Road
	City, State, Zip Code: Ramapo, New Jersey 07430
	Name of Contact: Kosta Svarnas — Telephone Number: (908) 433-2505

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Plans Trailer, Housekeeping Trailer, Administration Trailer	Type of Facility (4)x: ☐ School (K-12) Subchapter 8 ☐ Subchapter 8 (other than K-12) ☒ Other (i.e. private & commercial buildings., homes, etc.)
Street Address: 505 Ramapo Valley Road	Sq. Fee # of Floors:1 Bldg. Age: 1940+
City (5): Ramapo NJ 07430 — County (6): Morris — County Code (7) (State Use Only):	Current Use (prior if being demolished): Facilities Trailers
Name of Monitoring Firm Hired by Bldg. Owner: USA Environmental Management, Inc — ASCM No.:	Name of Contractor (9): BL Contracting Inc.
344 West State Street	Street Address: 5 Marguerite Lane
Trenton, New Jersey 08618	City State, Zip Code: Towaco NJ 07082
Project Manager for Monitoring Firm: William Weisgarber, Jr. — (609) 656-8101	Telephone Number: 973-901-0153 — License Number: 01265
Scheduled Start Date (10): 10/9/2026 — Scheduled Completion Date (11): 10/13/2026	Name of OSHA Monitoring: BL Contracting Inc
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe ☒ Other – Describe: Monday- Saturday 7 am- 4pm	Street Address: 5 Marguerite Lane — City, State, Zip Code: Towaco NJ 07082

Source of Work (Check all that apply)

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

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Main/Custodial Staff (12) YES	NO	NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)	Abatement Type: Remove	Repair	Encap	Enclos
Plans Trailer,	☒			Black Tar Flashing at Exhaust Vents	8 Units -32 SF	☒				
				Grey Exterior Window Caulk	8 Windows- 160 LF	☒				
				Black Tar Wrap Over Exterior Rear Bollards	5 units- 25LF	☒				
Housekeeping Trailer	☒			Black Tar Coating over Metal Roof	900 SF	☒				
Administration Trailer	☒			Grey Interior Window Glazing	8 LF	☒				

Name of Reg. Waste Hauler: BL Contracting Inc	NJDEP Waste Hauler ID #: 0036784	Cubic Yards of Waste: 10	Name of Registered Landfill: T.R.R..F
		Disposal Date: 10/15/2026	City, State: Tully town, PA
Completed by (Print or Type): Nedo Vasilic	Title: Project Manager	Signature: Nedo Vasilic	Date: 09/29/2026

10796

Print Form

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9/29/26	Name of Building Owner/Operator (2):
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: 333 N 5th St	
City, State, Zip Code: Surf City 08008 NJ	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 333 N 5th St	
City (5): Surf City 08008 NJ	Square Feet: 1200+ / # of Floors: 2 / Bldg. Age: 50+
County (6): Ocean / County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): House
Name of Monitoring Firm Hired by Building Owner (8): N/A / ASCM No.	Name of Abatement Contractor (9): Pernaco Inc.
Street Address	Street Address: PO Box 329
City, State, Zip Code	City, State, Zip Code: West Berlin NJ 08091
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 856-753-9800 / License No.: 00727
Start Date (10): 10/9/26 / Scheduled Completion Date (11): 10/15/26	Name of OSHA Monitor: Same
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____	Street Address / City, State, Zip Code

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior Siding			X	Exterior Siding	1850 SF	X			

Name of Registered Waste Hauler: Pernaco	NJDEP Waste Hauler ID No.: 21787	Cubic Yards of Waste: 3	Name of Registered Landfill: Fairless Hills
City, State: West Berlin, NJ		Disposal Date: 9/29/26	City, State: Morrisville, PA, 19067
Completed by: Anthony T Perna	Title: President	Signature	Date: 9/29/26

ASB-41 (R-06-08)

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

10797

Print Form

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

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RECEIVED
OCT 1 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9/29/26		Name of Building Owner/Operator (2):	
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 12 E Jeannette Ave	
		City, State, Zip Code: Long Beach Twp NJ 08008	
		Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 12 E Jeannette Ave			
City (5): Long Beach Twp NJ 08008		Square Feet: 1200+	# of Floors: 2 / Bldg. Age: 50+
County (6): Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished): House	
Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): Pernaco Inc.	
Street Address:		Street Address: PO Box 329	
City, State, Zip Code:		City, State, Zip Code: West Berlin NJ 08091	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 856-753-9800	License No.: 00727
Start Date (10): 10/8/26	Scheduled Completion Date (11): 10/14/26	Name of OSHA Monitor: Same	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address:	
		City, State, Zip Code:	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

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

Name of Registered Waste Hauler: Pernaco	NJDEP Waste Hauler ID No.: 21787	Cubic Yards of Waste: 4	Name of Registered Landfill: Fairless Hills
City, State: West Berlin, NJ		Disposal Date: 9/29/26	City, State: Morrisville, PA, 19067
Completed by: Anthony T Perna	Title: President	Signature:	Date: 9/29/26

ASB-41 (R-06-08)

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9/28/2026	Name of Building Owner/Operator (2): 25-35 Airport Road, LLC C/O: Alfieri, LLC
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 399 Thornall Street City, State, Zip Code: Edison, NJ 08837 Name of Contact: Paul Jedziniak Telephone Number: 732-491-4243

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Commercial	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 25 Airport Road	
City (5): Florham Park	Square Feet: ____ # of Floors: ____ Bldg. Age: ____
County (6): Morris County Code (7) (STATE USE ONLY): ____	Current Use (Prior if being demolished):
Name of Monitoring Firm Hired by Building Owner (8): ____ ASCM No.: ____	Name of Abatement Contractor (9): 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.: ____	Telephone No.: 201-577-1381 License No.: 02008
Start Date (10): 10/8/2026 Scheduled Completion Date (11): 10/15/2026	Name of OSHA Monitor: NorthEast Management LLC
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: ____	Street Address: 41 Madison Avenue City, State, Zip Code: Rochelle Park, NJ 07662

Scope of Work (Check All That Apply)

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

[x] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Throughout			X	Pipe Insulation	231LF	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: S. Dimovska	Date: 9/28/2026

ASB-41 (R-06-08)

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/28/2026	Name of Building Owner/Operator (2): Textile Research Institute
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☒ Amended Amendment # 1 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 601 Prospect Avenue
	City, State, Zip Code: Princeton, NJ 08540
	Name of Contact: Kevin Guilfoyle — Telephone Number: 609-430-4839

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Textile Research Institute	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 601 Prospect Avenue	Square Feet: 5,000 — # of Floors: 3 — Bldg. Age: 100
City (5): Princeton	Current Use (Prior if being demolished): Research Institute
County (6): Mercer — County Code (7) *(STATE USE ONLY)*	
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): 10/01/2026 — Scheduled Completion Date (11): 10/08/2026	Name of OSHA Monitor: EMSL Analytical, Inc.
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: Abatement performed in vacant area	Street Address: 200 Route 130 North
	City, State, Zip Code: Cinnaminson, NJ 08077

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
HTPLC Room		X		Transite	25 SF	X			
Attic		X		Transite Flue Pipe	16 LF	X			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 1	Name of Registered Landfill: Fairless Landfill
City, State: Freehold, NJ		Disposal Date: 10/08/2026	City, State: Morrisville, PA
Completed by: Samantha Brown	Title: Operations Manager	Signature:	Date: 09/28/2026

ASB-41 (R-06-08)

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
09/30/2026	

Agencies Notified	Type Notification	Street Address
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancelation	30 Park Street
		City, State, Zip Code: Tenafly, NJ 07670
		Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Residence	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & Commercial buildings, homes, etc.)
Street Address: 30 Park Street	

City (5)	Square Foot	# of Floors	Bldg. Age
Tenafly	1,900	2	55+

County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)
Bergen		

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
		Unicorn Contracting Corp.
Street Address		Street Address: 14 Willow Street
City, State, Zip Code		City, State, Zip Code: Bloomfield, NJ 07003

Project Manager fo Monitoring Firm	Telephone No.	Telephone No.	License No.
		973-333-9176	01331

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
10/13/2026	10/14/2026	Envirovision Consultants, Inc.

Occupancy Status During Abatement (Check Only One)	Street Address
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: 7am-3:30pm	20-21 Wagaraw Rd., Bldg. 35-E
	City, State, Zip Code: Fair Lawn, NJ 07410

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

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

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Regustered Landfill
Unicorn Contracting Corp.	0035844	1+	Fairless Hills Landfill
City, State: Bloomfield, New Jersey		Disposal Date: TBD	City, State: Morrisville, PA

Completed by	Title	Signature	Date
Blazhe Grozdanov	Project Manager		9/30/2026

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

ASBESTOS LICENSING

Date of Notification (1): 9-26-26

Name of Building Owner/Operator (2): JOHNATHON HAND ENTERPRISES INC

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

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

Street Address: P.O. BOX 198

City, State, Zip Code: CAPE MAY COURT HOUSE

Name of Contact:

Telephone Number

FACILITY INFORMATION

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

Street Address: 4040 DUNE DR

City (5): AVALON

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

Square Feet: 1500 # of Floors: 2 Bldg. Age: 50+

County (6): CAPE MAY

County Code (7) (STATE USE ONLY):

Current Use (Prior if being demolished): VACANT

Name of Monitoring Firm Hired by Building Owner (8): N.A

ASCM No.

Name of Abatement Contractor (9): KLEMCO INC

Street Address: 369 S. SPRUCE AVE

City, State, Zip Code: MAPLE SHADE, N.J 08052

Project Manager for Monitoring Firm

Telephone No.

Telephone No.: 856-779-0422 License No.: 401371

Start Date (10): 10-6-26 Scheduled Completion Date (11): 10-16-26

Name of OSHA Monitor

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe:

Street Address

City, State, Zip Code

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

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

Name of Registered Waste Hauler: KLEMCO INC

NJDEP Waste Hauler ID No.: 17904

Cubic Yards of Waste: 3

Name of Registered Landfill: C.M.C.M.U.A

City, State: MAPLE SHADE NJ

Disposal Date

City, State: WOODBINE

Completed By: MICHAEL KLEMM

Title: SUP.

Signature

Date: 9-26-26

ASB-41

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 9-26-26

Name of Building Owner/Operator (2): HALLIDAY & LEONHARD

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

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

Street Address: 700 HAVEN AVE

City, State, Zip Code: OCEAN CITY N.J 08226

Name of Contact:

Telephone Number:

FACILITY INFORMATION

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

Street Address: 605 CHELSEA PL.

City (5): OCEAN CITY

County (6): CAPE MAY

County Code (7) (STATE USE ONLY):

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

Square Feet | # of Floors | Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8): N/A

ASCM No.

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone No.

Name of Abatement Contractor (9): KLEMCO INC.

Street Address: 369 S SPRUCE AVE

City, State, Zip Code: MAPLE SHADE N.J 08052

Telephone No.: 856-779-0472

License No.: 01371

Start Date (10): 10-7-26

Scheduled Completion Date (11): 10-17-26

Name of OSHA Monitor: N/A

Street Address

City, State, Zip Code

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe:

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
SIDING			X	TRANSITE	1500 SF	X			

Name of Registered Waste Hauler: KLEMCO INC

NJDEP Waste Hauler ID No.: 17904

Cubic Yards of Waste: 4

Name of Registered Landfill: CMCMUA

City, State: MAPLE SHADE N.J 08053

Disposal Date

City, State: WOODBINE NJ

Completed By: MIKE KLEMM

Title: PRESIDENT

Signature

Date: 9-26-26

ASB-41

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

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OCT 2 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9/30/26	Name of Building Owner/Operator (2):
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: 33 N 19th Street	
City, State, Zip Code: Surf City NJ 08008	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 33 N 19th Street	
City (5): Surf City NJ 08008	Square Feet: 1200+ / # of Floors: 2 / Bldg. Age: 50+
County (6): Ocean / County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): House
Name of Monitoring Firm Hired by Building Owner (8): N/A / ASCM No.	Name of Abatement Contractor (9): Pernaco Inc.
Street Address	Street Address: PO Box 329
City, State, Zip Code	City, State, Zip Code: West Berlin NJ 08091
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 856-753-9800 / License No.: 00727
Start Date (10): 10/13/26 / Scheduled Completion Date (11): 10/19/26	Name of OSHA Monitor: Same
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____	Street Address / City, State, Zip Code

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

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

Name of Registered Waste Hauler: Pernaco	NJDEP Waste Hauler ID No.: 21787	Cubic Yards of Waste: 3	Name of Registered Landfill: Fairless Hills
City, State: West Berlin, NJ		Disposal Date: 10/19/26	City, State: Morrisville, PA, 19067
Completed by: Anthony T Perna	Title: President	Signature	Date: 9/30/26

ASB-41 (R-06-08)

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)	
09/30/2026		

Agencies Notified	Type Notification	Street Address	
☒ EPA	☒ Initial	317 Sutton Avenue	
☐ DEP	☐ Amended	City, State, Zip Code	
☒ DOL	Amendment #_____	Hackensack, NJ 07601	
	☐ Emergency (including	Name of Contact	Telephone Number
☒ DOH	justification)		
☐ DCA	☐ Cancelation		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)		
Residence	☐ School (K-12)		
Street Address	☐ Subchapter 8 (Other than K-12)		
317 Sutton Avenue	☒ Other (i.e. private & Commercial buildings, homes, etc.)		
City (5)	Square Foot	# of Floors	Bldg. Age
Hackensack	1,300	2	55+
County (6) / County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)		
Bergen			
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9)		
	Unicorn Contracting Corp.		
Street Address	Street Address		
	14 Willow Street		
City, State, Zip Code	City, State, Zip Code		
	Bloomfield, NJ 07003		
Project Manager fo Monitoring Firm / Telephone No.	Telephone No.	License No.	
	973-333-9176	01331	
Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor	
10/10/2026	10/12/2026	Envirovision Consultants, Inc.	
Occupancy Status During Abatement (Check Only One)	Street Address		
☐ Facility Closed/Vacated During Entire Period of Abatement	20-21 Wagaraw Rd., Bldg. 35-E		
☐ Abatement Performed Outside of Normal Facility Hours	City, State, Zip Code		
☒ Other - Describe: 7am-3:30pm	Fair Lawn, NJ 07410		

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Regustered Landfill
Unicorn Contracting Corp.	0035844	1+	Fairless Hills Landfill
City, State		Disposal Date	City, State
Bloomfield, New Jersey		TBD	Morrisville, PA

Completed by	Title	Signature	Date
Blazhe Grozdanov	Project Manager		9/30/2026

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

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Date of Notification (1): 9/29/26	Name of Building Owner/Operator (2): Princeton University
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: E.A. MacMillian Building
	City, State, Zip Code: Princeton, NJ 08544
	Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): 228 Western Way			Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 228 Western Way			
City (5): Princeton		Square Feet: 1,572	# of Floors: 2 / Bldg. Age: 67
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): Environmental Connection, Inc.	ASCM No.	Name of Abatement Contractor (9): Plymouth Environmental Co., Inc.	
Street Address: 120 North Warren Street		Street Address: 923 Haws Ave.	
City, State, Zip Code: Trenton, New Jersey 08608		City, State, Zip Code: Norristown, PA 19401	
Project Manager for Monitoring Firm: Jordan Reed	Telephone No.: 609-392-4200	Telephone No.: 610-239-9920	License No.: 00398
Start Date (10): 10/13/26	Scheduled Completion Date (11): 10/23/26	Name of OSHA Monitor: Plymouth Environmental Co., Inc.	
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address: 923 Haws Ave. / City, State, Zip Code: Norristown, Pa 19401	

Scope of Work (Check All That Apply)

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

[x] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Bathrooms		X		Ceramic Wall Tile Adhesive	450 SF	✓			
Living Room		X		Mortar a/w fireplace	6 SF	✓			
Basement		X		Duct Vibration Cloth	4 SF	✓			
Exterior		X		Roof field	32 SF	✓			

Name of Registered Waste Hauler: Mercer Group	NJDEP Waste Hauler ID No.: 10416	Cubic Yards of Waste: 2	Name of Registered Landfill: Waste Management - Fairless
City, State: Trenton, NJ		Disposal Date: TBD	City, State: Morrisville, Pa

Completed by: Matthew Kelly	Title: Project Manager	Signature: Matthew Kelly	Date: 9/29/26

ASB-41 (R-06-08)

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 10/01/2026		Name of Building Owner/Operator (2): JPMC	
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☒ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 331 Lafayette Avenue	
		City, State, Zip Code: Hawthorne, NJ 07506	
		Name of Contact: Howard Butterworth	Telephone Number: (973) 238-1862

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Chase Bank		Type of Facility (4): ☐ School (K-12) ☒ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 331 Lafayette Avenue			
City (5): Hawthorne		Square Feet	# of Floors / Bldg. Age
County (6): Passaic	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Bank	

Name of Monitoring Firm Hired by Building Owner (8): TRC Engineers, Inc.	ASCM No.	Name of Abatement Contractor (9): Pure Environmental, Inc.	
Street Address: 1407 Broadway Suite 3301		Street Address: 1 12th Street	
City, State, Zip Code: New York, NY 10018		City, State, Zip Code: Brooklyn, NY 11215	
Project Manager for Monitoring Firm: Anthony Sigona	Telephone No.: 212-221-7822	Telephone No.: 212-431-2094	License No.: 02137
Start Date (10): 10/12/2026	Scheduled Completion Date (11): 11/12/2026	Name of OSHA Monitor: Douglas Lyon	
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: 14 Ashington Drive	
		City, State, Zip Code: Ossining, NY 10562	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

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

Name of Registered Waste Hauler: ATC	NJDEP Waste Hauler ID No.: 24310	Cubic Yards of Waste: 20 Yards	Name of Registered Landfill: Minerva Enterprises
City, State: Shirley, NY 11967		Disposal Date: 10/13/2026	City, State: Waynesburg, OH 44688

Completed by: Douglas Lyon	Title: Compliance Admin	Signature	Date: 10/01/2026

ASB-41 (R-06-08)

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09 / 28 / 26	Name of Building Owner/Operator (2): Camden County Improvement Authority
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 520 Market Street
	City, State, Zip Code: Camden, NJ 08102
	Name of Contact: Tyler Orlando — Telephone Number: 856-751-2242

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Former Library	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 614 Broadway	
City (5): Camden	Square Feet: 10,000 +/- — # of Floors: 2 — Bldg. Age: +/- 90
County (6): Camden — County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): County Offices-Vacant - being Demolished

Name of Monitoring Firm Hired by Building Owner (8): Remington & Vernick — ASCM No.:	Name of Abatement Contractor (9): USA Environmental Management, Inc.	
Street Address: 2059 Springdale Avenue	Street Address: 8436 Enterprise Avenue	
City, State, Zip Code: Cherry Hill, NJ 08003	City, State, Zip Code: Philadelphia, PA 19153	
Project Manager for Monitoring Firm: Steven Flanigan — Telephone No.: 856-848-0800	Telephone No.: 215-365-5810	License No.: 1156
Start Date (10): 10 / 12 / 26 — Scheduled Completion Date (11): 12 / 31 / 26	Name of OSHA Monitor: USA Environmental Management, Inc	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00 AM-_____PM/11:30PM-_____AM	Street Address: 8436 Enterprise Avenue — City, State, Zip Code: Philadelphia, PA 19153	

Scope of Work (Check all that apply)

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

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

Name of Registered Waste Hauler: Winzinger, Inc. — NJDEP Waste Hauler ID No.: 0039122	Cubic Yards of Waste: 1,500 +/-	Name of Registered Landfill: Fairless Hill Landfill	
City, State: Hainesport, New Jersey	Disposal Date: 12/31/2026	City, State: Morrisville, PA	
Completed By (Print or Type): Tracy Smith	Title: President	Signature: FOR T. Smith	Date: 9-28-26

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4192

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

Date of Notification (1): **18 September 2026**	Name of Building Owner/Operator (2): **Department of Human Services** Ck# 4192
Agencies Notified: ☐ EPA ☒ DEP ☒ DOL ☒ DOH ☒ DCA	Type Notification: ☒ Initial ☐ Amended ☐ Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: **222 South Warren Street**
	City, State, Zip Code: **Trenton, NJ 08625**
	Name of Contact: **Ripenrai Nagar** — Telephone Number: 609-940-2023

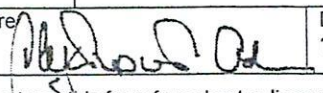
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FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Green Brook Regional Center**	Type of Facility (4): ☐ School (K-12) ☒ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: **275 Greenbrook Road**	
City (5): **Green Brook**	Square Feet: **130,000** — # of Floors: **3** — Bldg. Age: **60**
County (6): **Somerset** — County Code (7) *(STATE USE ONLY)* -	Current Use (Prior if being demolished): **24 hour care facility for the developmentally disabled**
Name of Monitoring Firm Hired by Building Owner (8): **Langan Engineering and Environmental Services** — ASCM No.: **00099**	Name of Abatement Contractor (9): Lilich Corporation
Street Address: **300 Kimball Drive, 4th Floor**	Street Address: 246 Union Blvd
City, State, Zip Code: **Parsippany, NJ 07054**	City, State, Zip Code: Totowa, New Jersey 07512
Project Manager for Monitoring Firm: **Craig Napolitano** — Telephone No.: **973-560-4610**	Telephone No.: 973-225-8400 — License No.: 01104
Start Date (10): **10/05/2026** — Scheduled Completion Date (11): **10/14/2026**	Name of OSHA Monitor: **LIS CONSULTING SERVICES, LLC**
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: Occupied	Street Address: 3 B Cottage Court — City, State, Zip Code: Whiting, New Jersey
Scope of Work (Check All That Apply): ☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf — ☒ Renovation ☐ Demolition — ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement –Pump Area by Chiller #1	X			Mudpack pipe joint/fitting insulation Ø12" valves, elbows and tees;and contaminated fiberglass insulation	65 LF	X			
Basement –Pump Area by Chiller # 1-2 Vertical Tanks	X			Chiller Holding Tank Insulation (layered with imbedded wire mesh)	100 SF	X			
Basement – Pump Area by Chiller #2-2 Valves and 1 media filter	X			Mudpack pipe joint/fitting insulation Ø12" -18" valves and filter;and contaminated fiberglass insulation	55 LF	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Century Waste Services	18724	10	Grand Central Landfill

City, State Elizabeth, New Jersey		Disposal Date October/2026	City, State Pen Argyl, PA
Completed by Adriana Olejarova	Title President	Signature 	Date **18 September 2026**

ASB-41 (R-06-08)

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ASBESTOS CONTROL & LICENSING

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1): 10/01/2026	Name of Building Owner/Operator (2): Basad Management LLC
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancelation
	Street Address: 60 63rd Street
	City, State, Zip Code: West New York, NJ 07093
	Name of Contact:
	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & Commercial buildings, homes, etc.)
Street Address: 60 63rd Street	
City (5): West New York	Square Feet: 18000 / # of Floors: 4 / Bldg Age: 55+
County (6): Hudson / County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished):
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): Unicorn Contracting Corp.
Street Address	Street Address: 14 Willow street
City, State, Zip Code	City, State, Zip Code: Bloomfield, NJ 07003
Project Manager fo Monitoring Firm / Telephone No.	Telephone No.: 973-333-9176 / License No.: 01331
Start Date (10): 10/03/2026 / Scheduled Completion Date (11): 10/05/2026	Name of OSHA Monitor: Envirovision Consultants, Inc.
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: 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)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

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

Name of Registered Waste Hauler: Unicorn Contracting Corp.	NJDEP Waste Hauler ID No.: 0035844	Cubic Yards of Waste:	Name of Regustered Landfill: Fairless Hills Landfill
City, State: Bloomfield, New Jersey 07003		Disposal Date: TBD	City, State: Morrisville, PA
Completed by: Blazhe Grozdanov	Title: Project Managers	Signature:	10/1/2026

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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): 10/02/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: 52 Manger Road	
City, State, Zip Code: West Orange, New Jersey 07052	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Home	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 52 Manger Road	
City (5): West Orange	Square Feet: 1,300 sq. ft. / # of Floors: 1 story / Bldg. Age: 1960
County (6): Essex County	County Code (7) *(STATE USE ONLY)* _____
	Current Use (Prior if being demolished): Home
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.
Street Address	Name of Abatement Contractor (9): True Star Contracting
City, State, Zip Code	Street Address: 54 Hedden Terrace
	City, State, Zip Code: North Arlington, New Jersey 07031
Project Manager for Monitoring Firm	Telephone No.
	Telephone No.: (201) 790-4530 / License No.: 02047
Start Date (10): 10/12/2026	Scheduled Completion Date (11): 10/13/2026
	Name of OSHA Monitor
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____	Street Address
	City, State, Zip Code

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement			X	Asbestos VAT	514 SF	X			

Name of Registered Waste Hauler: True Star Contracting	NJDEP Waste Hauler ID No.: 0041405	Cubic Yards of Waste: 3	Name of Registered Landfill: Chrin Bro Landfill
City, State: North Arlington, New Jersey		Disposal Date: TBD	City, State: Easton, PA
Completed by: Nestor M. Alvez	Title: Project Manager	Signature: Nestor Alvez	Date: 10/02/2026

ASB-41 (R-06-08)

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

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OCT 7 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/05/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: 555 North Avenue	
City, State, Zip Code: Fort Lee, New Jersey 07024	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Apartment - 10C	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 555 North Avenue	
City (5): Fort Lee	Square Feet: 500,000+ SF; # of Floors: 26 stories; Bldg. Age: 1973
County (6): Bergen County	County Code (7) *(STATE USE ONLY)* _____
	Current Use (Prior if being demolished): Apartment - 10C
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.
Street Address	Name of Abatement Contractor (9): True Star Contracting
City, State, Zip Code	Street Address: 54 Hedden Terrace
Project Manager for Monitoring Firm	Telephone No.
	City, State, Zip Code: North Arlington, New Jersey 07031
Start Date (10): 10/14/2026	Scheduled Completion Date (11): 10/16/2026
	Telephone No.: (201) 790-4530; License No.: 02047
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____	Name of OSHA Monitor
	Street Address
	City, State, Zip Code

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
Apartment Ceiling			X	Popcorn Ceiling	700 SF	X			

Name of Registered Waste Hauler: True Star Contracting	NJDEP Waste Hauler ID No.: 0041405	Cubic Yards of Waste: 3	Name of Registered Landfill: Chrin Bro Landfill
City, State: North Arlington, New Jersey		Disposal Date: TBD	City, State: Easton, PA
Completed by: Nestor M. Alvez	Title: Project Manager	Signature: Nestor Alvez	Date: 10/05/2026

ASB-41 (R-06-08)

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OCT 5 2026
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): October 02, 2026	Name of Building Owner/Operator (2): KPMG
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☐ Initial ☒ Amended Amendment # 1 ☐ Emergency (including justification) ☐ Cancellation	Street Address: 75 Chestnut Ridge Rd. City, State, Zip Code: Montvale, NJ 07645 Name of Contact: Project Manager — Telephone Number: 973-234-7026

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): KPMG		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 3 Chestnut Ridge Rd.			
City (5): Montvale		Square Feet	# of Floors: 3 — Bldg. Age: 41
County (6): Bergen	County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished): empty	

Name of Monitoring Firm Hired by Building Owner (8): Emerald Environmental Group, LLC	ASCM No.	Name of Abatement Contractor (9): The MACK Group, LLC	
Street Address: 22 Ottawa Rd N		Street Address: 1500 Kings HWY N, STE 209	
City, State, Zip Code: Morganville, NJ 07751-1346		City, State, Zip Code: Cherry Hill, NJ 08034	
Project Manager for Monitoring Firm: Joseph Rizzo, CSP, CHMM	Telephone No.: 973-641-1736	Telephone No.: (973) 759 - 5000	License No.: 00781
Start Date (10): 10/5/26	Scheduled Completion Date (11): 12/31/26	Name of OSHA Monitor: The MACK Group, LLC.	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:		Street Address: 1500 Kings HWY N, STE 209 City, State, Zip Code: Cherry Hill, NJ 08034	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Bathrooms			X	Mirror Mastic	496 sf	X			
Behind exterior granite panels			X	exterior waterproofing	8538 sf	X			
Foundation Walls (subgrade)			X	Foundation Waterproofing	9737 sf	X			

Name of Registered Waste Hauler: Century Waste Services LLC	NJ DEP Waste Hauler ID No.: 4509	Cubic Yards of Waste: 187.7	Name of Registered Landfill: IESI Bethlehem landfill / Minerva Ent.
City, State: Elizabeth, NJ		Disposal Date: 12/31/26	City, State: Bethlehem, PA / Waynesburg, OH

Completed by: Steve King	Title: V.P.	Signature	Date: 10/2/26

ASB-41 (R-06-08)

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

Print Form

Job#6522

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

RECEIVED
Check#33748
OCT 7 2026
DIVISION OF CONSUMER AFFAIRS & LICENSING

Date of Notification (1): 09-30-26	Name of Building Owner/Operator (2): National Rail Road Passenger Corporation (AMTRAK)
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA Type Notification: [ ] Initial [x] Amended Amendment # 1 [ ] Emergency (including justification) [ ] Cancellation	Street Address: 1 Massachusetts Ave City, State, Zip Code: NW, Washington, DC 20001 Name of Contact: Head Office Telephone Number: 202-906-3000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): AMTRAK Portal North Bridge Street Address: 993 Belleville Turnpike	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)		
City (5): Kearny, NJ	Square Feet:	# of Floors: 1	Bldg. Age: 115
County (6): Hudson	County Code (7) *(STATE USE ONLY)*:	Current Use (Prior if being demolished): Amtrak	

Name of Monitoring Firm Hired by Building Owner (8): BEM Systems	ASCM No.: 64514	Name of Abatement Contractor (9): Pinnacle Environmental Corp.	
Street Address: 7 Giralda Farms STE 180		Street Address: 200 Broad Street	
City, State, Zip Code: Madison, NJ 07940		City, State, Zip Code: Carlstadt, NJ 07072	
Project Manager for Monitoring Firm: Venket Bala	Telephone No.: 908-598-2600	Telephone No.: 201-939-6565	License No.: 00756
Start Date (10): 09-14-26	Scheduled Completion Date (11): 02-28-27	Name of OSHA Monitor: (1) Pinnacle Environmental Corp.	
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe:		Street Address: 200 Broad Street City, State, Zip Code: Carlstadt, NJ 07072	

Scope of Work (Check All That Apply)

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

(1) [ ] Renovation [x] Demolition

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

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

Name of Registered Waste Hauler: Century Waste Services, LLC	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: TBD	Name of Registered Landfill: (1) Grand Central Landfill
City, State: North Bergen, NJ 07047 / Freehold, NJ 07728		Disposal Date: TBD	City, State: (1) Pen Argyl, PA

Completed by: Joseph Patrick	Title: Project Manager	Signature:	Date: 09-30-26

ASB-41 (R-06-08)

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

2612
44641

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

PAID

CK # 44641

RECEIVED
OCT 5 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1)
9 / 30 /2026

Agencies Notified		Type Notification	
	EPA	X	Initial Notification
	DEP		Amended Notification
X	DOL		Cancellation
X	DOH		On Hold
	DCA		EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)
SHORT HILLS ASSOCIATES, LLC

Street Address
225 W WASHINGTON STREET, 9TH FLOOR

City, State, Zip Code
INDIANAPOLIS, IN 46024

Name of Contact
NEIL BUKOURICZ

Telephone Number
317-845-6739

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
MALL AT SHORT HILLS

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

Street Address
1200 MORRIS TURNPIKE SPACE D123

Square Feet	# of Floors	Bldg. Age
1,400,000	2	66

City (5)
SHORT HILLS

County (6)
ESSEX

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
COMMERCIAL

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

ASCM No.
104

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
1600 Route 22 East, Suite 107

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
UNION, NJ 07083

City, State, Zip Code
SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm
BRUNO ROCHA

Telephone Number
908-688-7800

Telephone Number
845-369-7500

License Number
1101

Expected State Date (10)
10 / 12 /2026
Month Day Year

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

Name of OSHA Monitor
QUALITY ENVIRONMENTAL

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

Street Address
1376 ROUTE 9

City, State, Zip Code
WAPPINGER FALLS, NY 12590

Scope of Work (Check all that apply)
- [ ] Demolition
- [ ] >3SF OR LF
- [X] >160 SF OR 260 LF
- [X] Renovation
- [ ] Full Containment
- [ ] Mini-Enclo ,
- [ ] Glovebag Procedure
- [X] Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12) Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
EXT NOT ENTIRE FLR, ROOF ABOVE SPACE D123			X	REMOVAL; NON FRIABLE ROOF FLASHING	60 SF	X			

Name of Registered Waste Hauler
NEWARK CARTING
369 RAYMOND BLVD.

NJDEP Waste Hauler ID No.
913

Cubic Yards of Waste
5

Name of Registered Landfill
GRAND CENTRAL SANITARY LANDFILL

City, State
NEWARK, NEW JERSEY 07105

Disposal Date
10/11/2026-10/14/2026

City, State
PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
Vice President
DIRECTOR OF OPERATIONS

Signature

Date
09.30.2026

11365

Print Form

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RECEIVED
OCT 5 2026
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 09/30/2026		Name of Building Owner/Operator (2): The Barchester Corporation	
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 3234 Riverview Lane	
		City, State, Zip Code: Daytona Beach, FL 32118	
		Name of Contact: Joseph Seravalli	Telephone Number: 386-788-8831

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Santander Bank		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 314 Elizabeth Avenue			
City (5): Elizabeth		Square Feet: 5,000	# of Floors: 2 / Bldg. Age: 75
County (6): Union	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Bank	
Name of Monitoring Firm Hired by Building Owner (8): Hillmann Consulting, LLC	ASCM No.	Name of Abatement Contractor (9): Shade Environmental, LLC	
Street Address: 1600 Route 22 East, Suite 107		Street Address: 623 Cutler Avenue	
City, State, Zip Code: Union, NJ 07083		City, State, Zip Code: Maple Shade, NJ 08052	
Project Manager for Monitoring Firm: Bruno Rocha	Telephone No.: 908-688-7800	Telephone No.: 856-755-0099	License No.: 00842
Start Date (10): 10/10/2026	Scheduled Completion Date (11): 10/13/2026	Name of OSHA Monitor: EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: 200 Route 130 North	
		City, State, Zip Code: Cinnaminson, NJ 08077	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Ground Floor - Tellers Area		X		Sheetrock & Associated Joint Compound	80 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: 10/13/2026	City, State: Morgantown, PA
Completed by: Samantha Brown	Title: Operations Manager	Signature:	Date: 09/30/2026

ASB-41 (R-06-08)

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

11303

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

RECEIVED
OCT 6 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 08/31/2026		Name of Building Owner/Operator (2):	
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 14 Utah Avenue	
		City, State, Zip Code: Cherry Hill, NJ 08002	
		Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 14 Utah Avenue			
City (5): Cherry Hill		Square Feet: 1,983	# of Floors: 2 / Bldg. Age: 80
County (6): Camden	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Residence	
Name of Monitoring Firm Hired by Building Owner (8): Management & Environmental Consulting Serv	ASCM No.	Name of Abatement Contractor (9): Shade Environmental, LLC	
Street Address: PO Box 341		Street Address: 623 Cutler Avenue	
City, State, Zip Code: Chesterfield, NJ 08515		City, State, Zip Code: Maple Shade, NJ 08052	
Project Manager for Monitoring Firm: Nora Pearse	Telephone No.: 609-298-4070	Telephone No.: 856-755-0099	License No.: 00842
Start Date (10): 09/09/2026	Scheduled Completion Date (11): 09/14/2026	Name of OSHA Monitor: EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: 200 Route 130 North	
		City, State, Zip Code: Cinnaminson, NJ 08077	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Crawlspace			X	Duct Insulation	4 SF	X			
Crawlspace			X	Duct Insulation Debris	146 SF	X			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 1	Name of Registered Landfill: Conestoga Landfill
City, State: Freehold, NJ		Disposal Date: 09/14/2026	City, State: Morgantown, PA
Completed by: Samantha Brown	Title: Operations Coordinator	Signature:	Date: 08/31/2026

ASB-41 (R-06-08)

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

10803

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

RECEIVED
OCT 7 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/2/26	Name of Building Owner/Operator (2):
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: 31 Ralph Lane	
City, State, Zip Code: Manahawkin NJ 08091	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 31 Ralph Lane	
City (5): Manahawkin NJ 08091	Square Feet: 1200+ / # of Floors: 1 / Bldg. Age: 50+
County (6): Ocean / County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): House
Name of Monitoring Firm Hired by Building Owner (8): N/A / ASCM No.	Name of Abatement Contractor (9): Pernaco Inc.
Street Address	Street Address: PO Box 329
City, State, Zip Code	City, State, Zip Code: West Berlin NJ 08091
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 856-753-9800 / License No.: 00727
Start Date (10): 10/15/26 / Scheduled Completion Date (11): 10/21/26	Name of OSHA Monitor: Same
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____	Street Address / City, State, Zip Code

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior Siding			X	Exterior Siding	1200	SF			

Name of Registered Waste Hauler: Pernaco	NJDEP Waste Hauler ID No.: 21787	Cubic Yards of Waste: 3	Name of Registered Landfill: Fairless Hills
City, State: West Berlin, NJ		Disposal Date: 10/21/26	City, State: Morrisville, PA, 19067

Completed by: Anthony T Perna	Title: President	Signature	Date: 10/2/26

ASB-41 (R-06-08)

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10801

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OCT 7 2026

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 10/5/26		Name of Building Owner/Operator (2):	
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 44 Gregg Drive	
		City, State, Zip Code: Manahawkin NJ 08050	
		Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 44 Gregg Drive			
City (5): Manahawkin NJ 08050		Square Feet: 1000+	# of Floors: 1 / Bldg. Age: 50+
County (6): Ocean	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): House	
Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): Pernaco Inc.	
Street Address:		Street Address: PO Box 329	
City, State, Zip Code:		City, State, Zip Code: West Berlin NJ 08091	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 856-753-9800	License No.: 00727
Start Date (10): 10/15/26	Scheduled Completion Date (11): 10/21/26	Name of OSHA Monitor: Same	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address:	
		City, State, Zip Code:	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior Siding			X	Exterior Siding	1200	SF			

Name of Registered Waste Hauler: Pernaco	NJDEP Waste Hauler ID No.: 21787	Cubic Yards of Waste: 3	Name of Registered Landfill: Fairless Hills
City, State: West Berlin, NJ		Disposal Date: 10/21/26	City, State: Morrisville, PA, 19067

Completed by: Anthony T Perna	Title: President	Signature	Date: 10/5/26

ASB-41 (R-06-08)

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

Print Form

10802

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

RECEIVED
OCT 7 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/5/26	Name of Building Owner/Operator (2):
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 48 Gregg Drive
	City, State, Zip Code: Manahawkin NJ 08050
	Name of Contact / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 48 Gregg Drive	Square Feet: 1200+ / # of Floors: 1 / Bldg. Age: 50+
City (5): Manahawkin NJ 08050	Current Use (Prior if being demolished): House
County (6): Ocean / County Code (7) (STATE USE ONLY): _____	
Name of Monitoring Firm Hired by Building Owner (8): N/A / ASCM No.:	Name of Abatement Contractor (9): Pernaco Inc.
Street Address:	Street Address: PO Box 329
City, State, Zip Code:	City, State, Zip Code: West Berlin NJ 08091
Project Manager for Monitoring Firm / Telephone No.:	Telephone No.: 856-753-9800 / License No.: 00727
Start Date (10): 10/15/26 / Scheduled Completion Date (11): 10/21/26	Name of OSHA Monitor: Same
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____	Street Address / City, State, Zip Code:

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior Siding			X	Exterior Siding	1200	SF			

Name of Registered Waste Hauler: Pernaco	NJDEP Waste Hauler ID No.: 21787	Cubic Yards of Waste: 3	Name of Registered Landfill: Fairless Hills
City, State: West Berlin, NJ		Disposal Date: 10/21/26	City, State: Morrisville, PA, 19067
Completed by: Anthony T Perna	Title: President	Signature:	Date: 10/5/26

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

ASB-41 (R-06-08)

1245

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7

PAID

CK #1245

RECEIVED

OCT 7 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 06 / 22 / 26	**Name of Building Owner / Operator (2)** IMTT
Agencies Notified ☑ EPA ☐ DEP ☑ DOH ☑ DOL ☐	**Type of Notification** ☐ Initial ☑ Amended Amendment #__2 ☐ Emergency w/ justification ☐ Cancellation
	Street Address 250 EAST 22ND STREET
	City, State, Zip Code BAYONNE, NJ
	Name of Contact JOSH FOSTER — **Telephone Number** 504.619.2329

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) IMTT - YARD 4/A-HILL	**Type of Facility (4)** ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☑ Other (I.e., private & cmmercial bldgs., homes, etc.)
Street Address 250 EAST 22ND STREET	
City (5) BAYONNE — **County (6)** HUDSON — **County Code (7)**	**Square Feet** N/A — **# Of Floors** N/A — **Building Age** N/A
	Current Use (Prior if being demolished) FUEL STORAGE
Name of Monitoring Firm Hired by Bldg. Owner (8) AET — **ASCM NO**	NORTHSTAR CONTRACTING GROUP, INC.
Street Address 28 Pennell Road	**Street Address** 32 Williams Parkway
City, State, Zip Code Media, PA 19063	**City, State, Zip Code** East Hanover, NJ 07936
Project Mngr. For Monitoring Firm ERIC SUTHERLAND — **Telephone Number** 610-891-0114	**Telephone Number** 973-884-8682 — **License Number** 00860
Sheduled Start Date (10) 07 / 01 / 26 — **Sched. Completetion Date (11)** 06 / 30 / 27	
Occupancy Status During Abatement (Check Only 1) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe: _____ ☑ Other - Describe: _ 700AM-3:30PM - MON - FRI	**Name of OSHA Monitor** NORTHSTAR CONTRACTING GROUP, INC. — **Street Address** 32 Williams Parkway — **City, State, Zip Code** East Hanover, NJ 07936

Scope of Work (Check All That Apply)

☐ Demolition ☑ Renovation
☐ >3sf or >3lf
☑ >160 sf or >260 lf

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

Location of Asbestos Containing TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff (12) YES	NO	N/A	Description of Asbestos - Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
TANK 4001	☐	☑	☐	ANTI CORROSIVE TAR	43,500SF	☑	☐	☐	☐
TANK 4006	☐	☑	☐	ANTI CORROSIVE TAR	43,500SF	☑	☐	☐	☐
PIPE RACKS	☐	☑	☐	PIPE INSULATION	950 LF	☑	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler NORTHSTAR CONTRACTING GROUP, INC	**NJDEP Waste Hauler ID No.** NJ 750	**Cubic Yards of Waste**	**Name of Registered Landfill** FAIRLESS LANDFILL
City, State EAST HANOVER, NJ 07936		**Disposal Date**	**City. State** MORRISVILLE, PA

Completed by (Print or Type) STEVEN STILES	**Title** Project Manager	**Signature**	**Date** 10/06/26

ASB-41

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 10/02/2026	Name of Building Owner/Operator (2):
Agencies Notified: [x] EPA [x] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
Street Address: 1219 Valley Rd	
City, State, Zip Code: Montclair NJ 07043	
Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Private Dwelling			Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1219 Valley Rd			
City (5): Montclair NJ 07043		Square Feet: N/A	# of Floors: N/A / Bldg. Age: N/A
County (6): Essex	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished): Private Dwelling
Name of Monitoring Firm Hired by Building Owner (8): ABS Environmental	ASCM No.	Name of Abatement Contractor (9): Teal Management	
Street Address: PO BOX 483		Street Address: 24 Morley Drive	
City, State, Zip Code: Glenwood NJ 07418		City, State, Zip Code: Woodland Park NJ 07424	
Project Manager for Monitoring Firm: Scott Higgins	Telephone No.: 973-764-2276	Telephone No.: 862-243-1471	License No.: 02063
Start Date (10): 10/14/2026	Scheduled Completion Date (11): 11/05/2026	Name of OSHA Monitor: Teal Management	
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address: 24 Morley Drive / City, State, Zip Code: Woodland Park NJ 07424	

Scope of Work (Check All That Apply)

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

[x] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement			x	pipe insulation	200 LF	x			
Basement			x	VAT	500 SF	X			
1st Floor Sun Room			x	VAT	120 SF	X			

Name of Registered Waste Hauler: Teal Management	NJDEP Waste Hauler ID No.: 40229	Cubic Yards of Waste: 15 CY	Name of Registered Landfill: Fairless Landfill
City, State: Woodland Park NJ 07424		Disposal Date: 11/05/2026	City, State: Morrisville PA
Completed by: Tome Maslarkov	Title: Project Manager	Signature:	Date: 10/02/2026

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

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 10-2-26	Name of Building Owner/Operator (2): PINELANDS CONSTRUCTION
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 300 77TH ST.
	City, State, Zip Code: SEA ISLE CITY N.J. 08243
	Name of Contact: Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENCE	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 238 54TH ST	
City (5): SEA ISLE CITY	Square Feet: 1500 # of Floors: 1 Bldg Age: 50 +
County (6): CAPE MAY County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished): VACANT
Name of Monitoring Firm Hired by Building Owner (8): N/A ASCM No.:	Name of Abatement Contractor (9): KLEMCO INC
Street Address:	Street Address: 369 S. SPRUCE AVE
City, State, Zip Code:	City, State, Zip Code: MAPLE SHADE N.J 08052
Project Manager for Monitoring Firm: Telephone No.:	Telephone No.: 856-779-0472 License No.: 01371
Start Date (10): 10-14-26 Scheduled Completion Date (11): 10-24-26	Name of OSHA Monitor: N/A
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:	Street Address: City, State, Zip Code:

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
SIDING			X	TRANSITE	1000SF	X			

Name of Registered Waste Hauler: KLEMCO INC.	NJDEP Waste Hauler ID No.: 13904	Cubic Yards of Waste:	Name of Registered Landfill: C.M.C. M.U.A.
City, State: MAPLE SHADE NJ 08052	Disposal Date–		City, State: WOODBINE N.J.
Completed By: MICHAEL KLEMM	Title: SUP.	Signature:	Date: 10-2-26

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 10-2-26

Name of Building Owner/Operator (2):

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

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

Street Address: 700 HAVEN AVE

City, State, Zip Code: OCEAN CITY N.J 08226

Name of Contact:

Telephone Number:

FACILITY INFORMATION

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

Street Address: 3044 CENTRAL AVE

City (5): OCEAN CITY

County (6): CAPE MAY

County Code (7) (STATE USE ONLY):

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

Square Feet: # of Floors: Bldg. Age:

Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Building Owner (8): N/A

ASCM No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Telephone No.:

Name of Abatement Contractor (9): KLEMCO INC.

Street Address: 369 S SPRUCE AVE

City, State, Zip Code: MAPLE SHADE N.J 08052

Telephone No.: 856-779-0472

License No.: 01371

Start Date (10): 10-13-26

Scheduled Completion Date (11): 10-23-26

Name of OSHA Monitor: N/A

Street Address:

City, State, Zip Code:

Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
SIDING			X	TRANSITE	2500 SF	X			

Name of Registered Waste Hauler: KLEMCO INC

NJDEP Waste Hauler ID No.: 17904

Cubic Yards of Waste: 4

Name of Registered Landfill: CMCMUA

City, State: MAPLE SHADE N.J 08053

Disposal Date:

City, State: WOODBINE N.J

Completed By: MIKE KLEMM

Title: PRESIDENT

Signature:

Date: 10-2-26

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 10-1-26

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

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

Name of Building Owner/Operator (2): DUNC RE LLC.

Street Address: 1548 WESLEY AVE

City, State, Zip Code: OCEAN CITY NJ

Name of Contact:

Telephone Number:

FACILITY INFORMATION

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

Street Address: 629 ASBURY AVE

City (5): OCEAN CITY

County (6): CAPE MAY

County Code (7) (STATE USE ONLY):

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

Square Feet: 1500 # of Floors: 2 Bldg. Age: 50+

Current Use (Prior if being demolished): VACANT

Name of Monitoring Firm Hired by Building Owner (8): N/A ASCM No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm: Telephone No.:

Name of Abatement Contractor (9): KLEMCO INC

Street Address: 369 S. SPRUCE AVE

City, State, Zip Code: MAPLE SHADE NJ 08052

Telephone No.: 856-779-0472 License No.: H 1371

Start Date (10): 10-12-26 Scheduled Completion Date (11): 10-22-26

Name of OSHA Monitor: N/A

Street Address:

City, State, Zip Code:

Occupancy Status During Abatement (Check only one):
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe:

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
SIDING			X	TRANSITE	2000 SF	X			

Name of Registered Waste Hauler: KLEMCO INC NJDEP Waste Hauler ID No.: 17904 Cubic Yards of Waste: 5 Name of Registered Landfill: CMCMUA

City, State: MAPLE SHADE N.J 08052 Disposal Date: City, State: WOODBINE NJ

Completed By: MICHAEL KLEMM Title: PRES. Signature: Michael Klemm Date: 10-1-26

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CONTROL & LICENSING

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

Date of Notification (1): 10-1-26

Name of Building Owner/Operator (2): ADAMS CONTRACTING

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

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

Street Address: 716 HAVEN AVE

City, State, Zip Code: OCEAN CITY N.J 08226

Name of Contact:

Telephone Number:

FACILITY INFORMATION

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

Street Address: 100 VICTORIA LN

City (5): OCEAN CITY

County (6): CAPE MAY

County Code (7) (STATE USE ONLY):

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

Square Feet: 1000 # of Floors: 1 Bldg. Age: 50+

Current Use (Prior if being demolished): VACANT

Name of Monitoring Firm Hired by Building Owner (8): N/A ASCM No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm: Telephone No.:

Name of Abatement Contractor (9): KLEMCO INC.

Street Address: 369 S. SPRUCE AVE

City, State, Zip Code: MAPLE SHADE N.J 08052

Telephone No.: 856-779-0472 License No.: 01371

Start Date (10): 10-11-26 Scheduled Completion Date (11): 10-21-26

Name of OSHA Monitor: N/A.

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe:

Street Address:

City, State, Zip Code:

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
SIDING			X	TRANSITE	900 SF	X			

Name of Registered Waste Hauler: KLEMCO INC. NJDEP Waste Hauler ID No.: 17904 Cubic Yards of Waste: 3 Name of Registered Landfill: C.M.C.M.U.A

City, State: MAPLE SHADE N.J Disposal Date: City, State: WOODBINE

Completed By: MICHAEL KLEMM Title: SUP. Signature: Michael Klemm Date: 10-1-26

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

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OCT 8 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/02/2026	Name of Building Owner/Operator (2):	
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 1300 Bear Tavern Road
		City, State, Zip Code: Titusville, NJ 08560
		Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 25 Elm Ridge Road		
City (5): Pennington	Square Feet: 2,800 / # of Floors: 2 / Bldg. Age: 276	
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): 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): 10/13/2026	Scheduled Completion Date (11): 10/23/2026	Name of OSHA Monitor: EMSL Analytical, Inc.
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: 200 Route 130 North / City, State, Zip Code: Cinnaminson, NJ 08077

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
2nd Floor Smaller Bedroom			X	Plaster	343 SF	X			
2nd Floor Larger Bedroom			X	Plaster	696 SF	X			
2nd Floor Smaller Bedroom			X	Exterior Window Glazing	84 LF	X			
2nd Floor Larger Bedroom			X	Exterior Window Glazing	56 LF	X			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 30	Name of Registered Landfill: Fairless Landfill
City, State: Freehold, NJ		Disposal Date: 10/23/2026	City, State: Morrisville, PA

Completed by: Samantha Brown	Title: Operations Manager	Signature: Samantha Brown	Date: 10/02/2026

ASB-41 (R-06-08)

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

RECEIVED
OCT 8 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/02/2026	Name of Building Owner/Operator (2): Cumberland County Inprovement Authority
Agencies Notified: [X] EPA [X] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 745 Lebanon Rd
	City, State, Zip Code: Millville NJ 08332
	Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 719 Pittstown Rd	
City (5): Frenchtown NJ 08825	Square Feet: N/A; # of Floors: N/A; Bldg. Age: N/A
County (6): Hunterdon; County Code (7) (STATE USE ONLY): _____	Current Use (Prior if being demolished): n/a
Name of Monitoring Firm Hired by Building Owner (8): ABS Environmental; ASCM No.:	Name of Abatement Contractor (9): Teal Management
Street Address: PO BOX 483	Street Address: 24 Morley Drive
City, State, Zip Code: Glenwood NJ 07418	City, State, Zip Code: Woodland Park NJ 07424
Project Manager for Monitoring Firm: Scott Higgins; Telephone No.: 973-764-2276	Telephone No.: 862-243-1471; License No.: 02063
Start Date (10): 10/14/2026; Scheduled Completion Date (11): 11/05/2026	Name of OSHA Monitor: Teal Management
Occupancy Status During Abatement (Check Only One): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____	Street Address: 24 Morley Drive; City, State, Zip Code: Woodland Park NJ 07424

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior			x	debris clean up	250 SF	x			

Name of Registered Waste Hauler: Teal Management	NJDEP Waste Hauler ID No.: 40229	Cubic Yards of Waste: 15 CY	Name of Registered Landfill: Fairless Landfill
City, State: Woodland Park NJ 07424		Disposal Date: 11/05/2026	City, State: Morrisville PA

Completed by: Tome Maslarkov	Title: Project Manager	Signature: Maslarkov	Date: 10/02/2026

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

ASB-41 (R-06-08)

1022

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

RECEIVED
OCT 9 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/07/2026	Name of Building Owner/Operator (2):
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
Street Address: 836 ADAMS AVE	
City, State, Zip Code: ELIZABETH, NJ 07201	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): HOUSE	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 836 ADAMS ST	Square Feet: 1500SF / # of Floors: 2 / Bldg. Age: +50
City (5): ELIZABETH	
County (6): UNION / County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished): HOUSE
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): MALCO ENVIRONMENTAL LLC
Street Address	Street Address: 24 LINCOLN AVE W
City, State, Zip Code	City, State, Zip Code: CRANFORD, NJ 07016
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 7325133487 / License No.: 02113
Start Date (10): 10/16/2026 / Scheduled Completion Date (11): 10/19/2026	Name of OSHA Monitor
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____	Street Address / City, State, Zip Code

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler: CENTURY WASTE	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste	Name of Registered Landfill: United States
City, State: 623 DOWD AVE ELIZABETH, NJ 07201		Disposal Date	City, State: MORRISVILLE, PA
Completed by: JENNIFER GOMES	Title: PRESIDENT	Signature:	Date: 10/07/2026

ASB-41 (R-06-08)

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

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OCT 5 2026
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 10/01/2026	Name of Building Owner/Operator (2):
Agencies Notified: [X] EPA [X] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 160 Paris Avenue
	City, State, Zip Code: Audubon, NJ 08106
	Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 160 Paris Avenue	
City (5): Audubon	Square Feet: 2,314 / # of Floors: 2 / Bldg. Age: 81
County (6): Camden / County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Residence
Name of Monitoring Firm Hired by Building Owner (8): Management & Environmental Consulting Serv / ASCM No.	Name of Abatement Contractor (9): Shade Environmental, LLC
Street Address: PO Box 341	Street Address: 623 Cutler Avenue
City, State, Zip Code: Chesterfield, NJ 08515	City, State, Zip Code: Maple Shade, NJ 08052
Project Manager for Monitoring Firm: Nora Pearse / Telephone No.: 609-298-4070	Telephone No.: 856-755-0099 / License No.: 00842
Start Date (10): 10/12/2026 / Scheduled Completion Date (11): 10/16/2026	Name of OSHA Monitor: EMSL Analytical, Inc.
Occupancy Status During Abatement (Check Only One): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____	Street Address: 200 Route 130 North / City, State, Zip Code: Cinnaminson, NJ 08077

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement & Basement Utility Room			X	Floor Tile	776 SF	X			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 6	Name of Registered Landfill: Conestoga Landfill
City, State: Freehold, NJ		Disposal Date: 10/16/2026	City, State: Morgantown, PA

Completed by: Samantha Brown	Title: Operations Manager	Signature: Samantha Brown	Date: 10/01/2026

ASB-41 (R-06-08)

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

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

RECEIVED
OCT 5 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/01/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: 158 S. Mountain Avenue	
City, State, Zip Code: Montclair, NJ 07042	
Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 158 S. Mountain Avenue	
City (5): Montlcair	Square Feet: 4,689 / # of Floors: 3 / Bldg. Age: 98
County (6): Essex / County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Residence

Name of Monitoring Firm Hired by Building Owner (8): Criterion Labratories, Inc.	ASCM No.	Name of Abatement Contractor (9): Shade Environmental, LLC
Street Address: 400 Street Road		Street Address: 623 Cutler Avenue
City, State, Zip Code: Bensalem, PA 19020		City, State, Zip Code: Maple Shade, NJ 08052
Project Manager for Monitoring Firm: Craig Gratz / Telephone No.: 215-244-1300		Telephone No.: 856-755-0099 / License No.: 00842
Start Date (10): 10/13/2026 / Scheduled Completion Date (11): 11/20/2026		Name of OSHA Monitor: EMSL Analytical, Inc.
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: 200 Route 130 North / City, State, Zip Code: Cinnaminson, NJ 08077

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
1st Floor			X	Plaster	3,315 SF	X			
2nd Floor			X	Plaster	1,450 SF	X			
3rd Floor			X	Plaster	1,184 SF	X			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 40	Name of Registered Landfill: Conestoga Landfill
City, State: Freehold, NJ		Disposal Date: 11/20/2026	City, State: Morgantown, PA

Completed by: Samantha Brown	Title: Operations Manager	Signature:	Date: 10/01/2026

ASB-41 (R-06-08)

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4346

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

RECEIVED
OCT 5 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/1/26	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☐ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: 10 John St	
City, State, Zip Code: Kenvil NJ 07847	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): 10 john St	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 10 John St	
City (5): Kenvil	Square Feet: 373 / # of Floors / Bldg. Age
County (6): Morris / County Code (7) *(STATE USE ONLY)*	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): LEM CONSTRUCTION LLC
Street Address	Street Address: 25 W ERIE AVE
City, State, Zip Code	City, State, Zip Code: RUTHERFORD NJ
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 201-500-9896 / License No.: 02004
Start Date (10): 10/13/26 / Scheduled Completion Date (11): 10/17/26	Name of OSHA Monitor
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe:	Street Address / City, State, Zip Code

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
BASEMENT			X	VAT	373SF				

Name of Registered Waste Hauler: LEM CONSTRUCTION LLC	NJDEP Waste Hauler ID No.: 02004	Cubic Yards of Waste: TBD	Name of Registered Landfill: TBD
City, State: TBD		Disposal Date: TBD	City, State: TBD
Completed by: CARLOS URAGA	Title: PROJECT MANAGER	Signature	Date: 8/1/26

ASB-41 (R-06-08)

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

RECEIVED
OCT 5 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/1/26	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☐ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: 119 Mercer St	
City, State, Zip Code: Jersey City NJ 07302	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): 119 Mercer St	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 119 Mercer St	
City (5): Jersey City	Square Feet: 373 / # of Floors / Bldg. Age
County (6): Hudson	County Code (7) *(STATE USE ONLY)* _____ / Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): LEM CONSTRUCTION LLC
Street Address	Street Address: 25 W ERIE AVE
City, State, Zip Code	City, State, Zip Code: RUTHERFORD NJ
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 201-500-9896 / License No.: 02004
Start Date (10): 10/17/26 / Scheduled Completion Date (11): 10/20/26	Name of OSHA Monitor
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____	Street Address / City, State, Zip Code

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

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

Name of Registered Waste Hauler: LEM CONSTRUCTION LLC	NJDEP Waste Hauler ID No.: 02004	Cubic Yards of Waste: TBD	Name of Registered Landfill: TBD
City, State: TBD		Disposal Date: TBD	City, State: TBD
Completed by: CARLOS URAGA	Title: PROJECT MANAGER	Signature	Date: 8/1/26

ASB-41 (R-06-08)

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

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OCT 6 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
09/25/2026	

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

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

Street Address	
571 Belvidere Rd	
City, State, Zip Code	
Phillipsburg, NJ 08865	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Residential House	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 571 Belvidere Rd	

City (5)	Square Feet	# of Floors	Bldg. Age
Phillipsburg, NJ 08865	952	1	1900

County (6)	County Code (7) *(STATE USE ONLY)*	Current Use (Prior if being demolished)
Warren	_____	

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)	Scheduled Completion Date (11)	Name of OSHA Monitor
09/26/2026	09/29/2026	

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

Street Address:

City, State, Zip Code:

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

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

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Century Waste Services	32797	5	Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 09/29/2026	City, State: Pen Argyl, PA

Completed by	Title	Signature	Date
Lubica Perez	Owner	*Lubica Perez*	09/25/2026

ASB-41 (R-06-08)

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OCT 6 2026

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

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/28/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation
	Street Address: 877 Ridgewood Rd
	City, State, Zip Code: Millburn, NJ 07041
	Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential House	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 877 Ridgewood Rd	
City (5): Millburn, NJ 07041	Square Feet: 2,633 / # of Floors: 2 / Bldg. Age: 1931
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): 09/29/2026 / Scheduled Completion Date (11): 10/05/2026	Name of OSHA Monitor:
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____	Street Address: / City, State, Zip Code:

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

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

Name of Registered Waste Hauler: Century Waste Services	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: 5	Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 10/05/2026	City, State: Pen Argyl, PA

Completed by: Lubica Perez	Title: Owner	Signature: *Lubica Perez*	Date: 09/28/2026

ASB-41 (R-06-08)

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

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RECEIVED
OCT 6 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/29/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation
Street Address: 33 Elm Pl	
City, State, Zip Code: Irvington, NJ 07111	
Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential House	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 33 Elm Pl	
City (5): Irvington, NJ 07111	Square Feet: 1,361 / # of Floors: 2 / Bldg. Age: 1924
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): 09/30/2026 / Scheduled Completion Date (11): 10/07/2026	Name of OSHA Monitor
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____	Street Address / City, State, Zip Code

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Kitchen		X		ceiling plaster	109 SF	x			
Kitchen sub-room		X		ceiling plaster	5 SF	x			

Name of Registered Waste Hauler: Century Waste Services	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: 5	Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 10/07/2026	City, State: Pen Argyl, PA
Completed by: Lubica Perez	Title: Owner	Signature: Lubica Perez	Date: 09/29/2026

ASB-41 (R-06-08)

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

RECEIVED
Check 3969
OCT 6 2025
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/29/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended ☐ Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 275 Doremus Ave
	City, State, Zip Code: Glen Rock, NJ 07452
	Name of Contact / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential House	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 275 Doremus Ave	
City (5): Glen Rock, NJ 07452	Square Feet: 2,297 / # of Floors: 2 / Bldg. Age: 1930
County (6): Bergen / County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished):
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): VEL Construction, LLC
Street Address	Street Address: 75 Voorhis Place
City, State, Zip Code	City, State, Zip Code: Ringwood NJ 07456
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 201-466-0166 / License No.: 02126
Start Date (10): 10/08/2026 / Scheduled Completion Date (11): 10/13/2026	Name of OSHA Monitor
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____	Street Address / City, State, Zip Code

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement		x		Pipe wrap	40 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: 10/13/2026	City, State: Pen Argyl, PA
Completed by: Lubica Perez	Title: Owner	Signature: Lubica Perez	Date: 09/29/2026

ASB-41 (R-06-08)

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OCT 6 2026
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 09/29/2026	Name of Building Owner/Operator (2):

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

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

Street Address: 136 Terrace Ave	
City, State, Zip Code: Jersey City, NJ 07307	
Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential House	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 136 Terrace Ave	
City (5): Jersey City, NJ 07307	Square Feet: 2,036 / # of Floors: 2 / Bldg. Age: 1920
County (6): Hudson / County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): VEL Construction, LLC
Street Address		Street Address: 75 Voorhis Place
City, State, Zip Code		City, State, Zip Code: Ringwood NJ 07456
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-466-0166 / License No.: 02126
Start Date (10): 10/08/2026	Scheduled Completion Date (11): 10/15/2026	Name of OSHA Monitor

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

Street Address:

City, State, Zip Code:

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior			x	siding	2,500 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: 10/15/2026	City, State: Pen Argyl, PA

Completed by: Lubica Perez	Title: Owner	Signature: *Lubica Perez*	Date: 09/29/2026

ASB-41 (R-06-08)

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

Print Form

3971

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

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OCT 6 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/30/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	Street Address: 250 S Valley Rd City, State, Zip Code: West Orange, NJ 07052 Name of Contact: Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential House			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 250 S Valley Rd			
City (5): West Orange, NJ 07052	Square Feet: 1,887	# of Floors: 2	Bldg. Age: 1929
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): 10/01/2026	Scheduled Completion Date (11): 10/06/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement & Mechanical room		x		pipe wrap	58 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: 10/06/2026	City, State: Pen Argyl, PA

Completed by: Lubica Perez	Title: Owner	Signature: *Lubica Perez*	Date: 09/30/2026

ASB-41 (R-06-08)

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

3970

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

Check 3970 RECEIVED OCT 6 2026 ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/30/2026	Name of Building Owner/Operator (2): Wilentz, Goldman, & Spitzer, PA
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 90 Woodbridge Center Dr #900
	City, State, Zip Code: Woodbridge, NJ 07095
	Name of Contact: Christopher Diana, Director of Budgeting
	Telephone Number: 732.855.6079

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Office building	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 90 Woodbridge Center Dr #900	
City (5): Woodbridge, NJ 07095	Square Feet: 245,000 / # of Floors: 10 / Bldg. Age: 1987
County (6): Middlesex / County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): VEL Construction, LLC
Street Address	Street Address: 75 Voorhis Place
City, State, Zip Code	City, State, Zip Code: Ringwood NJ 07456
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 201-466-0166 / License No.: 02126
Start Date (10): 10/09/2026 / Scheduled Completion Date (11): 10/14/2026	Name of OSHA Monitor
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____	Street Address / City, State, Zip Code

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
11th Floor File Room clean up		X		sealed asbestos (various types)	two yards	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: 10/14/2026	City, State: Pen Argyl, PA

Completed by: Lubica Perez	Title: Owner	Signature: *Lubica Perez*	Date: 09/30/2026

ASB-41 (R-06-08)

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3978

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

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/30/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: 10 Tarlton Dr	
City, State, Zip Code: Livingston, NJ 07039	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential House		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 10 Tarlton Dr			
City (5): Livingston, NJ 07039		Square Feet: 2,227	# of Floors: 2 / Bldg. Age: 1966
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): 10/09/2026	Scheduled Completion Date (11): 10/14/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address / City, State, Zip Code	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement Living Room		x		Floor tile	247 SF	x			

Name of Registered Waste Hauler: Century Waste Services	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: 5	Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 10/14/2026	City, State: Pen Argyl, PA

Completed by: Lubica Perez	Title: Owner	Signature: Lubica Perez	Date: 09/30/2026

ASB-41 (R-06-08)

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3979

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

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OCT 6 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
10/01/2026	

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

Type Notification
- ☐ Initial
- ☒ Amended Amendment # 1
- ☐ Emergency (including justification)
- ☐ Cancellation

Street Address: 877 Ridgewood Rd
City, State, Zip Code: Millburn, NJ 07041
Name of Contact:
Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential House
Street Address: 877 Ridgewood Rd
City (5): Millburn, NJ 07041
County (6): Essex
County Code (7) *(STATE USE ONLY)*:

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

Square Feet: 2,633
of Floors: 2
Bldg. Age: 1931
Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Building Owner (8):
ASCM No.:
Street Address:
City, State, Zip Code:
Project Manager for Monitoring Firm:
Telephone No.:

Name of Abatement Contractor (9): VEL Construction, LLC
Street Address: 75 Voorhis Place
City, State, Zip Code: Ringwood NJ 07456
Telephone No.: 201-466-0166
License No.: 02126

Start Date (10): 09/29/2026
Scheduled Completion Date (11): 10/05/2026
Name of OSHA Monitor:
Street Address:
City, State, Zip Code:

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

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

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

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Century Waste Services	32797	5	Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 10/05/2026	City, State: Pen Argyl, PA

Completed by	Title	Signature	Date
Lubica Perez	Owner	*Lubica Perez*	10/01/2026

ASB-41 (R-06-08)

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5592

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

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OCT 8 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/06/2026	Name of Building Owner/Operator (2): Institute of Music for Children
Agencies Notified: [x] EPA [x] DEP [x] DOL [x] DOH [x] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 780 Salem Avenue
	City, State, Zip Code: Elizabeth, NJ 07208
	Name of Contact: Ross Richards — Telephone Number: (201) 410-1314

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Institute of Music for Children			Type of Facility (4): [ ] School (K-12) [x] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 780 Salem Avenue			
City (5): Elizabeth	Square Feet: 12,660 SF	# of Floors: 3	Bldg. Age: 75
County (6): Union	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished): Sanctuary

Name of Monitoring Firm Hired by Building Owner (8): Omega Environmental Services LLC	ASCM No.: 00120	Name of Abatement Contractor (9): United Safety LLC	
Street Address: 280 Huyler Street		Street Address: 101 Alexander Ave Unit 4	
City, State, Zip Code: S. Hackensack, NJ		City, State, Zip Code: Pompton Plains, NJ 07444	
Project Manager for Monitoring Firm: Rey Montes de Oca	Telephone No.: 201-489-8700x140	Telephone No.: 973-276-0099	License No.: 01317
Start Date (10): 10/19/26	Scheduled Completion Date (11): 11/30/26	Name of OSHA Monitor: United Safety LLC	

Occupancy Status During Abatement (Check Only One)
[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[x] Other – Describe: 7:00am - 4:30pm

Street Address: 101 Alexander Ave Unit 4
City, State, Zip Code: Pompton Plains, NJ 07444

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Sanctuary		X		Plaster Ceiling	220 SF	X			
Sanctuary		X		Plaster Ceiling	10 SF		X		

Name of Registered Waste Hauler: Century Waste Services	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: TBD	Name of Registered Landfill: Grand Central Landfill
City, State: Elizabeth, NJ		Disposal Date: TBD	City, State: Penn Argyl, PA

Completed by: Vanco Petkov	Title: Project Manager	Signature	Date: 10/06/26

ASB-41 (R-06-08)

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

5988

Project #

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

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Check # 5988

OCT 13 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/06/2026	Name of Building Owner/Operator (2): YMCA
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 111 Kings Rd
	City, State, Zip Code: Madison, NJ 07940
	Name of Contact: Joseph Gonsalves — Telephone Number: 973-822-9622

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): YMCA	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 111 Kings Rd	
City (5): Madison, NJ 07940	Square Feet: — # of Floors: — Bldg. Age: —
County (6): Morris — County Code (7) *(STATE USE ONLY)*: _____	Current Use (Prior if being demolished):
Name of Monitoring Firm Hired by Building Owner (8): Aero Environmental — ASCM No.:	Name of Abatement Contractor (9): Nick Restoration LLC
Street Address: 275 Rt 10 East	Street Address: 72 Brookside Rd
City, State, Zip Code: Succassuna, NJ 07876	City, State, Zip Code: Randolph, NJ 07869
Project Manager for Monitoring Firm: Michael Berta — Telephone No.: 973-920-9061	Telephone No.: 973933-2550 — License No.: 01358
Start Date (10): 10/17/2026 — Scheduled Completion Date (11): 10/19/2026	Name of OSHA Monitor: Nick Restoration LLC
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: 5 PM	Street Address: 72 Brookside Rd
	City, State, Zip Code: Randolph, NJ 07869

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
REC Room		X		TSI	16 LF	X			

Name of Registered Waste Hauler: Nick Restoration LLC	NJDEP Waste Hauler ID No.	Cubic Yards of Waste: TBD	Name of Registered Landfill: G.R.O.W.S
City, State: Randolph, NJ		Disposal Date: TBD	City, State: Tullytown, Pa
Completed by: Nikica Mrda	Title: President	Signature: [signature]	Date: 10/06/2026

1196

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OCT 13 2026

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 10/7/2026	Name of Building Owner/Operator (2): 25-35 Airport Road, LLC C/O: Alfieri, LLC
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☒ Amended Amendment # 1 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 399 Thornall Street
	City, State, Zip Code: Edison, NJ 08837
	Name of Contact: Paul Jedziniak
	Telephone Number: 732-491-4243

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Commercial	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 25 Airport Road	
City (5): Florham Park	Square Feet: ___ # of Floors: ___ Bldg. Age: ___
County (6): Morris	County Code (7) (STATE USE ONLY): ___ Current Use (Prior if being demolished): ___
Name of Monitoring Firm Hired by Building Owner (8): ___ ASCM No.: ___	Name of Abatement Contractor (9): 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.: ___	Telephone No.: 201-577-1381 License No.: 02008
Start Date (10): 10/12/2026 Scheduled Completion Date (11): 10/26/2026	Name of OSHA Monitor: NorthEast Management LLC
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: ___	Street Address: 41 Madison Avenue
	City, State, Zip Code: Rochelle Park, NJ 07662

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Throughout			X	Pipe Insulation	231LF	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: S. Dimovska	Date: 10/7/2026

ASB-41 (R-06-08)

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OCT 13 2026

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 10-5-26

Name of Building Owner/Operator (2): BOB HOME REPAIR

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

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

Street Address: P.O. BOX 322

City, State, Zip Code: BRIGANTINE N.J 08203

Name of Contact: | Telephone Number:

FACILITY INFORMATION

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

Street Address: 321 34TH ST

City (5): BRIGANTINE

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

Square Feet: 1000 | # of Floors: 2 | Bldg. Age: 50+

County (6): ATLANTIC

County Code (7) (STATE USE ONLY):

Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Building Owner (8): N/A | ASCM No.:

Name of Abatement Contractor (9): KLEMCO INC

Street Address:

Street Address: 369 S. SPRUCE AVE

City, State, Zip Code:

City, State, Zip Code: MAPLE SHADE N.J 08052

Project Manager for Monitoring Firm: | Telephone No.:

Telephone No.: 856-779-0422 | License No.: # 01371

Start Date (10): 10-16-26 | Scheduled Completion Date (11): 10-26-26

Name of OSHA Monitor: N/A

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe:

Street Address:

City, State, Zip Code:

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
SIDING			X	TRANSITE	1000 SF	X			

Name of Registered Waste Hauler: KLEMCO INC | NJDEP Waste Hauler ID No.: 17904 | Cubic Yards of Waste: 5 | Name of Registered Landfill: ACUA

City, State: MAPLE SHADE N.J | Disposal Date: | City, State: PLEASANTVILLE

Completed By: MICHAEL KLEMM | Title: PRES | Signature: [signature] | Date: 10-5-26

AS8-41

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BUREAU OF CONTROL & LICENSING

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

Date of Notification (1): 10-7-26

Name of Building Owner/Operator (2): MASE ENTERPRISES

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

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

Street Address: 552 LEEDS RD

City, State, Zip Code: ABSECON N.J 08201

Name of Contact:

Telephone Number:

FACILITY INFORMATION

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

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

Street Address: 114 23RD ST

City (5): BRIGANTINE

Square Feet: 1500 # of Floors: 2 Bldg. Age: 50 +

County (6): ATLANTIC

County Code (7) (STATE USE ONLY):

Current Use (Prior if being demolished): VACANT

Name of Monitoring Firm Hired by Building Owner (8): N/A

ASCM No.:

Name of Abatement Contractor (9): KLEMCO INC

Street Address:

Street Address: 369 S SPRUCE AVE

City, State, Zip Code:

City, State, Zip Code: MAPLE SHADE N.J 08052

Project Manager for Monitoring Firm:

Telephone No:

Telephone No. 856-779-0472 License No. # 01371

Start Date (10): 10-15-26

Scheduled Completion Date (11): 10-25-26

Name of OSHA Monitor: N/A

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe:

Street Address:

City, State, Zip Code:

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
SIDING			X	TRANSITE	1000 SF	X			

Name of Registered Waste Hauler: KLEMCO INC

NJDEP Waste Hauler ID No.: 17904

Cubic Yards of Waste: 4

Name of Registered Landfill: ACUA

City, State: MAPLE SHADE N.J

Disposal Date:

City, State: PLEASANTVILLE NJ

Completed By: MICHAEL KLEMM

Title: PRES

Signature:

Date: 10-5-26

AS8-41

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

2412

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OCT 13 2026

ASBESTOS CONTROL & LICENSING

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	Name of Building Owner/Operator (2)
10/07/2026	

Agencies Notified	Type Notification	Street Address	
☒ EPA	☐ Initial	518 N Maple Ave, 2nd Fl	
☐ DEP	☐ Amended	City, State, Zip Code	
☒ DOL	Amendment #_____	East Orange, NJ 07017	
☒ DOH	☒ Emergency (including justification)	Name of Contact	Telephone Number
☐ DCA	☐ Cancelation		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Residence	☐ School (K-12)
Street Address: 518 N Maple Ave, 2nd Fl	☐ Subchapter 8 (Other than K-12)
	☒ Other (i.e. private & Commercial buildings, homes, etc.)

City (5)	Square Foot	# of Floors	Bldg. Age
East Orange	2,000	2	55+

County (6)	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)
Essex		

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
		Unicorn Contracting Corp.

Street Address	Street Address
	14 Willow Street
City, State, Zip Code	City, State, Zip Code
	Bloomfield, NJ 07003

Project Manager fo Monitoring Firm	Telephone No.	Telephone No.	License No.
		973-333-9176	01331

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
10/09/2026	10/10/2026	Envirovision Consultants, Inc.

Occupancy Status During Abatement (Check Only One)	Street Address
☐ Facility Closed/Vacated During Entire Period of Abatement	20-21 Wagaraw Rd., Bldg. 35-E
☐ Abatement Performed Outside of Normal Facility Hours	City, State, Zip Code
☒ Other - Describe: 8am-4:30pm	Fair Lawn, NJ 07410

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Regustered Landfill
Unicorn Contracting Corp.	0035844	1+	Fairless Hills Landfill
City, State: Bloomfield, New Jersey		Disposal Date: TBD	City, State: Morrisville, PA

Completed by	Title	Signature	Date
Blazhe Grozdanov	Project Manager		10/07/2026

11314

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

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OCT 13 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/07/2026	Name of Building Owner/Operator (2): New Jersey Natural Gas Company
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 1415 Wyckoff Road
	City, State, Zip Code: Wall, NJ 07719
	Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Abandonded Residential Properties	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: US 9 & Casino Drive	
City (5): Freehold	Square Feet: 7,000 / # of Floors: 2 / Bldg. Age: 100
County (6): Monmouith / County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Abandonded Residential Properties
Name of Monitoring Firm Hired by Building Owner (8): McCabe Environmental Services, LLC / ASCM No.	Name of Abatement Contractor (9): Shade Environmental, LLC
Street Address: 464 Valley Brook Avenue	Street Address: 623 Cutler Avenue
City, State, Zip Code: Lyndhurst, NJ 07071	City, State, Zip Code: Maple Shade, NJ 08052
Project Manager for Monitoring Firm: Jarred Panecki / Telephone No.: 800-423-0766	Telephone No.: 856-755-0099 / License No.: 00842
Start Date (10): 10/21/2026 / Scheduled Completion Date (11): 11/27/2026	Name of OSHA Monitor: EMSL Analytical, Inc.
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____	Street Address: 200 Route 130 North
	City, State, Zip Code: Cinnaminson, NJ 08077

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
12 Structures			X	All Building Materials	7,500 SF	X			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 300	Name of Registered Landfill: Fairless Landfill
City, State: Freehold, NJ		Disposal Date: 11/27/2026	City, State: Morrisville, PA
Completed by: Samantha Brown	Title: Operations Manager	Signature:	Date: 10/07/2026

ASB-41 (R-06-08)

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

OCT 13 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/07/2026	Name of Building Owner/Operator (2): Princeton University
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: E.A. MacMillan Building
	City, State, Zip Code: Princeton, NJ 08540
	Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential Duplex	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 165-167 Nassau Court	
City (5): Princeton	Square Feet: 2,752 / # of Floors: 2 / Bldg. Age: 126
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 Associates, Inc. / ASCM No.	Name of Abatement Contractor (9): Shade Environmental, LLC
Street Address: 515 Grove Street, Suite 1B	Street Address: 623 Cutler Avenue
City, State, Zip Code: Haddon Heights, NJ 08035	City, State, Zip Code: Maple Shade, NJ 08052
Project Manager for Monitoring Firm: Richard Egner / Telephone No.: 856-656-2874	Telephone No.: 856-755-0099 / License No.: 00842
Start Date (10): 10/19/2026 / Scheduled Completion Date (11): 10/30/2026	Name of OSHA Monitor: EMSL Analytical, Inc.
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____	Street Address: 200 Route 130 North / City, State, Zip Code: Cinnaminson, NJ 08077
Scope of Work (Check All That Apply): ☒ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf ☒ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
167 Nassau - Kitchen			X	Sink Undercoating	5 SF	X			
167 Nassau - Kitchen			X	Linoleum & Mastic	160 SF	X			
167 Nassau - Bathroom			X	Linoleum & Mastic	40 SF	X			
165 Nassau - Kitchen			X	Linoleum & Mastic	165 SF	X			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 5	Name of Registered Landfill: Fairless Landfill
City, State: Freehold, NJ		Disposal Date: 10/30/2026	City, State: Morrisville, PA
Completed by: Samantha Brown	Title: Operations Manager	Signature:	Date: 10/07/2026

ASB-41 (R-06-08)

*Continued on Page 2

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Location of Asbestos-Containing Material (ACM) TO BE ABATED 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				
165 Nassau - Bathroom			X	Linoleum & Mastic	50 SF	X	
165-167 Nassau - Exterior Windows			X	Exterior Window Caulk	260 SF	X	

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

25 W Erie Ave
RECEIVED
L.E.M. Construction LLC
JUL 1 202
Rutherford, 07070
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 5/26/26	Name of Building Owner/Operator (2): Loop Properties LLC
Agencies Notified: [x] EPA [ ] DEP [x] DOL [ ] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended, Amendment # ____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 1450 St Georges ave
	City, State, Zip Code: Avenel NJ
	Name of Contact: Loop Properties LLC — Telephone Number: 201-755-8717

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): 1450 Building	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1450 St Georges Ave	
City (5): Avenel	Square Feet: — # of Floors: — Bldg. Age: —
County (6): Woodbridge — 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): LEM CONSTRUCTION LLC
Street Address: —	Street Address: 25 W ERIE AVE
City, State, Zip Code: —	City, State, Zip Code: RUTHERFORD NJ 07070
Project Manager for Monitoring Firm: — Telephone No.: —	Telephone No.: 201-500-9896 — License No.: 02004
Start Date (10): 7/20/26 — Scheduled Completion Date (11): 8/5/26	Name of OSHA Monitor:
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: ____	Street Address: — City, State, Zip Code: —

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Entire Commercial Building			X	Assisted Demo of Building	8,000SF				

Name of Registered Waste Hauler: LEM CONSTRUCTION LLC	NJDEP Waste Hauler ID No.: 02004	Cubic Yards of Waste: TBD	Name of Registered Landfill: TBD
City, State: TBD		Disposal Date: TBD	City, State: TBD

Completed by: Michael Urbizagastegui	Title: Owner	Signature: [signature]	Date: 7/8/26

ASB-41 (R-06-08)

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

4364728

RECEIVED
25 W Erie Ave
JUN 1 2026
L.E.M. Construction LLC
Rutherford, 07070

Date of Notification (1): 5/26/26	Name of Building Owner/Operator (2): Loop Properties LLC	
Agencies Notified: [x] EPA [ ] DEP [x] DOL [ ] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 1450 St Georges Ave
		City, State, Zip Code: Avenel NJ
		Name of Contact: Loop Property LLC
		Telephone Number: 201-755-8717

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 1450 St Georges Ave			
City (5): Avenel		Square Feet	# of Floors / Bldg. Age
County (6): Woodbridge	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): LEM CONSTRUCTION LLC	
Street Address		Street Address: 25 W ERIE AVE	
City, State, Zip Code		City, State, Zip Code: RUTHERFORD NJ 07070	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-500-9896	License No.: 02004
Start Date (10): 6/9/26	Scheduled Completion Date (11): 6/16/26	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address / City, State, Zip Code	

Scope of Work (Check All That Apply)

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

[ ] Renovation
[x] Demolition

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

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

Name of Registered Waste Hauler: LEM CONSTRUCTION LLC	NJDEP Waste Hauler ID No.: 02004	Cubic Yards of Waste: TBD	Name of Registered Landfill: TBD
City, State: TBD		Disposal Date: TBD	City, State: TBD

Completed by: Michael Urbizagastegui	Title: Owner	Signature: [signature]	Date: 5/26/26

ASB-41 (R-06-08)

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RCV OFF HOLD STARTING 04/30/26

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

4356659

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MAY 6 2026

Date of Notification (1): 04/30/2026

Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA

Type Notification: [X] Initial [ ] Amended Amendment # ____ [ ] Emergency (including justification) [ ] Cancellation

Name of Building Owner/Operator (2): Xebec Realty
Street Address: 101 Hudson Street, Suite 2177
City, State, Zip Code: Jersey City NJ 07302
Name of Contact: Jeff Hoffman
Telephone Number: 908-295-5388

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Commercial
Street Address: 711 Lidgerwood Avenue
City (5): Elizabeth
County (6): Union
County Code (7) (STATE USE ONLY): ____

Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Square Feet: ____ # of Floors: ____ Bldg. Age: ____
Current Use (Prior if being demolished): ____

Name of Monitoring Firm Hired by Building Owner (8): ____
ASCM No.: ____
Street Address: ____
City, State, Zip Code: ____
Project Manager for Monitoring Firm: ____
Telephone No.: ____

Name of Abatement Contractor (9): NorthEast Management LLC
Street Address: 41 Madison Avenue
City, State, Zip Code: Rochelle Park, NJ 07662
Telephone No.: 201-577-1381
License No.: 02008

Start Date (10): 4/20/2026
Scheduled Completion Date (11): 6/20/2026

Occupancy Status During Abatement (Check Only One)
[X] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[ ] Other – Describe: ____

Name of OSHA Monitor: NorthEast Management LLC
Street Address: 41 Madison Avenue
City, State, Zip Code: Rochelle Park, NJ 07662

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior			X	Roof flashing	2,200SF	X			
Throughout			X	Floor tile	550SF	X			
Main Warehouse			X	Pipe insulation	1,000SF	X			

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

Completed by: Sonja Dimovska
Title: Owner
Signature: S. Dimovska
Date: 04/30/2026

ASB-41 (R-06-08)

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

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4358285

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

MAY 4 2026

Date of Notification (1): 3/15/26	Name of Building Owner/Operator (2): Eastman Cooke & Associates
Agencies Notified: [x] EPA [x] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [ ] Initial [x] Amended Amendment #1 [x] Emergency (including justification) [ ] Cancellation
	Street Address: 450 7th Ave, Ste 1009
	City, State, Zip Code: New York, NY 10123
	Name of Contact: Gard Ormsbee — Telephone Number: 609-496-2387

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Chipotle (To Be)	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1930 Rt. 88	Square Feet: — # of Floors: — Bldg. Age: —
City (5): Brick	Current Use (Prior if being demolished):
County (6): Ocean — County Code (7) (STATE USE ONLY):	
Name of Monitoring Firm Hired by Building Owner (8): Tiger Environmental — ASCM No.: N/A	Name of Abatement Contractor (9): RP Construction Management LLC
Street Address: 256A Jefferson Ct.	Street Address: 11 1st Street
City, State, Zip Code: Lakewood, NJ 08701	City, State, Zip Code: Lanoka Harbor, NJ 08734
Project Manager for Monitoring Firm: Kelly Walton — Telephone No.: 732-948-9458	Telephone No.: 609-489-9258 — License No.: 02130-01
Start Date (10): 4/18/26 — Scheduled Completion Date (11): 5/18/26	Name of OSHA Monitor: RP Construction Management LLC
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe:	Street Address: 11 1st Street
	City, State, Zip Code: Lanoka Harbor, NJ 08734

Scope of Work (Check All That Apply)

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

[ ] Renovation
[x] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Roof Membrane		X		Roof Tar	5400 SF	x			

Name of Registered Waste Hauler: Century Waste Services	NJDEP Waste Hauler ID No.: 016232	Cubic Yards of Waste:	Name of Registered Landfill: Grand Central Landfill
City, State: 623 Dowd Ave, Elizabeth, NJ 07201		Disposal Date:	City, State: Pen Argyl, PA 18072
Completed by: Sasha Benjamin	Title: Managing Member	Signature:	Date: 3/15/26

ASB-41 (R-06-08)

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

563

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

RECEIVED

OCT 19 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9 / 24 / 26	Name of Building Owner/Operator (2): United State Postal Services
Agencies Notified: ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 194 WARD STREET
	City, State, Zip Code: PATERSON, NJ07510-0961
	Name of Contact: OLUWADABIRA D LANA — Telephone Number: 201-714-7400

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): USPS –PATERSON –MAIN OFFICE/VMF			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 194 WARD STREET			
City (5): PATERSON, NJ07510-0961		Square Feet: 140626 / # of Floors: 3 / Bldg. Age: 1899	
County (6): Passaic	County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): N/A	

Name of Monitoring Firm Hired by Building Owner (8): HDT Consultantc International	ASCM No.	Name of Abatement Contractor (9): Polstar Inc	
Street Address: 3346 Fenton Ave		Street Address: 37 Parliament dr	
City, State, Zip Code: Bronx, NY 10469		City, State, Zip Code: New City , NY 10956	
Project Manager for Monitoring Firm: Herbert Thompson — Telephone No.: 516-790-6341		Telephone No.: 917-273-8182	License No.: 02099
Start Date (10): 10 / 5 / 26	Scheduled Completion Date (11): 12 / 31 / 26	Name of OSHA Monitor: HDT Consultantc International	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/_____PM-_____AM		Street Address: 3346 Fenton Ave; City, State, Zip Code: Bronx, NY 10469	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Roof	☐	☒	☐	Roof flashing	200 SF	☒	☐	☐	☐
Roof	☐	☒	☐	Mastic on coping stone	300 SF	☒	☐	☐	☐
Roof	☐	☒	☐	Roofing caulking	140 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Century Waste Services LLC	NJDEP Waste Hauler ID No.: 04509	Cubic Yards of Waste: TBD	Name of Registered Landfill: Fairless Landfill
City, State: Elizabeth		Disposal Date: TBD	City, State: Morrisville, PA 19067

Completed By (Print or Type): Wojtek olszewski	Title: Project Manager	Signature: [signature]	Date: 9/24/26

ASB-41
JAN 13

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

OCT 13 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/6/2026	Name of Building Owner/Operator (2): Suite Society of NJ LLC
Agencies Notified: [ ] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [ ] Initial [x] Amended Amendment # 1 [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 505 Black Horse Pike
	City, State, Zip Code: Blackwood, NJ 08012
	Name of Contact: Michael Liberi — Telephone Number: 609.440.4797

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Vacant Commercial Structure	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 5021 RTE 42	
City (5): Blackwood	Square Feet: — # of Floors: — Bldg. Age: —
County (6): Camden — 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): Ricco Construction Corp
Street Address: —	Street Address: 282 Creek Road
City, State, Zip Code: —	City, State, Zip Code: Bellmawr, NJ 08031
Project Manager for Monitoring Firm: — Telephone No.: —	Telephone No.: 856.931.3366 — License No.: 01339
Start Date (10): 10/16/26 — Scheduled Completion Date (11): 11/20/26	Name of OSHA Monitor: Andrew Ricco
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____	Street Address: 282 Creek Road — City, State, Zip Code: Bellmawr, NJ 08031

Scope of Work (Check All That Apply)

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

[x] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Interior Basement			X	Broken 9X9 Tile Debris/Black Ma	5 SF	X			
Interior Basement Crawl Space			X	Broken Transite Debris	10 SF	X			

Name of Registered Waste Hauler: Ricco Construction Corp	NJDEP Waste Hauler ID No.: 28909	Cubic Yards of Waste: TBD	Name of Registered Landfill: Fairless Landfill
City, State: Bellmawr, NJ		Disposal Date: TBD	City, State: Morrisville, PA

Completed by: Andrew Ricco	Title: President	Signature: Andrew Ricco	Date: 10/6/26

ASB-41 (R-06-08)

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

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OCT 19 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/14/26	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 27 Florida Avenue City, State, Zip Code: Sewell, NJ 08080 Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Vacant Garage	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 27 Florida Avenue	
City (5): Sewell	Square Feet: / # of Floors: / Bldg. Age:
County (6): Gloucester 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): Ricco Construction Corp	
Street Address		Street Address: 282 Creek Road	
City, State, Zip Code		City, State, Zip Code: Bellmawr, NJ 08031	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 856.931.3366	License No.: 01339
Start Date (10): 10/24/26	Scheduled Completion Date (11): 12/11/26	Name of OSHA Monitor: Andrew Ricco	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: 282 Creek Road City, State, Zip Code: Bellmawr, NJ 08031	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

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

Name of Registered Waste Hauler: Ricco Construction Corp	NJDEP Waste Hauler ID No.: 28909	Cubic Yards of Waste: TBD	Name of Registered Landfill: Fairless Landfill
City, State: Bellmawr, NJ		Disposal Date: TBD	City, State: Morrisville, PA

Completed by: Andrew Ricco	Title: President	Signature: Andrew Ricco	Date: 10/14/26

ASB-41 (R-06-08)

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1615

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

PAID RECEIVED Checks # OCT 19 2026 ASBESTOS CONTROL & LICENSING

Date of Notification (1): **September 30, 2026**	Name of Building Owner / Operator (2): **Bank of America**
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☒ Initial ☐ Amended Amendment # 1 ☐ Cancellation	Street Address: **One Lincoln Center, Suite 300** City, State & Zip Code: **Syracuse NY 13202** Name of Contact: **Thomas Ashman** — Telephone Number: **516 972 8809**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Bank of America**	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, home, etc.)
Street Address: **125 E. Main Street**	Square Feet: **2000** — # of Floors: **1** — Bldg. Age: **50**
City (5): **Denville**	Current Use (Prior if being demolished): **Bank**
County (6): Morris — County Code (7): *USE ONLY*	
Name of Monitoring Firm Hired by Building Owner (8): **Arcadis US, Inc.** — ASCM No.	Name of Abatement Contractor (9): **Synatech, Inc.**
Street Address: **27-01 Queens Plaza North, Suite 800**	Street Address: **1432 Route 539**
City, State & Zip Code: **Long Island City, NY 11101**	City, State & Zip Code: **Little Egg Harbor, NJ 08087**
Project Manager for Monitoring Firm: **Troy Ray** — Telephone Number: **631-338-4944**	Telephone Number: **609-296-6916** — License Number: **00817**
Scheduled Start Date (10): **October 9,2026** — Scheduled Completion Date (11): **October 30,2026**	Name of OSHA Monitor: **Synatech, Inc.**
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Hours ☐ Other – Describe: ☐ Facility Occupied During Abatement	Street Address: **1432 Route 539** City, State & Zip Code: **Little Egg Harbor, NJ 08087**

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥ 50 lf ☒ ≥160 sf or ≥260 lf — ☒ Renovation ☐ Demolition — ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted(*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
ATM Room			x	Floor tile/mastic	80 SF	X			
Work Room			X	Floor tile/mastic	232 SF				
Electrical Room			X	Floor tile/mastic	78 SF				

Name of Registered Waste Hauler: **Synatech, Inc.**	NJDEP Waste Hauler ID No.: **27429**	Cubic Yards of Waste: **1**	Name of Registered Landfill: **Fairless Landfill**
City, State: **Little Egg Harbor, NJ 08087**		Disposal Date: October 31,2026	City, State: **Morrisville, PA**
Completed By: **Erica Vanarelli**	Title: Finance/Office Executive	Signature: Erica Vanarelli	Date: September 30, 2026

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0812 Emergency *

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 10/13/26	Name of Building Owner/Operator (2): Sisters of Charity of St Elizabeth
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation
	Street Address: 7201 Long Beach Blvd
	City, State, Zip Code: Harvey Cedars NJ 08008
	Name of Contact: Joycelynn — Telephone Number: 609-294-4900

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Sisters of Charity of St Elizabeth			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 7201 Long Beach Blvd			
City (5): Harvey Cedars NJ 08008		Square Feet: 1000	# of Floors: 2 — Bldg. Age: 50+
County (6): Ocean	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Convent	

Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): Pernaco Inc.	
Street Address		Street Address: PO Box 329	
City, State, Zip Code		City, State, Zip Code: West Berlin NJ 08091	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 856-753-9800	License No.: 00727
Start Date (10): 10/14/26	Scheduled Completion Date (11): 10/14/26	Name of OSHA Monitor: Same	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☐ Renovation ☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
Transite Pipe			x	Transite Pipe	4 LF	x			

Name of Registered Waste Hauler: Pernaco Inc	NJDEP Waste Hauler ID No.: 21787	Cubic Yards of Waste: 1	Name of Registered Landfill: Fairless Hills
City, State: Berlin NJ		Disposal Date: 10/6/26	City, State: Morrisville PA 19067

Completed by: Anthony T Perna	Title: President	Signature	Date: 10/13/26

ASB-41 (R-06-08)

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/13/2026	Name of Building Owner/Operator (2): Cumberland County Inprovement Authority
Agencies Notified: [x] EPA [x] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [ ] Initial [x] Amended Amendment #1 [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 745 Lebanon Rd
	City, State, Zip Code: Millville NJ 08332
	Name of Contact: Brian Nadone — Telephone Number: 856-285-8926

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Kingswood Baracks			Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 719 Pittstown Rd			
City (5): Frenchtown NJ 08825		Square Feet: N/A	# of Floors: N/A — Bldg. Age: N/A
County (6): Hunterdon	County Code (7) *(STATE USE ONLY)*	Current Use (Prior if being demolished): n/a	

Name of Monitoring Firm Hired by Building Owner (8): ABS Environmental	ASCM No.	Name of Abatement Contractor (9): Teal Management	
Street Address: PO BOX 483		Street Address: 24 Morley Drive	
City, State, Zip Code: Glenwood NJ 07418		City, State, Zip Code: Woodland Park NJ 07424	
Project Manager for Monitoring Firm: Scott Higgins — Telephone No.: 973-764-2276		Telephone No.: 862-243-1471	License No.: 02063
Start Date (10): 10/27/2026	Scheduled Completion Date (11): 11/05/2026	Name of OSHA Monitor: Teal Management	
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe:		Street Address: 24 Morley Drive — City, State, Zip Code: Woodland Park NJ 07424	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior			x	debris clean up	250 SF	x			

Name of Registered Waste Hauler: Teal Management	NJDEP Waste Hauler ID No.: 40229	Cubic Yards of Waste: 15 CY	Name of Registered Landfill: Fairless Landfill
City, State: Woodland Park NJ 07424		Disposal Date: 11/05/2026	City, State: Morrisville PA

Completed by: Tome Maslarkov	Title: Project Manager	Signature	Date: 10/13/2026

ASB-41 (R-06-08)

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OCT 19 2026

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 10/07/2026	Name of Building Owner/Operator (2): Township of Woodbridge
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☒ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 1 Main Street
	City, State, Zip Code: Woodbridge NJ 07095
	Name of Contact: Patrick McSherry — Telephone Number: 732-634-4500 ext 6496

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Former Credit Union Bank	Type of Facility (4): ☐ School (K-12) ☒ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 380 Berry St	
City (5): Woodbridge NJ 07095	Square Feet: 6000 — # of Floors: 2 FLOORS — Bldg. Age: N/A
County (6): Middlesex — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Bank

Name of Monitoring Firm Hired by Building Owner (8): Environmental Connection Inc	ASCM No.: 00030	Name of Abatement Contractor (9): Teal Management
Street Address: 120 North Warren Street		Street Address: 24 Morley Drive
City, State, Zip Code: Trenton NJ 08608		City, State, Zip Code: Woodland Park NJ 07424
Project Manager for Monitoring Firm: Jordan Reed	Telephone No.: 609-392-4200	Telephone No.: 862-243-1471 — License No.: 02063
Start Date (10): 10/26/26 — Scheduled Completion Date (11): 12/07/26		Name of OSHA Monitor: Teal Management
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: 24 Morley Drive — City, State, Zip Code: Woodland Park N 07424

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
1st Floor Throughout			x	pipe insulation	308 LF	x			
1st Floor Throughout			x	fitting insulation	72 LF	x			
1st Floor Throughout			x	ceiling plaster	3656 SF	x			
1st Foor				VAT & MASTIC	1073 SF	X			

Name of Registered Waste Hauler: Teal Management	NJDEP Waste Hauler ID No.: 40229	Cubic Yards of Waste: 50 CY	Name of Registered Landfill: Fairless Landfill
City, State: Woodland Park NJ 07424		Disposal Date: 10/26/2026	City, State: Morrisville PA

Completed by: Tome Maslarkov	Title: Project Manager	Signature	Date: 10/07/2026

ASB-41 (R-06-08)

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

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			Rem	Rep	Encap	Encl
2nd Floor			x	Residual mastic	4773 SF	x			
2nd Floor			x	Pipe insulation	15 SF	X			
2nd floor			x	Fitting insulation	10 SF	x			

1193

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

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OCT 5 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
9/28/2026	Elberon Development Group

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

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

Street Address	
633 Division Street	
City, State, Zip Code	
Elizabeth, NJ 07201	
Name of Contact	Telephone Number
Max Rogers	908-625-2543

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Commercial	[ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 780 Dowd Road	
City (5): Elizabeth	Square Feet: / # of Floors: / Bldg. Age:
County (6): Union	County Code (7) (STATE USE ONLY): / Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
		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.	Telephone No.: 201-577-1381 / License No.: 02008

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
10/8/2026	10/15/2026	NorthEast Management LLC

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

Street Address: 41 Madison Avenue
City, State, Zip Code: Rochelle Park, NJ 07662

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Throughout			X	Floor Tile	600SF	X			

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

Completed by	Title	Signature	Date
Sonja Dimovska	Owner	S. Dimovska	9/28/26

ASB-41 (R-06-08)

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 10/08/2026	Name of Building Owner/Operator (2): Warwick Condominium Association
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 101 S. Raleigh Avenue
	City, State, Zip Code: Atlantic City, NJ 08401
	Name of Contact: Nicole Camarota — Telephone Number: 609-344-5126

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Warwick Condominiums	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 101 S. Raleigh Avenue	
City (5): Atlantic City	Square Feet: 30,000 — # of Floors: 9 — Bldg. Age: 46
County (6): Atlantic — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Condominiums

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): 10/22/2026 — Scheduled Completion Date (11): 10/27/2026		Name of OSHA Monitor: EMSL Analytical, Inc.
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: Abatement performed in vacated area		Street Address: 200 Route 130 North — City, State, Zip Code: Cinnaminson, NJ 08077

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

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

Name of Registered Waste Hauler: Shade Environmental, LLC	NJDEP Waste Hauler ID No.: 32426	Cubic Yards of Waste: 1	Name of Registered Landfill: Atlantic County Landfill
City, State: Maple Shade, NJ		Disposal Date: 10/27/2026	City, State: Egg Harbor Township, NJ

Completed by: Samantha Brown	Title: Operations Manager	Signature: Samantha Brown	Date: 10/08/2026

ASB-41 (R-06-08)

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/06/2026	Name of Building Owner/Operator (2):
Agencies Notified: [ ] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
Street Address: 55 Dayton St	
City, State, Zip Code: Elizabeth NJ 07202	
Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential Home	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 55 Dayton St	
City (5): Elizabeth	Square Feet: / # of Floors: 2 / Bldg. Age: +50
County (6): Union	County Code (7) *(STATE USE ONLY)* _____ / Current Use (Prior if being demolished):
Name of Monitoring Firm Hired by Building Owner (8): Lawal Environmental Services Corp / ASCM No.:	Name of Abatement Contractor (9): United Demo LLC
Street Address: 55 East Mosholu Pkway N Apt 3G	Street Address: 143 Acme St
City, State, Zip Code: Bronx NY 10467	City, State, Zip Code: Elizabeth NJ 07202
Project Manager for Monitoring Firm: Lawal Prince Ahmed / Telephone No.: 646-528-0913	Telephone No.: 862-218-3930 / License No.: 02045
Start Date (10): 10/16/2026 / Scheduled Completion Date (11): 10/22/2026	Name of OSHA Monitor: United Demo LLC
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____	Street Address: 143 Acme St / City, State, Zip Code: Elizabeth NJ 07202

Scope of Work (Check All That Apply)

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

[x] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
1st fl Living Room			X	Ceiling Plaster	120 Sf	X			
2nd Fl Living Room			X	Ceiling Plaster	120 Sf	X			
1st FL Bedroom			X	Clean up					
2nd Fl Bedroom			X	Clean Up					

Name of Registered Waste Hauler: United Demo LLC	NJDEP Waste Hauler ID No.: 0040986	Cubic Yards of Waste: As Needed	Name of Registered Landfill: Fairless Landfill
City, State: Elizabeth NJ		Disposal Date: TBD	City, State: Morrisville PA

Completed by: Jose N Rosas	Title: Project Manager	Signature: Jose N Rosas	Date: 10/06/2026

ASB-41 (R-06-08)

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ASBESTOS CONTROL & LICENSING

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

New Start Date

Date of Notification (1) 10/08/2026		Name of Building Owner/Operator (2) JPMC	
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☒ DCA	Type Notification ☐ Initial ☒ Amended Amendment # 1 ☐ Emergency (including justification) ☐ Cancellation	Street Address 331 Lafayette Avenue	
		City, State, Zip Code Hawthorne, NJ 07506	
		Name of Contact Howard Butterworth	Telephone Number (973) 238-1862

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Chase Bank		Type of Facility (4) ☐ School (K-12) ☒ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 331 Lafayette Avenue		Square Feet	# of Floors / Bldg. Age
City (5) Hawthorne			
County (6) Passaic	County Code (7) *(STATE USE ONLY)*	Current Use (Prior if being demolished) Bank	
Name of Monitoring Firm Hired by Building Owner (8) TRC Engineers, Inc.	ASCM No.	Name of Abatement Contractor (9) Pure Environmental, Inc.	
Street Address 1407 Broadway Suite 3301		Street Address 1 12th Street	
City, State, Zip Code New York, NY 10018		City, State, Zip Code Brooklyn, NY 11215	
Project Manager for Monitoring Firm Anthony Sigona	Telephone No. 212-221-7822	Telephone No. 212-431-2094	License No. 02137
Start Date (10) 10/17/2026	Scheduled Completion Date (11) 11/12/2026	Name of OSHA Monitor Douglas Lyon	
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe:		Street Address 14 Ashington Drive	
		City, State, Zip Code Ossining, NY 10562	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

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

Name of Registered Waste Hauler ATC	NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste 20 Yards	Name of Registered Landfill Minerva Enterprises
City, State Shirley, NY 11967		Disposal Date 10/17/2026	City, State Waynesburg, OH 44688
Completed by Douglas Lyon	Title Compliance Admin	Signature	Date 10/08/2026

ASB-41 (R-06-08)

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/06/2026	Name of Building Owner/Operator (2): The Barchester Corporation
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☒ Amended Amendment # 1 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 3234 Riverview Lane
	City, State, Zip Code: Daytona Beach, FL 32118
	Name of Contact: Joseph Seravalli — Telephone Number: 386-788-8831

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Santander Bank	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 314 Elizabeth Avenue	
City (5): Elizabeth	Square Feet: 5,000 — # of Floors: 2 — Bldg. Age: 75
County (6): Union — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Bank
Name of Monitoring Firm Hired by Building Owner (8): Hillmann Consulting, LLC — ASCM No.	Name of Abatement Contractor (9): Shade Environmental, LLC
Street Address: 1600 Route 22 East, Suite 107	Street Address: 623 Cutler Avenue
City, State, Zip Code: Union, NJ 07083	City, State, Zip Code: Maple Shade, NJ 08052
Project Manager for Monitoring Firm: Bruno Rocha — Telephone No.: 908-688-7800	Telephone No.: 856-755-0099 — License No.: 00842
Start Date (10): 10/10/2026 — Scheduled Completion Date (11): 10/13/2026	Name of OSHA Monitor: EMSL Analytical, Inc.
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____	Street Address: 200 Route 130 North — City, State, Zip Code: Cinnaminson, NJ 08077

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Ground Floor - Tellers Area		X		Sheetrock & Associated Joint Compound	80 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: 10/13/2026	City, State: Morgantown, PA
Completed by: Samantha Brown	Title: Operations Manager	Signature: [signature]	Date: 10/06/2026

ASB-41 (R-06-08)

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

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Date of Notification (1): 10/07/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 210 Denver Rd City, State, Zip Code: Paramus, NJ 07652 Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential House	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 210 Denver Rd	
City (5): Paramus, NJ 07652	Square Feet: 1,392 / # of Floors: 2 / Bldg. Age: 1952
County (6): Bergen County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): VEL Construction, LLC
Street Address		Street Address: 75 Voorhis Place
City, State, Zip Code		City, State, Zip Code: Ringwood NJ 07456
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-466-0166 / License No.: 02126
Start Date (10): 10/16/2026	Scheduled Completion Date (11): 10/23/2026	Name of OSHA Monitor
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address City, State, Zip Code

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior		x		Siding	2,000 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: 10/23/2026	City, State: Pen Argyl, PA

Completed by: Lubica Perez	Title: Owner	Signature: *Lubica Perez*	Date: 10/07/2026

ASB-41 (R-06-08)

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

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OCT 13 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/07/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 1704 Cedarwood Dr
	City, State, Zip Code: Piscataway, NJ 08854
	Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential House	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1704 Cedarwood Dr	
City (5): Piscataway, NJ 08854	Square Feet: 1,844 / # of Floors: 2 / Bldg. Age: 1968
County (6): Middlesex / County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): VEL Construction, LLC
Street Address		Street Address: 75 Voorhis Place
City, State, Zip Code		City, State, Zip Code: Ringwood NJ 07456
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-466-0166 / License No.: 02126
Start Date (10): 10/16/2026	Scheduled Completion Date (11): 10/23/2026	Name of OSHA Monitor
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address / City, State, Zip Code

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement		x		Floor tile & mastic	515 SF	x			

Name of Registered Waste Hauler: Century Waste Services	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: 5	Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 10/23/2026	City, State: Pen Argyl, PA

Completed by: Lubica Perez	Title: Owner	Signature: *Lubica Perez*	Date: 10/07/2026

ASB-41 (R-06-08)

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/07/2026	Name of Building Owner/Operator (2):	
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	Street Address: 819 Nicholas Pl
		City, State, Zip Code: Rahway, NJ 07065
		Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential House		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 819 Nicholas Pl		
City (5): Rahway, NJ 07065	Square Feet: 1,496 / # of Floors: 1 / Bldg. Age: 1930	
County (6): Union	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): VEL Construction, LLC
Street Address		Street Address: 75 Voorhis Place
City, State, Zip Code		City, State, Zip Code: Ringwood NJ 07456
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-466-0166 / License No.: 02126
Start Date (10): 10/08/2026	Scheduled Completion Date (11): 10/13/2026	Name of OSHA Monitor
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address / City, State, Zip Code

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler: Century Waste Services	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: 5	Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 10/13/2026	City, State: Pen Argyl, PA
Completed by: Lubica Perez	Title: Owner	Signature: Lubica Perez	Date: 10/07/2026

ASB-41 (R-06-08)

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

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Date of Notification (1): 10/06/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: 22 Yolanda Dr	
City, State, Zip Code: Edison, NJ 08817	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential House	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 22 Yolanda Dr	
City (5): Edison, NJ 08817	Square Feet: 1,345 / # of Floors: 1 / Bldg. Age: 1965
County (6): Middlesex / County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): VEL Construction, LLC
Street Address	Street Address: 75 Voorhis Place
City, State, Zip Code	City, State, Zip Code: Ringwood NJ 07456
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 201-466-0166 / License No.: 02126
Start Date (10): 10/15/2026 / Scheduled Completion Date (11): 10/21/2026	Name of OSHA Monitor
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____	Street Address / City, State, Zip Code

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

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

Name of Registered Waste Hauler: Century Waste Services	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: 5	Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 10/21/2026	City, State: Pen Argyl, PA

Completed by: Lubica Perez	Title: Owner	Signature: Lubica Perez	Date: 10/06/2026

ASB-41 (R-06-08)

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/06/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation
Street Address: 7 Alcazar Ave	
City, State, Zip Code: Highland Park, NJ 08904	
Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential House	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 7 Alcazar Ave	
City (5): Highland Park, NJ 08904	Square Feet: 1,178 / # of Floors: 1 / Bldg. Age: 1972
County (6): Middlesex / County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): VEL Construction, LLC
Street Address	Street Address: 75 Voorhis Place
City, State, Zip Code	City, State, Zip Code: Ringwood NJ 07456
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 201-466-0166 / License No.: 02126
Start Date (10): 10/07/2026 / Scheduled Completion Date (11): 10/12/2026	Name of OSHA Monitor
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____	Street Address / City, State, Zip Code

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement		x		Floor tile & mastic	337 SF	x			

Name of Registered Waste Hauler: Century Waste Services	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: 5	Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 10/12/2026	City, State: Pen Argyl, PA

Completed by: Lubica Perez	Title: Owner	Signature: Lubica Perez	Date: 10/06/2026

ASB-41 (R-06-08)

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 10/05/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: 2641 Far View Drive	
City, State, Zip Code: Mountainside, NJ 07092	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential House	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 2641 Far View Drive	
City (5): Mountainside, NJ 07092	Square Feet: 2,870 / # of Floors: 2 / 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.	Telephone No.: 201-466-0166 / License No.: 02126
Start Date (10): 10/14/2026	Scheduled Completion Date (11): 10/19/2026	Name of OSHA Monitor
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address / City, State, Zip Code

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Crawlspace		x		Pipe insulation	30 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: 10/19/2026	City, State: Pen Argyl, PA

Completed by: Lubica Perez	Title: Owner	Signature: Lubica Perez	Date: 10/05/2026

ASB-41 (R-06-08)

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

3982

Print Form

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

Check 3982

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OCT 13 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/05/2026	Name of Building Owner/Operator (2):

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

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

Street Address: 106 Howard Ave

City, State, Zip Code: Clifton, NJ 07013

Name of Contact: | Telephone Number:

FACILITY INFORMATION

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

Street Address: 106 Howard Ave

City (5): Clifton, NJ 07013

County (6): Passaic

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

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

Square Feet	# of Floors	Bldg. Age
1,363	2	1950

Current Use (Prior if being demolished):

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

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm: | Telephone No.:

Name of Abatement Contractor (9): VEL Construction, LLC

Street Address: 75 Voorhis Place

City, State, Zip Code: Ringwood NJ 07456

Telephone No.: 201-466-0166 | License No.: 02126

Start Date (10): 10/06/2026 | Scheduled Completion Date (11): 10/12/2026

Name of OSHA Monitor:

Street Address:

City, State, Zip Code:

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

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement		x		Linoleum, glue, tile & mastic	368 SF	x			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Century Waste Services	32797	5	Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 10/12/2026	City, State: Pen Argyl, PA

Completed by	Title	Signature	Date
Lubica Perez	Owner	Lubica Perez	10/05/2026

ASB-41 (R-06-08)

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3980

Print Form

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/03/2026	Name of Building Owner/Operator (2):	
Agencies Notified: [ ] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 2 Prospect St City, State, Zip Code: Peapack, NJ 07977 Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential House		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 2 Prospect St		
City (5): Peapack, NJ 07977	Square Feet: 2,284 / # of Floors: 2 / Bldg. Age: 1920	
County (6): Somerset	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): 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): 10/12/2026	Scheduled Completion Date (11): 10/19/2026	Name of OSHA Monitor
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address / City, State, Zip Code

Scope of Work (Check All That Apply)

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

[x] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement		x		pipe insulation	140 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: 10/19/2026	City, State: Pen Argyl, PA

Completed by: Lubica Perez	Title: Owner	Signature: Lubica Perez	Date: 10/03/2026

ASB-41 (R-06-08)

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

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3981

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

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OCT 13 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/03/2026	Name of Building Owner/Operator (2):
Agencies Notified: [ ] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 210 Willow Ave
	City, State, Zip Code: North Plainfield, NJ 07063
	Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential House	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 210 Willow Ave	
City (5): North Plainfield, NJ 07063	Square Feet: 1,246 / # of Floors: 1 / Bldg. Age: 1946
County (6): Somerset / County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): 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): 10/12/2026 / Scheduled Completion Date (11): 10/19/2026	Name of OSHA Monitor
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____	Street Address / City, State, Zip Code

Scope of Work (Check All That Apply)

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

[x] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement		x		Floor tile & mastic	640 SF	x			

Name of Registered Waste Hauler: Century Waste Services	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: 5	Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 10/19/2026	City, State: Pen Argyl, PA
Completed by: Lubica Perez	Title: Owner	Signature: *Lubica Perez*	Date: 10/03/2026

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ASB-41 (R-06-08)

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 10/10/26	Name of Building Owner/Operator (2):
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: 1197 Manor Dr.	
City, State, Zip Code: Lakewood NJ 08701	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 1197 Manor Dr.			
City (5): Lakewood NJ 08701		Square Feet: 1200+	# of Floors: 1 / Bldg. Age: 50+
County (6): Ocean	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): House	
Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): Pernaco Inc.	
Street Address		Street Address: PO Box 329	
City, State, Zip Code		City, State, Zip Code: West Berlin NJ 08091	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 856-753-9800	License No.: 00727
Start Date (10): 10/21/26	Scheduled Completion Date (11): 10/27/26	Name of OSHA Monitor: Same	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address / City, State, Zip Code	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior Siding			X	Exterior Siding	1800	SF			

Name of Registered Waste Hauler: Pernaco	NJDEP Waste Hauler ID No.: 21787	Cubic Yards of Waste: 3	Name of Registered Landfill: Fairless Hills
City, State: West Berlin, NJ		Disposal Date: 10/27/26	City, State: Morrisville, PA, 19067
Completed by: Anthony T Perna	Title: President	Signature	Date: 10/10/26

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 10/14/26	Name of Building Owner/Operator (2):
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: 6 N Nassau Avenue	
City, State, Zip Code: Margate City NJ 08402	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 6 N Nassau Avenue	
City (5): Margate City NJ 08402	Square Feet: 1000+ / # of Floors: 2 / Bldg. Age: 50+
County (6): Atlantic / County Code (7) (STATE USE ONLY): _____	Current Use (Prior if being demolished): House
Name of Monitoring Firm Hired by Building Owner (8): N/A / ASCM No.	Name of Abatement Contractor (9): Pernaco Inc.
Street Address	Street Address: PO Box 329
City, State, Zip Code	City, State, Zip Code: West Berlin NJ 08091
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 856-753-9800 / License No.: 00727
Start Date (10): 10/23/26 / Scheduled Completion Date (11): 10/28/26	Name of OSHA Monitor: Same
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____	Street Address / City, State, Zip Code

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☐ Renovation ☒ Demolition

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

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

Name of Registered Waste Hauler: Pernaco	NJDEP Waste Hauler ID No.: 21787	Cubic Yards of Waste: 3	Name of Registered Landfill: Atlantic County Landfill
City, State: West Berlin, NJ		Disposal Date: 10/19/26	City, State: Egg Harbor City NJ
Completed by: Anthony T Perna	Title: President	Signature	Date: 10/14/26

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

ASB-41 (R-06-08)

5323

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

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OCT 16 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10 / 13 / 26	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 1450 EDGEMERE AVE City, State, Zip Code: FORKED RIVER N.J. 08731 Name of Contact: Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): 52 DELLWOOD AVE	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.c. private & commercial buildings, homes, etc.)
Street Address: CHATHAM N.J.	Square Feet: 3,000 # of Floors: 2 Bldg. Age: 70
City (5):	
County (6): ~~Che~~ Morris County Code (7) (STATE USE ONLY): _____	Current Use (Prior if being demolished): Closed
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.	Name of Abatement Contractor (9): NOVATECH
Street Address	Street Address: P.O. Box 814
City, State, Zip Code	City, State, Zip Code: OLD BRIDGE N.J. 08857
Project Manager for Monitoring Firm Telephone No.	Telephone No.: 732)238x7500 License No.: 00806
Start Date (10): 10 / 22 / 26 Scheduled Completion Date (11): 10 / 26 / 26	Name of OSHA Monitor: NOVATECK
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____	Street Address: P.O. Box 814 City, State, Zip Code: OLD BRIDGE N.J. 08857

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

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

Name of Registered Waste Hauler: NOVATECH	NJDEP Waste Hauler ID No.: 18501	Cubic Yards of Waste: 4	Name of Registered Landfill: GROWS P.A.
City, State: OLD BRIDGE N.J. 08857		Disposal Date: 10 / 26	City, State: MORRISVILLE P.A.
Completed by: CARLOS ALMEIDA	Title: PRESIDENT	Signature: Carlos Almeida	Date: 10 / 13 / 26

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ASB-41 (R-06-08)

1027

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/13/2026	Name of Building Owner/Operator (2): RCT SLACKLLC
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 2345 RT 22 W
	City, State, Zip Code: UNION NJ 07083
	Name of Contact: CHRIS SLACK — Telephone Number: 9086521282

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): WAREHOUSE	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 2365 RT 22 W	Square Feet: 10,100 — # of Floors: — Bldg. Age: +50
City (5): UNION	
County (6): UNION — County Code (7) *(STATE USE ONLY)*: _____	Current Use (Prior if being demolished): COMMERCIAL
Name of Monitoring Firm Hired by Building Owner (8): — ASCM No.: —	Name of Abatement Contractor (9): MALCO ENVIRONMENTAL LLC
Street Address: —	Street Address: 24 LINCOLN AVE W
City, State, Zip Code: —	City, State, Zip Code: CRANFORD, NJ 07016
Project Manager for Monitoring Firm: — Telephone No.: —	Telephone No.: 7325133487 — License No.: 02113
Start Date (10): 10/22/26 — Scheduled Completion Date (11): 10/26/2026	Name of OSHA Monitor: — Street Address: — City, State, Zip Code: —

Occupancy Status During Abatement (Check Only One)
[x] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[ ] Other – Describe: _____

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
EXTERIOR		X		ROOF	1,500SF	x			

Name of Registered Waste Hauler: CENTURY WASTE	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste:	Name of Registered Landfill: United States
City, State: 623 DOWD AVE ELIZABETH, NJ 07201		Disposal Date:	City, State: MORRISVILLE, PA
Completed by: JENNIFER GOMES	Title: PRESIDENT	Signature:	Date: 10/13/2026

ASB-41 (R-06-08)

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ASBESTOS CONTROL & LICENSING

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1): 10/13/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancelation
Street Address: 156 Hamilton Avenue	
City, State, Zip Code: Clifton, NJ 07011	
Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & Commercial buildings, homes, etc.)
Street Address: 156 Hamilton Avenue	
City (5): Clifton	Square Foot: 1,400 / # of Floors: 2 / Bldg. Age: 55+
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): Unicorn Contracting Corp.
Street Address:	Street Address: 14 Willow Street
City, State, Zip Code:	City, State, Zip Code: Bloomfield, NJ 07003
Project Manager fo Monitoring Firm / Telephone No.	Telephone No.: 973-333-9176 / License No.: 01331
Start Date (10): 10/14/2026 / Scheduled Completion Date (11): 10/15/2026	Name of OSHA Monitor: Envirovision Consultants, Inc.
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: 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)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specity SF or LF)	Abatement Type: 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 Regustered 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: 10/13/2026

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 10/14/26	Name of Building Owner/Operator (2): Shree 1236 Rt 46 LLC
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended ☐ Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 96 Jannelle Rd
	City, State, Zip Code: Parsippany NJ 07054
	Name of Contact: Jack Parkinson — Telephone Number: 856-531-0522

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Shree 1236 Rt 46 LLC (Vacant Building Former Offices / Pharmacy)	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1236 US -46	
City (5): Parsippany NJ 07054	Square Feet: 1200+ — # of Floors: 2 — Bldg. Age: 50+
County (6): Morris County — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Offices / Pharmacy
Name of Monitoring Firm Hired by Building Owner (8): N/A — ASCM No.	Name of Abatement Contractor (9): Pernaco Inc.
Street Address	Street Address: PO Box 329
City, State, Zip Code	City, State, Zip Code: West Berlin NJ 08091
Project Manager for Monitoring Firm — Telephone No.	Telephone No.: 856-753-9800 — License No.: 00727
Start Date (10): 10/27/26 — Scheduled Completion Date (11): 11/6/26	Name of OSHA Monitor: Same
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____	Street Address / City, State, Zip Code

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
Rear Stucco Building			x	Floor Tile & Mastic	1400 SF	x			
Front Brick Building			x	Floor Tile & Mastic	150 SF	x			
Front Brick Building Basement			x	Flue Packing	15 SF	x			

Name of Registered Waste Hauler: Mazza Recycling	NJDEP Waste Hauler ID No.: 36891	Cubic Yards of Waste: 30	Name of Registered Landfill: Fairless Hills
City, State: Tinton Falls NJ		Disposal Date: 11/6/26	City, State: Morrisville, PA, 19067

Completed by: Anthony T Perna	Title: President	Signature	Date: 10/14/26

ASB-41 (R-06-08)

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 10/14/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: 129 Merion Road	
City, State, Zip Code: Cherry Hill, NJ 08002	
Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 129 Merion Road	Square Feet: 1,922 / # of Floors: 2 / Bldg. Age: 74
City (5): Cherry Hill	
County (6): Camden / County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Residence
Name of Monitoring Firm Hired by Building Owner (8): Management & Environmental Consulting Serv / ASCM No.	Name of Abatement Contractor (9): Shade Environmental, LLC
Street Address: PO Box 341	Street Address: 623 Cutler Avenue
City, State, Zip Code: Chesterfield, NJ 08515	City, State, Zip Code: Maple Shade, NJ 08052
Project Manager for Monitoring Firm: Nora Pearse / Telephone No.: 609-298-4070	Telephone No.: 856-755-0099 / License No.: 00842
Start Date (10): 10/23/2026 / Scheduled Completion Date (11): 10/27/2026	Name of OSHA Monitor: EMSL Analytical, Inc.
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____	Street Address: 200 Route 130 North / City, State, Zip Code: Cinnaminson, NJ 08077

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Garage			X	Paper Duct Insulation	104 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: 10/27/2026	City, State: Morgantown, PA
Completed by: Samantha Brown	Title: Operations Manager	Signature:	Date: 10/14/2026

ASB-41 (R-06-08)

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): **October 12, 2026**	Name of Building Owner / Operator (2): **JP Morgan Chase**
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #__ ☐ Cancellation
	Street Address: **237 Park Avenue 12th Floor**
	City, State & Zip Code: **New York NY 11245**
	Name of Contact: **Kadeen Daniel** — Telephone Number: **917-608-5582**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Chase Bank**	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, home, etc.)
Street Address: **227 Mountain Avenue**	Square Feet: **1,600** — # of Floors: **1** — Bldg. Age: **50**
City (5): **Hackettstown**	Current Use (Prior if being demolished): **Bank**
County (6): **Warren** — County Code (7) *USE ONLY*	
Name of Monitoring Firm Hired by Building Owner (8): **Apex** — ASCM No.	Name of Abatement Contractor (9): **Synatech, Inc.**
Street Address: **485 Route 1 South, Bldg B, Ste 130**	Street Address: **1432 Route 539**
City, State & Zip Code: **Iselin, NJ 08830**	City, State & Zip Code: **Little Egg Harbor, NJ 08087**
Project Manager for Monitoring Firm: **Eli Blum** — Telephone Number: **732-561-1048**	Telephone Number: **609-296-6916** — License Number: **00817**
Scheduled Start Date (10): **October 24,2026** — Scheduled Completion Date (11): **December 30,2026**	Name of OSHA Monitor: **Synatech, Inc.**
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Hours ☒ Other – Describe: ☐ Facility Occupied During Abatement	Street Address: **1432 Route 539** — City, State & Zip Code: **Little Egg Harbor, NJ 08087**

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥ 50 lf ☒ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Teller Line/Main Floor			X	Beige/gray mastic	1,500 SF	X			

Name of Registered Waste Hauler: **Synatech, Inc.**	NJDEP Waste Hauler ID No.: **27429**	Cubic Yards of Waste: **2**	Name of Registered Landfill: **Fairless Landfill**
City, State: **Little Egg Harbor, NJ 08087**		Disposal Date: December 31,2026	City, State: **Morrisville, PA**
Completed By: **Erica Vanarelli**	Title: **Finance/Office Executive**	Signature: Erica Vanarelli	Date: **October 12, 2026**

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): **10 / 15 / 26**	Name of Building Owner/Operator (2): **Camden County Improvement Authority**
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: **520 Market Street**
	City, State, Zip Code: **Camden, NJ 08102**
	Name of Contact: **Tyler Orlando** — Telephone Number: **856-751-2242**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Former Law Office**	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: **415 Federal Street**	
City (5): **Camden**	Square Feet: **8000 +/-** — # of Floors: **1** — Bldg. Age: **+/- 60**
County (6): **Camden** — County Code (7)*(STATE USE ONLY)*	Current Use (Prior if being demolished): **County Offices-Vacant - being Demolished**
Name of Monitoring Firm Hired by Building Owner (8): **Pennoni Associates** — ASCM No.	Name of Abatement Contractor (9): **USA Environmental Management, Inc.**
Street Address: **515 Grove Street**	Street Address: **8436 Enterprise Avenue**
City, State, Zip Code: **Haddon Heights, NJ 08035**	City, State, Zip Code: **Philadelphia, PA 19153**
Project Manager for Monitoring Firm: **Chad Gaulrap** — Telephone No.: **856-656-2870**	Telephone No.: **215-365-5810** — License No.: **1156**
Start Date (10): **10 / 26 / 26** — Scheduled Completion Date (11): **12 / 31 / 26**	Name of OSHA Monitor: **USA Environmental Management, Inc**
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: **7:00** AM-_____PM/**11:30**PM-_____AM	Street Address: **8436 Enterprise Avenue** — City, State, Zip Code: **Philadelphia, PA 19153**

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Throughout	☐	☐	☒	**Joint Compound**	**32000 SF**	☒	☐	☐	☐
Throughout	☐	☐	☒	**Mastic**	**8480 SF**	☒	☐	☐	☐
Kitchen	☐	☐	☒	**Mastic**	**500 SF**	☒	☐	☐	☐
Exterior	☐	☐	☒	**Door & Window Caulk**	**136 SF**	☒	☐	☐	☐

Name of Registered Waste Hauler: **Winzinger, Inc.**	NJDEP Waste Hauler ID No.: **0039122**	Cubic Yards of Waste: **120 +/-**	Name of Registered Landfill: **Fairless Hill Landfill**
City, State: **Hainesport, New Jersey**		Disposal Date: **12/31/2026**	City, State: **Morrisville, PA**

Completed By (Print or Type): **Tracy Smith**	Title: **President**	Signature: For T. Smith	Date: 10/15/26

ASB-41
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

PAID RECEIVED Checks # OCT 19 2026 LICENSING

Date of Notification (1): **October 12, 2026**	Name of Building Owner / Operator (2): **JP Morgan Chase**
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_ ☐ Cancellation
	Street Address: **237 Park Avenue 12th Floor**
	City, State & Zip Code: **New York NY 11245**
	Name of Contact: **Kadeen Daniel** — Telephone Number: **917-608-5582**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Chase Bank**	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, home, etc.)
Street Address: **80 US Highway 206**	Square Feet: **1,800** — # of Floors: **2** — Bldg. Age: **50**
City (5): **Stanhope**	Current Use (Prior if being demolished): **Bank**
County (6): **Sussex** — County Code (7) *USE ONLY*	
Name of Monitoring Firm Hired by Building Owner (8): **Apex** — ASCM No.	Name of Abatement Contractor (9): **Synatech, Inc.**
Street Address: **485 Route 1 South, Bldg B, Ste 130**	Street Address: **1432 Route 539**
City, State & Zip Code: **Iselin, NJ 08830**	City, State & Zip Code: **Little Egg Harbor, NJ 08087**
Project Manager for Monitoring Firm: **Eli Blum** — Telephone Number: **732-561-1048**	Telephone Number: **609-296-6916** — License Number: **00817**
Scheduled Start Date (10): **October 24,2026** — Scheduled Completion Date (11): **December 30,2026**	Name of OSHA Monitor: **Synatech, Inc.**
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Hours ☒ Other – Describe: ☐ Facility Occupied During Abatement	Street Address: **1432 Route 539** — City, State & Zip Code: **Little Egg Harbor, NJ 08087**

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥ 50 lf ☒ ≥160 sf or ≥260 lf — ☒ Renovation ☐ Demolition — ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted(*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) **TO BE ABATED** IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
2nd Floor			X	Asbestos vinyl floor tile	3,050 SF	X			
2nd Floor			X	Mastic	1,550 SF				

Name of Registered Waste Hauler: **Synatech, Inc.**	NJDEP Waste Hauler ID No.: **27429**	Cubic Yards of Waste: **6**	Name of Registered Landfill: **Fairless Landfill**
City, State: **Little Egg Harbor, NJ 08087**		Disposal Date: December 31,2026	City, State: **Morrisville, PA**
Completed By: **Erica Vanarelli**	Title: Finance/Office Executive	Signature: Erica Vanarelli	Date: **October 12, 2026**

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)
PAE Job# 26-1181

OCT 16 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/13/2026	Name of Building Owner/Operator (2): Rutgers University
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [x] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 33 Knightsbridge Road
	City, State, Zip Code: Piscataway, NJ 08854
	Name of Contact: Zaydie Cahdwick — Telephone Number: 848-202-6430

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Rutgers University - Building #8341	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 102 Nichol Avenue	
City (5): New Brunswick, NJ 08901	Square Feet: — # of Floors: — Bldg. Age: —
County (6): Middlesex — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8): EFI Global	ASCM No.	Name of Abatement Contractor (9): PAL Environmental Safety Corp. D/B/A PAL Enviro
Street Address: 701 Penhorn Avenue		Street Address: 11-02 Queens Plaza South
City, State, Zip Code: Secaucus, NJ 07094		City, State, Zip Code: Long Island City, NY 11101
Project Manager for Monitoring Firm: Danielle Schaefer — Telephone No.: 732-427-5403		Telephone No.: 718-349-0900 — License No.: 00853
Start Date (10): 10/26/2026 — Scheduled Completion Date (11): 12/26/2026		Name of OSHA Monitor: Timothy Barrett
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address: 398 Bunker Drive — City, State, Zip Code: Oceanside, NY 11572

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
3rd Floor		X		Floor Tile & Mastic	304 SF	X			
Basement		X		Mastc	20 SF	X			

Name of Registered Waste Hauler: WM Newark	NJDEP Waste Hauler ID No.: 17273	Cubic Yards of Waste: 10 Yards	Name of Registered Landfill: Fairless Landfill
City, State: Newark, NJ		Disposal Date: 10/28/2026	City, State: Morrisville, PA

Completed by: Ann A. Ali	Title: Compliance Admin	Signature:	Date: 10/13/2026

ASB-41 (R-06-08)

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 10/13/26	Name of Building Owner/Operator (2): 8103 Long Beach Blvd LLC
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 8103 Long Beach Blvd
	City, State, Zip Code: Harvey Cedars NJ 08008
	Name of Contact: Chris — Telephone Number: 609-994-7334

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): 8103 Long Beach Blvd LLC (Former Real Estate Office)	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 8103 Long Beach Blvd	
City (5): Harvey Cedars NJ 08008	Square Feet: 1200+ — # of Floors: 2 — Bldg. Age: 50+
County (6): Ocean — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Real Estate Office
Name of Monitoring Firm Hired by Building Owner (8): N/A — ASCM No.	Name of Abatement Contractor (9): Pernaco Inc.
Street Address	Street Address: PO Box 329
City, State, Zip Code	City, State, Zip Code: West Berlin NJ 08091
Project Manager for Monitoring Firm — Telephone No.	Telephone No.: 856-753-9800 — License No.: 00727
Start Date (10): 10/26/26 — Scheduled Completion Date (11): 11/13/26	Name of OSHA Monitor: Same
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____	Street Address City, State, Zip Code

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf

☐ Renovation ☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	2000 SF	x			
Exterior Roofing			x	Exterior Roofing	5500 SF	x			
Exterior Front Windows			x	Glazing	324 LF	x			

Name of Registered Waste Hauler: Mazza Recycling	NJDEP Waste Hauler ID No.: 36891	Cubic Yards of Waste: 40	Name of Registered Landfill: Fairless Hills
City, State: Tinton Falls NJ		Disposal Date: 11/13/26	City, State: Morrisville, PA, 19067

Completed by: Anthony T Perna	Title: President	Signature	Date: 10/13/26

ASB-41 (R-06-08)

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1) 10/07/2026		Name of Building Owner/Operator (2) Township of Woodbridge	
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 1 Main Street City, State, Zip Code Woodbridge NJ 07095	
		Name of Contact Patrick McSherry	Telephone Number 732-634-4500 ext 6496

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former Credit Union Bank		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 380 Berry St			
City (5) Woodbridge NJ 07095		Square Feet 6000	# of Floors 2 FLOORS Bldg. Age N/A
County (6) Middlesex	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished) Bank	

Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection Inc	ASCM No. 00030	Name of Abatement Contractor (9) Teal Management	
Street Address 120 North Warren Street		Street Address 24 Morley Drive	
City, State, Zip Code Trenton NJ 08608		City, State, Zip Code Woodland Park NJ 07424	
Project Manager for Monitoring Firm Jordan Reed	Telephone No. 609-392-4200	Telephone No. 862-243-1471	License No. 02063
Start Date (10) 10/19/2026	Scheduled Completion Date (11) 10/26/2026	Name of OSHA Monitor Teal Management	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address 24 Morley Drive City, State, Zip Code Woodland Park N 07424	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement			x	pipe insulation(wrap&cut)	1386 LF	x			
Basement			x	fitting insulation(wrap&cut)	238 LF	x			
Basement			x	breeching insulation(wrap&cut)	80 SF	x			

Name of Registered Waste Hauler Teal Management	NJDEP Waste Hauler ID No. 40229	Cubic Yards of Waste 30 CY	Name of Registered Landfill Fairless Landfill
City, State Woodland Park NJ 07424		Disposal Date 10/26/2026	City, State Morrisville PA

Completed by Tome Maslarkov	Title Project Manager	Signature	Date 10/07/2026

ASB-41 (R-06-08)

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 10-9-26	Name of Building Owner/Operator (2): MASE ENTERPRISES
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 552 LEEDS RD
	City, State, Zip Code: ABSECON N.J 08201
	Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENCE	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 111 W. BRIGANTINE AVE	Square Feet: 1500 / # of Floors: 2 / Bldg. Age: 50 +
City (5): BRIGANTINE	County Code (7) (STATE USE ONLY): / Current Use (Prior if being demolished): VACANT
County (6): ATLANTIC	
Name of Monitoring Firm Hired by Building Owner (8): N/A / ASCM No.	Name of Abatement Contractor (9): KLEMCO INC
Street Address:	Street Address: 369 S SPRUCE AVE
City, State, Zip Code:	City, State, Zip Code: MAPLE SHADE N.J 08052
Project Manager for Monitoring Firm / Telephone No	Telephone No: 856-779-0472 / License No: # 01371
Start Date (10): 10-19-26 / Scheduled Completion Date (11): 10-31-26	Name of OSHA Monitor: N/A
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:	Street Address: / City, State, Zip Code:

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf

☐ Renovation ☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
SIDING			X	TRANSITE	2000 SF	X			

Name of Registered Waste Hauler: KLEMCO INC	NJDEP Waste Hauler ID No.: 17904	Cubic Yards of Waste: 4	Name of Registered Landfill: ACUA
City, State: MAPLE SHADE N.J		Disposal Date:	City, State: PLEASANTVILLE NJ

Completed By: MICHAEL KLEMM	Title: PRES	Signature:	Date: 10-9-26

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6480 Ck# 6480

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 10-9-26

Name of Building Owner/Operator (2): STAR CONSTRUCTION INC.

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

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

Street Address: P.O. BOX 36

City, State, Zip Code: MOORESTOWN N.J 08057

Name of Contact: _____ Telephone Number: _____

FACILITY INFORMATION

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

Street Address: 826 STENTON PL

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

City (5): OCEAN CITY

Square Feet: 1500 # of Floors: 1 Bldg. Age: 50+

County (6): CAPE MAY County Code (7) (STATE USE ONLY): _____

Current Use (Prior if being demolished): VACANT

Name of Monitoring Firm Hired by Building Owner (8): N/A ASCM No.: _____

Name of Abatement Contractor (9): KLEMCO INC.

Street Address: _____

Street Address: 369 S. SPRUCE AVE

City, State, Zip Code: _____

City, State, Zip Code: MAPLE SHADE N.J 08052

Project Manager for Monitoring Firm: _____ Telephone No.: _____

Telephone No.: 856-779-0472 License No.: 13711

Start Date (10): 10-21-26 Scheduled Completion Date (11): 11-1-26

Name of OSHA Monitor: N/A.

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe: _____

Street Address: _____

City, State, Zip Code: _____

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
SIDING			X	TRANSITE	2000 SF	X			

Name of Registered Waste Hauler: KLEMCO INC. NJDEP Waste Hauler ID No.: 17904 Cubic Yards of Waste: 3 Name of Registered Landfill: C.M.C M.U.A

City, State: MAPLE SHADE N.J Disposal Date: _____ City, State: WOODBINE

Completed By: MICHAEL KLEMM Title: SUP. Signature: _____ Date: 10-9-26

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1031

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/15//2026	Name of Building Owner/Operator (2):

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

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

Street Address: 169 CUSTER AVE
City, State, Zip Code: JERSEY CITY, NJ 07305
Name of Contact:
Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): HOUSE
Street Address: 60 GARDNER AVE
City (5): JERSEY CITY
County (6): HUDSON
County Code (7) *(STATE USE ONLY)*: _____

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

Square Feet	# of Floors	Bldg. Age
1900SF	2	+50

Current Use (Prior if being demolished): HOUSE

Name of Monitoring Firm Hired by Building Owner (8):
ASCM No.:
Street Address:
City, State, Zip Code:
Project Manager for Monitoring Firm:
Telephone No.:

Name of Abatement Contractor (9): MALCO ENVIRONMENTAL LLC
Street Address: 24 LINCOLN AVE W
City, State, Zip Code: CRANFORD, NJ 07016
Telephone No.: 7325133487
License No.: 02113

Start Date (10): 10/24/2026
Scheduled Completion Date (11): 10/25/2026
Name of OSHA Monitor:
Street Address:
City, State, Zip Code:

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

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
EXTERIOR		X		SIDING	250SF	x			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
CENTURY WASTE	32797		United States
City, State		**Disposal Date**	**City, State**
623 DOWD AVE ELIZABETH, NJ 07201			MORRISVILLE, PA

Completed by	Title	Signature	Date
JENNIFER GOMES	PRESIDENT		10/15/2026

ASB-41 (R-06-08)

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/15//2026	Name of Building Owner/Operator (2):

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

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

Street Address: 169 CUSTER AVE
City, State, Zip Code: JERSEY CITY, NJ 07305
Name of Contact:
Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): HOUSE
Street Address: 307 DANFORTH AVE
City (5): JERSEY CITY
County (6): HUDSON
County Code (7) *(STATE USE ONLY)* _____

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

Square Feet	# of Floors	Bldg. Age
2100SF	2	+50

Current Use (Prior if being demolished): HOUSE

Name of Monitoring Firm Hired by Building Owner (8):
ASCM No.:
Street Address:
City, State, Zip Code:
Project Manager for Monitoring Firm:
Telephone No.:

Name of Abatement Contractor (9): MALCO ENVIRONMENTAL LLC
Street Address: 24 LINCOLN AVE W
City, State, Zip Code: CRANFORD, NJ 07016
Telephone No.: 7325133487
License No.: 02113

Start Date (10): 10/24/2026
Scheduled Completion Date (11): 10/25/2026
Name of OSHA Monitor:

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

Street Address:
City, State, Zip Code:

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

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

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
CENTURY WASTE	32797		United States
City, State: 623 DOWD AVE ELIZABETH, NJ 07201		Disposal Date	City, State: MORRISVILLE, PA

Completed by	Title	Signature	Date
JENNIFER GOMES	PRESIDENT		10/15/2026

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 10/07/2026		Name of Building Owner/Operator (2): New Jersey Natural Gas Company	
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 1415 Wyckoff Road	
		City, State, Zip Code: Wall, NJ 07719	
		Name of Contact: Xavier Robles-Giron	Telephone Number: 732-684-5198

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Abandonded Residential Properties		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: US 9 & Casino Drive			
City (5): Freehold		Square Feet: 7,000	# of Floors: 2 / Bldg. Age: 100
County (6): Monmouith	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Abandonded Residential Properties	
Name of Monitoring Firm Hired by Building Owner (8): McCabe Environmental Services, LLC	ASCM No.	Name of Abatement Contractor (9): Shade Environmental, LLC	
Street Address: 464 Valley Brook Avenue		Street Address: 623 Cutler Avenue	
City, State, Zip Code: Lyndhurst, NJ 07071		City, State, Zip Code: Maple Shade, NJ 08052	
Project Manager for Monitoring Firm: Jarred Panecki	Telephone No.: 800-423-0766	Telephone No.: 856-755-0099	License No.: 00842
Start Date (10): 10/21/2026	Scheduled Completion Date (11): 11/27/2026	Name of OSHA Monitor: EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: 200 Route 130 North	
		City, State, Zip Code: Cinnaminson, NJ 08077	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
12 Structures			X	All Building Materials	7,500 SF	X			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 300	Name of Registered Landfill: Fairless Landfill
City, State: Freehold, NJ		Disposal Date: 11/27/2026	City, State: Morrisville, PA

Completed by: Samantha Brown	Title: Operations Manager	Signature:	Date: 10/07/2026

ASB-41 (R-06-08)

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/14/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☒ Amended Amendment # 1 ☐ Emergency (including justification) ☐ Cancellation
Street Address: 1300 Bear Tavern Road	
City, State, Zip Code: Titusville, NJ 08560	
Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 25 Elm Ridge Road			
City (5): Pennington		Square Feet: 2,800	# of Floors: 2 / Bldg. Age: 276
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): 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): 10/13/2026	Scheduled Completion Date (11): 10/23/2026	Name of OSHA Monitor: EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe:		Street Address: 200 Route 130 North	
		City, State, Zip Code: Cinnaminson, NJ 08077	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
2nd Floor Smaller Bedroom			X	Plaster	343 SF	X			
2nd Floor Larger Bedroom			X	Plaster	696 SF	X			
2nd Floor Smaller Bedroom			X	Exterior Window Glazing	84 LF	X			
2nd Floor Larger Bedroom			X	Exterior Window Glazing	56 LF	X			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 30	Name of Registered Landfill: Fairless Landfill
City, State: Freehold, NJ		Disposal Date: 10/23/2026	City, State: Morrisville, PA

Completed by: Samantha Brown	Title: Operations Manager	Signature: Samantha Brown	Date: 10/14/2026

ASB-41 (R-06-08)

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

OCT 20 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10-12-26	Name of Building Owner/Operator (2): RYAN DEVELOPMENT GROUP
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation	Street Address: 3283 DUNE DR
	City, State, Zip Code: AVALON NJ 08202
	Name of Contact: — Telephone Number: —

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENCE	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 9214 2ND AVE.	Square Feet: 1500 # of Floors: 2 Bldg. Age: 50 +
City (5): STONE HARBOR	
County (6): CAPE MAY County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished): VACANT
Name of Monitoring Firm Hired by Building Owner (8): N/A ASCM No.:	Name of Abatement Contractor (9): KLEMCO INC
Street Address:	Street Address: 369 S. SPRUCE AVE
City, State, Zip Code:	City, State, Zip Code: MAPLE SHADE NJ 08052
Project Manager for Monitoring Firm: Telephone No.:	Telephone No.: 856-779-0472 License No.: 13371
Start Date (10): 10-24-26 Scheduled Completion Date (11): 11-4-26	Name of OSHA Monitor: N/A
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:	Street Address: City, State, Zip Code:

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
SIDING			X	TRANSITE	2000 SF	X			

Name of Registered Waste Hauler: KLEMCO INC	NJDEP Waste Hauler ID No.: 17904	Cubic Yards of Waste: 5	Name of Registered Landfill: CMCMUA
City, State: MAPLE SHADE N.J 08052		Disposal Date:	City, State: WOODBINE NJ
Completed By: MICHAEL KLEMM	Title: PRES.	Signature:	Date: 10-12-26

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OCT 20 2026
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 10-12-26	Name of Building Owner/Operator (2): JIM BERGER
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 120 E 9TH AVE
	City, State, Zip Code: N. WILDWOOD
	Name of Contact: _____ Telephone Number: _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENCE	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 120 E 9TH AVE	
City (5): N. WILDWOOD	Square Feet: 1500 # of Floors: 2 Bldg. Age: 50 +
County (6): CAPE MAY County Code (7) (STATE USE ONLY): _____	Current Use (Prior if being demolished): VACANT
Name of Monitoring Firm Hired by Building Owner (8): N/A ASCM No.: _____	Name of Abatement Contractor (9): KLEMCO INC
Street Address: _____	Street Address: 369 S. SPRUCE AVE
City, State, Zip Code: _____	City, State, Zip Code: MAPLE SHADE NJ 08052
Project Manager for Monitoring Firm: _____ Telephone No.: _____	Telephone No.: 856-779-0472 License No.: 13371
Start Date (10): 10-23-26 Scheduled Completion Date (11): 11-3-26	Name of OSHA Monitor: N/A
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____	Street Address: _____ City, State, Zip Code: _____

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
SIDING			X	TRANSITE	1500 SF	X			

Name of Registered Waste Hauler: KLEMCO INC	NJDEP Waste Hauler ID No.: 17904	Cubic Yards of Waste: 5	Name of Registered Landfill: CMC MUA
City, State: MAPLE SHADE N.J 08052		Disposal Date: _____	City, State: WOODBINE NJ

Completed By	Title	Signature	Date
MICHAEL KLEMM	PRES.		10-12-26

ASB-41

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