1022

PAID

RECEIVED

FEB 12 2026

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 2/6/2026	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: 148 Berkshire Road	
City, State, Zip Code: Hasbrouck Heights, NJ 07604	
Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 148 Berkshire Road	
City (5): Hasbrouck Heights	Square Feet: # of Floors: Bldg. Age:
County (6): Bergen	County Code (7) (STATE USE ONLY): _____ Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): 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): 2/16/2026	Scheduled Completion Date (11): 2/20/2026	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)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement			X	VAT & mastic	1,350sf	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: 2/6/2026

ASB-41 (R-06-08)

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

11071

PAID

RECEIVED Print Form

FEB 12 2026

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1) 1//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 71 White Medow Rd	
		City, State, Zip Code Rockaway NJ 07866	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private Dwelling		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 71 White Medow Rd			
City (5) Rockaway NJ 07866		Square Feet N/A	# of Floors N/A
			Bldg. Age N/A
County (6) Morris	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished) Private Dwelling	

Name of Monitoring Firm Hired by Building Owner (8) Iris Lab	ASCM No. 0004	Name of Abatement Contractor (9) Teal Management	
Street Address 2333 US-22		Street Address 24 Morley Drive	
City, State, Zip Code Union NJ 07083		City, State, Zip Code Woodland Park NJ 07424	
Project Manager for Monitoring Firm RickEustaquio	Telephone No. 908-206-0073	Telephone No. 862-243-1471	License No. 02063
Start Date (10) 2/9/2026	Scheduled Completion Date (11) 2/11/2026	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 24MorleyDrive	
		City, State, Zip Code Woodland Park NJ 07424	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
Bedroom 1			x	VAT	110 SF	X			
Bedroom 2 & Closet			x	VAT	110 SF	x			

Name of Registered Waste Hauler Teal Management	NJDEP Waste Hauler ID No. 40229	Cubic Yards of Waste 4 CY	Name of Registered Landfill Fairless Hills Landfill
City, State Woodland Park NJ 07424		Disposal Date 2/11/2026	City, State Morrisville PA

Completed by Tome Maslarkov	Title ProjectManager	Signature	Date 1/31/2026

Do not use this form for asbestos licensure exempted activities.

Ck# 6365

PAID

RECEIVED

FEB 12 2026

ASBESTOS CONTROL & LICENSING

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1): 2-5-26

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: BOB

Telephone Number:

FACILITY INFORMATION

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

Street Address: 1100 SHERIDAN BLVD

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

City (5): BRIGANTINE

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: 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): 2-15-26 Scheduled Completion Date (11): 2-25-26

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	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: ACUA

City, State: MAPLE SHADE N.J

Disposal Date:

City, State: PLEASANTVILLE

Completed By: MICHAEL KLEMM

Title: PRES

Signature:

Date: 2-5-26

ASB-41

* Do not use this form for asbestos licensure exempted activities

1736

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

RECEIVED
FEB 17 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 2/6/2026	Name of Building Owner/Operator (2): JPN ON THE MOVE LLC
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 12-23 Fairclough Pl
	City, State, Zip Code: Fair Lawn
	Name of Contact: Christian Sifuentes — Telephone Number: 480-390-4090

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Private Residential	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 49 Union St,	
City (5): CLOSTER — Square Feet: — # of Floors: — Bldg. Age:	
County (6): Bergen — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8): — ASCM No.:	Name of Abatement Contractor (9): MKD Property Maintenance LLC
Street Address:	Street Address: 105 Van Riper Avenue
City, State, Zip Code:	City, State, Zip Code: Clifton NJ 07011
Project Manager for Monitoring Firm: — Telephone No.:	Telephone No.: 201/899/9008 — License No.: 01336
Start Date (10): 2/19/2026 — Scheduled Completion Date (11): 3/1/2026	Name of OSHA Monitor: Empire Environmental 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: 150 River Rd, F4 — City, State, Zip Code: Montville NJ

Scope of 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- bedroom		X		Vinyl asbestos tile	52 SF	x			
2nd Floor Bedroom		X		Mastic	52 SF	x			
1st Floor Living Romm		X		ACM DUCT INSULATION	48LF	x			

Name of Registered Waste Hauler: MKD Property Maintenance LLC	NJDEP Waste Hauler ID No.: 003791	Cubic Yards of Waste: N/A	Name of Registered Landfill: Fairless Landfill
City, State: Clifton NJ 07011		Disposal Date: N/A	City, State: Morrisvilee PA 19067

Completed by: Darko Raloski	Title: Owner	Signature	Date: 2/6/2026

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

1372

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

PAID

RECEIVED
FEB 17 2026
ASBESTOS CONTROL & LICENSING

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

Agencies Notified	Type Notification	Street Address
[x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	[x] Initial [ ] Amended Amendment #_____ [x] Emergency (including justification) [ ] Cancellation	32 WILLIAM ST
		City, State, Zip Code: METUCHEN, NJ 08840
		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) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 32 WILLIAM ST	

City (5)	Square Feet	# of Floors	Bldg. Age
METUCHEN	2000	2	+50

County (6)	County Code (7) *(STATE USE ONLY)*	Current Use (Prior if being demolished)
MIDDLESEX	_____	RESIDENTIAL

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
		MALCO ENVIRONMENTAL LLC
Street Address		Street Address: 24 LINCOLN AVE W
City, State, Zip Code		City, State, Zip Code: CRANFORD, NJ 07016
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 732-513-3487 / License No.: 02113

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
02/15/2026	02/17/2026	

Occupancy Status During Abatement (Check Only One)	Street Address
[x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____	City, State, Zip Code

Scope of Work (Check All That Apply)

- [ ] ≥3 sf or ≥3 lf
- [ ] ≥160 sf or ≥260 lf
- [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
ATTIC		X		VERMICULITE	500SF	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		2/10/2026

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

1373

PAID

RECEIVED

FEB 17

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 02/10/2026	Name of Building Owner/Operator (2): 74-78 MARKET ST LLC
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 64-66 MARKET ST City, State, Zip Code: MORRISTON, NJ 07960 Name of Contact: FILIPE MARQUES Telephone Number: 9084511093

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENTIAL HOUSE Street Address: 74 MARKET ST			Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
City (5): MORRISTOWN		Square Feet: 25000	# of Floors: 2 / Bldg. Age: +50
County (6): MORRIS	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished): RESIDENTIAL

Name of Monitoring Firm Hired by Building Owner (8)	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.: 732-513-3487	License No.: 02113
Start Date (10): 02/19/2026	Scheduled Completion Date (11): 03/05/2026	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
[x] Full Containment with Negative Pressure
[x] 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
FIRST FLOOR KITCHEN		X		FLOOR TILES	150SF	X			
FIRST FLOOR FRONT ROOM		X		WALL COMPOSITE	55SF	X			
BASEMENT		X		PIPE INSULATION	10LF	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: 2/10/2026

ASB-41 (R-06-08)

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

1373

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

RECEIVED
FEB 17 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 02/10/2026	Name of Building Owner/Operator (2): 74-78 MARKET ST LLC
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [x] Emergency (including justification) [ ] Cancellation
	Street Address: 64-66 MARKET ST
	City, State, Zip Code: MORRISTON, NJ 07960
	Name of Contact: FILIPE MARQUES — Telephone Number: 9084511093

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: 74 MARKET ST			
City (5): MORRISTOWN	Square Feet: 1000	# of Floors: 1	Bldg. Age: +50
County (6): MORRIS	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished): RESIDENTIAL

Name of Monitoring Firm Hired by Building Owner (8)	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.: 732-513-3487	License No.: 02113
Start Date (10): 02/19/2026	Scheduled Completion Date (11): 03/01/2026	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
[ ] 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
EXTERIOR		X		TRANSITE BOARDS	2000SF	X			

Name of Registered Waste Hauler: CENTURY WASTE	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste	Name of Registered Landfill: UNITED STATES
City, State: 623 DOWD AVE ELIZABETH, NJ 07201		Disposal Date	City, State: MORRISVILLE, PA

Completed by: JENNIFER GOMES	Title: PRESIDENT	Signature	Date: 2/10/2026

ASB-41 (R-06-08)

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

1373

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

PAID RECEIVED FEB 17 2026 ASBESTOS CONTROL & LICENSING

Date of Notification (1): 02/10/2026	Name of Building Owner/Operator (2): 74-78 MARKET ST LLC
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 64-66 MARKET ST
	City, State, Zip Code: MORRISTON, NJ 07960
	Name of Contact: FILIPE MARQUES — Telephone Number: 9084511093

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): GARAGE	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 76-78 MARKET ST	
City (5): MORRISTOWN	Square Feet: 900 — # of Floors: 1 — Bldg. Age: +50
County (6): MORRIS — 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.: 732-513-3487 — License No.: 02113
Start Date (10): 02/19/2026 — Scheduled Completion Date (11): 03/05/2026	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		ROOF	800SF	x			
EXTERIOR		X		CAULKING	120LF	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: 2/10/2026

ASB-41 (R-06-08)

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

1711

PAID

Print Form

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

RECEIVED
FEB 17 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
2/7/2026	Heritage Homes

Agencies Notified	Type Notification	Street Address
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	13 Wetmore Dr
		City, State, Zip Code: Denville NJ 07836
		Name of Contact: Frank Mariconda / Telephone Number: 973-886-3076

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Private Residential	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 97 Kimball Ave,	

City (5)	Square Feet	# of Floors	Bldg. Age
Livingston			

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)
		MKD Property Maintenance LLC
Street Address		Street Address: 105 Van Riper Avenue
City, State, Zip Code		City, State, Zip Code: Clifton NJ 07011
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201/899/9008 / License No.: 01336

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
2/21/2026	2/26/2026	Empire Environmental LLC

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: _____	150 River Rd, F4 City, State, Zip Code: Montville NJ

Scope of 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		ACM Transite	207 SF	x			
Ground Floor, Bedroom 1,2,3 & Hallway		X		Vinyl asbestos tile	256 SF	x			
Interior- boiler room		X		transite board	124LF	x			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
MKD Property Maintenance LLC	003791	N/A	Fairless Landfill
City, State: Clifton NJ 07011		Disposal Date: N/A	City, State: Morrisvilee PA 19067

Completed by	Title	Signature	Date
Darko Raloski	Owner		2/7/2026

ASB-41 (R-06-08)

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

1337

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

PAID RECEIVED NOV 12 2025 ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/31/2025	Name of Building Owner/Operator (2): DGS STRATEGIES ACQUISITION LLC
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [x] DCA Type Notification: [x] Initial [ ] Amended [ ] Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 2031 PLEASANT PARKWAY
	City, State, Zip Code: Union, NJ 07083
	Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): 2031 PLEASANT PARKWAY	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 2032 PLEASANT PARKWAY	
City (5): UNION	Square Feet: 1000 / # of Floors: 2 / Bldg. Age: +50
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) / ASCM No.	Name of Abatement Contractor (9): Malco Environmental LLC
Street Address	Street Address: 339 Lafayette St
City, State, Zip Code	City, State, Zip Code: Newark, NJ 07105
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 5133487 / License No.: 02113
Start Date (10): 11/09/2025 / Scheduled Completion Date (11): 11/10/2025	Name of OSHA Monitor
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [x] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____	Street Address / City, State, Zip Code

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
BEDROOM		x		FLOOR TILE	25SF	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: 10/31/2025

ASB-41 (R-06-08)

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

000265

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

PAID

RECEIVED
FEB 17 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 02/09/2026	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: 47 Plum St

City, State, Zip Code: New Brunswick NJ 08873

Name of Contact: | Telephone Number:

FACILITY INFORMATION

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

Street Address: 47 Plum St

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

City (5): New Brunswick | Square Feet: | # of Floors: | Bldg. Age: +50

County (6): Middlesex | County Code (7) *(STATE USE ONLY)*: _____ | Current Use (Prior if being demolished):

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

Name of Abatement Contractor (9): United Demo LLC

Street Address: | Street Address: 143 Acme St

City, State, Zip Code: | City, State, Zip Code: Elizabeth NJ 07202

Project Manager for Monitoring Firm: | Telephone No.: | Telephone No.: 862-218-3930 | License No.: 02045

Start Date (10): 02/20/2026 | Scheduled Completion Date (11): 02/21/2026

Name of OSHA Monitor: United Demo LLC

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

Street Address: 143 Acme St

City, State, Zip Code: Elizabeth NJ 07202

Scope of Work (Check All That Apply)
- [x] ≥3 sf or ≥3 lf
- [ ] ≥160 sf or ≥260 lf
- [x] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [x] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-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	150 LF	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
United Demo LLC	0040986	As Needed	Fairless Landfill
City, State: Elizabeth NJ		Disposal Date: TBD	City, State: Morrisville PA

Completed by	Title	Signature	Date
Jose N Rosas	Manager		02/09/2026

ASB-41 (R-06-08)

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

0002644

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

RECEIVED
FEB 17 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 02/07/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation
Street Address: 15-19 Belair Ave	
City, State, Zip Code: Fair Lawn NJ 07410	
Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential Home	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 15-19 Belair Ave	
City (5): Fair Lawn	Square Feet: / # of Floors: / Bldg. Age: +50
County (6): Bergen	County Code (7) *(STATE USE ONLY)* _____ / Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Building Owner (8): Lawal Environmental LLC	ASCM No.	Name of Abatement Contractor (9): United Demo LLC	
Street Address: 55 East Mosholu Pkway N Suite 3 G		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): 02/09/2026	Scheduled Completion Date (11): 02/11/2026	Name of OSHA Monitor: United Demo 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: 143 Acme St / City, State, Zip Code: Elizabeth NJ 07202	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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 and Mastic	490 Sf	X			

Name of Registered Waste Hauler: United Demo LLC	NJDEP Waste Hauler ID No.: 0040986	Cubic Yards of Waste: As Needed	Name of Registered Landfill: Fairless Landfill
City, State: Elizabeth NJ		Disposal Date: TBD	City, State: Morrisville PA

Completed by: Jose N Rosas	Title: Manager	Signature:	Date: 02/07/2026

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

10418

PAID

RECEIVED

FEB 17

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 2/13/26	Name of Building Owner/Operator (2):
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: 237 N 2nd St	
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: 237 N 2nd St			
City (5): Surf City NJ 08008		Square Feet: 8000	# 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): 2/23/26	Scheduled Completion Date (11): 2/27/26	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				Exterior Siding	1200 SF	X			

Name of Registered Waste Hauler: Pernaco Inc	NJDEP Waste Hauler ID No.: 21787	Cubic Yards of Waste: 3	Name of Registered Landfill: Fairless Hills
City, State: W Berlin NJ		Disposal Date: 2/27/26	City, State: Morrisville PA 19067

Completed by: Anthony T Perna	Title: President	Signature:	Date: 2/13/26

ASB-41 (R-06-08)

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

1394

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

RECEIVED
Checks #
FEB 17
ASBESTOS CONTROL & LICENSING

Date of Notification (1): January 20, 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: 20 S. Essex Avenue	Square Feet: 2000 / # of Floors: 1 / Bldg. Age: 50
City (5): Margate City	Current Use (Prior if being demolished): Bank
County (6): Atlantic / 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): January 31,2026 / Scheduled Completion Date (11): February 15,2026	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
Storage Room			x	Mastic	210 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: February 16, 2026	City, State: Morrisville, PA
Completed By: Erica Vanarelli	Title: Finance/Office Executive	Signature: Erica Vanarelli	Date: January 20, 2026

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

Print Form

Not# 55054401904

PAID

RECEIVED

FEB 17

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 02/11/2026	Name of Building Owner/Operator (2): Jon Puzo
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA Type Notification: [x] Initial [ ] Amended Amendment #_____ [x] Emergency (including justification) [ ] Cancellation	Street Address: 4 Garfield Ave City, State, Zip Code: Hawthorne, NJ 07506 Name of Contact: Jon Puzo — Telephone Number: (973) 423-2288

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Puzo's Family Restaurant			Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 4 Garfield Ave			
City (5): Hawthorne	Square Feet: 5000+	# of Floors: 2	Bldg. Age: 38
County (6): Passaic	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished): Hospitality

Name of Monitoring Firm Hired by Building Owner (8): Atlas Technical	ASCM No.	Name of Abatement Contractor (9): Spes Contracting LLC	
Street Address: 3 Terri Lane		Street Address: 59 Beaverbrook Rd. Ste 302 E	
City, State, Zip Code: Burlington, NJ 08016		City, State, Zip Code: Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm: Adrienne Kee	Telephone No.: (401) 741-2183	Telephone No.: (973)-807-6330	License No.: 01383
Start Date (10): 02/12/2026	Scheduled Completion Date (11): 02/20/2026	Name of OSHA Monitor: Spes Contracting LLC	
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: Occupied		Street Address: 59 Beaverbrook Rd. Ste 302 E City, State, Zip Code: Lincoln Park, NJ 07035	

Scope of Work (Check All That Apply)

- [ ] ≥3 sf or ≥3 lf
- [x] ≥160 sf or ≥260 lf
- [x] Renovation
- [ ] Demolition
- [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
2nd Floor - Banquet Room		x		VAT Removal	400 SF	x			

Name of Registered Waste Hauler: Spes Contracting LLC	NJDEP Waste Hauler ID No.: 0038075	Cubic Yards of Waste: 20	Name of Registered Landfill: Tri State Transfer & Associates
City, State: Lincoln Park, NJ		Disposal Date: TBD	City, State: Bronx, NY

Completed by: Branislav Pavlov	Title: General Manager	Signature	Date: 02/11/2026

ASB-41 (R-06-08)

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

Print Form

3484

PAID

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

RECEIVED
Check 3484
FEB 12 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
01/29/2026	

Agencies 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	270 US-46 Mine Hill Township, NJ 07803		

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: 270 US-46	

City (5)	Square Feet	# of Floors	Bldg. Age
Mine Hill Township, NJ 07803	2,175	1	TBD

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

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
02/07/2026	02/13/2026	

Occupancy Status During Abatement (Check Only One)	Street Address / City, State, Zip Code
☒ 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
Exterior		x		window caulk	202 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: 02/13/2026	City, State: Pen Argyl, PA

Completed by	Title	Signature	Date
Lubica Perez	Owner	Lubica Perez	01/29/2026

ASB-41 (R-06-08)

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

3502

PAID

Print Form

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

RECEIVED
Check 3502

Date of Notification (1) 01/30/2026		Name of Building Owner/Operator (2) FEB 12 2026
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended ☐ Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 18 Milosh St City, State, Zip Code Clifton, NJ 07011 ASBESTOS CONTROL & LICENSING 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 18 Milosh St			
City (5) Clifton, NJ 07011	Square Feet 1,700	# of Floors 2	Bldg. Age 1922
County (6) Passaic	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC	
Street Address		Street Address 75 Voorhis Place	
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201- 466-0166	License No. 02126
Start Date (10) 02/09/2026	Scheduled Completion Date (11) 02/16/2026	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 back bedroom		x		tile & mastic	90 SF	x			
Basement back hall & 2 closets		x		tile & mastic	90 SF	x			
Basement right center room		x		ceramic tile & 9x9 tile	80 SF	x			
Front Wood shop		x		tile & mastic	130 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 02/16/2026	City, State Pen Argyl, PA

Completed by Lubica Perez	Title Owner	Signature *Lubica Perez*	Date 01/30/2026

ASB-41 (R-06-08)

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

3488

Print Form

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

PAID
Check 3488

RECEIVED
FEB 12 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 01/31/2026	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: 62 Springside Rd
City, State, Zip Code: Westampton Township, NJ 08060
Name of Contact:
Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential
Street Address: 62 Springside Rd
City (5): Westampton Township, NJ 08060
County (6): Burlington
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
2,552	1	1800

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): 02/10/2026
Scheduled Completion Date (11): 02/17/2026
Name of OSHA Monitor:

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

Street Address:
City, State, Zip Code:

Scope of Work (Check All That Apply)
- [ ] ≥3 sf or ≥3 lf
- [x] ≥160 sf or ≥260 lf
- [ ] Renovation
- [x] Demolition
- [ ] 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		cement siding	1,200 SF	x			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Century Waste Services	32797	10	Grand Central Sanitary Landfill

City, State	Disposal Date	City, State
Elizabeth, NJ	02/17/2026	Pen Argyl, PA

Completed by	Title	Signature	Date
Lubica Perez	Owner	Lubica Perez	01/31/2026

ASB-41 (R-06-08)

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

3489

PAID

Print Form

RECEIVED
Check 3489
FEB 12 2026
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 01/31/2026	Name of Building Owner/Operator (2): Weiss Properties
Agencies Notified: [ ] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended [ ] Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 352 George St
	City, State, Zip Code: New Brunswick, NJ 08901
	Name of Contact: Raphael Rodrigues, NJ Abaters — Telephone Number: 908-332-3850

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Historic former bank	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 352 George St	
City (5): New Brunswick, NJ 08901	Square Feet: TBD — # of Floors: 3 — Bldg. Age: 1920
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): 02/11/2026 — Scheduled Completion Date (11): 02/27/2026	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 wrap & 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
Basement		x		pipe insulation	400 LF				
Main Floor		x		pipe insulation	6 LF				
Mezzanine		x		pipe insulation	70 LF	x			
Mezzanine		x		transite from the 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: 02/27/2026	City, State: Pen Argyl, PA

Completed by: Lubica Perez	Title: Owner	Signature: Lubica Perez	Date: 01/31/2026

ASB-41 (R-06-08)

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

3486

Print Form

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

PAID Check 3486

RECEIVED FEB 12 2026 ASBESTOS CONTROL & LICENSING

Date of Notification (1): 02/03/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation
Street Address: 415 Carlton Ave	
City, State, Zip Code: Piscataway, NJ 08854	
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: 415 Carlton Ave	
City (5): Piscataway, NJ 08854	Square Feet: 1,884 / # of Floors: 2 / Bldg. Age: 1974
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): 02/04/2026 / Scheduled Completion Date (11): 02/11/2026	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 Family Room		x		floor tile	235 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: 02/11/2026	City, State: Pen Argyl, PA
Completed by: Lubica Perez	Title: Owner	Signature: Lubica Perez	Date: 02/03/2026

ASB-41 (R-06-08)

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

3491

Print Form

PAID

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

Check 3491

RECEIVED
FEB 12 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 02/04/2026	Name of Building Owner/Operator (2): Bernards Township
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended [ ] Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 262 S Finley Ave
	City, State, Zip Code: Basking Ridge, NJ 07920
	Name of Contact: Matthew Horten, Wm H. Yeomans, Inc. — Telephone Number: 973-228-2995

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Bernards Township Health Department	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 262 S Finley Ave	
City (5): Basking Ridge, NJ 07920	Square Feet: 2,822 — # of Floors: 2 — Bldg. Age: 1913
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): 02/13/2026	Scheduled Completion Date (11): 02/20/2026	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
Stairwell		x		wall plaster	16 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: 02/20/2026	City, State: Pen Argyl, PA

Completed by: Lubica Perez	Title: Owner	Signature: Lubica Perez	Date: 02/04/2026

ASB-41 (R-06-08)

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

Print Form

3487

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

PAID

RECEIVED
Check 3487

FEB 12 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 02/04/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☐ Initial ☐ Amended ☐ Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	Street Address: 21 Bristol Rd City, State, Zip Code: Piscataway, NJ 08854 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: 21 Bristol Rd			
City (5): Piscataway, NJ 08854	Square Feet: 1,908	# of Floors: 1	Bldg. Age: 1976
County (6): Middlesex	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): VEL Construction, LLC	
Street Address		Street Address: 75 Voorhis Place	
City, State, Zip Code		City, State, Zip Code: Ringwood NJ 07456	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201- 466-0166	License No.: 02126
Start Date (10): 02/05/2026	Scheduled Completion Date (11): 02/12/2026	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 office & Laundry room		x		floor tile & mastic	188 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: 02/12/2026	City, State: Pen Argyl, PA

Completed by: Lubica Perez	Title: Owner	Signature: *Lubica Perez*	Date: 02/04/2026

ASB-41 (R-06-08)

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

3511

Print Form

PAID

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

Check 3511

RECEIVED
FEB 12 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
02/06/2026	

Agencies Notified	Type Notification	Street Address
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	220 Evergreen Ct
		City, State, Zip Code: Mountainside, NJ 07092
		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: 220 Evergreen Ct	

City (5)	Square Feet	# of Floors	Bldg. Age
Mountainside, NJ 07092	1,306	2	1930

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

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
02/07/2026	02/14/2026	

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

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Living room		x		ceiling plaster	380 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: 02/14/2026	City, State: Pen Argyl, PA

Completed by	Title	Signature	Date
Lubica Perez	Owner	Lubica Perez	02/06/2026

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

3492

Print Form

PAID

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

RECEIVED
Check 3492

Date of Notification (1) 02/05/2026	Name of Building Owner/Operator (2) – FEB 12 2026
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended ☐ Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address 47 Northview Ave ASBESTOS CONTROL & LICENSING	
City, State, Zip Code Montclair, NJ 07043	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 47 Northview Ave			
City (5) Montclair, NJ 07043		Square Feet 2,107	# of Floors 1
			Bldg. Age 1920
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) 02/23/2026	Scheduled Completion Date (11) 03/02/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address City, State, Zip Code	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) 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	75 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 03/02/2026	City, State Pen Argyl, PA

Completed by Lubica Perez	Title Owner	Signature *Lubica Perez*	Date 02/05/2026

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

3483

PAID

Print Form

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

RECEIVED
Check 3483

Date of Notification (1)	Name of Building Owner/Operator (2)
01/28/2026	FEB 12 2026

Agencies Notified	Type Notification	Street Address
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended ☐ Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	31 Ormont Rd
		City, State, Zip Code Chatham Township, NJ 07928
		Name of Contact / Telephone Number

ASBESTOS CONTROL & LICENSING

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 31 Ormont Rd	

City (5)	Square Feet	# of Floors	Bldg. Age
Chatham Township, NJ 07928	1,665	1	1950

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

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
02/06/2026	02/13/2026	

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

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
Roofing		x		upper roof	800 SF	x			
Roofing		x		lower roof	400 SF	x			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Century Waste Services	32797	10	Grand Central Sanitary Landfill
City, State Elizabeth, NJ		Disposal Date 02/13/2026	City, State Pen Argyl, PA

Completed by	Title	Signature	Date
Lubica Perez	Owner	Lubica Perez	01/28/2026

ASB-41 (R-06-08)

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

3500

PAID

RECEIVED

Print Form

Check 3500

FEB 12 2026

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 01/29/2026	Name of Building Owner/Operator (2): SBF Development, LLC
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [ ] Initial [ ] Amended [ ] Amendment #_____ [X] Emergency (including justification) [ ] Cancellation
	Street Address: 85 Washington St
	City, State, Zip Code: East Orange, NJ 07017
	Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential - Apartment 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: 85 Washington St			
City (5): East Orange, NJ 07017	Square Feet: TBD	# of Floors: 6	Bldg. Age: 1930
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): 01/31/2026	Scheduled Completion Date (11): 02/14/2026	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
Please see attached									

Name of Registered Waste Hauler: Century Waste Services	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: 5	Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 02/14/2026	City, State: Pen Argyl, PA

Completed by: Lubica Perez	Title: Owner	Signature: Lubica Perez	Date: 01/29/2026

ASB-41 (R-06-08)

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

3499

Print Form

PAID

RECEIVED
Check 3499

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

FEB 12 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 01/27/2026		Name of Building Owner/Operator (2):	
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	Street Address: 5 Dill Ct	
		City, State, Zip Code: Edison, NJ 08817	
		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 Dill Ct			
City (5): Edison, NJ 08817		Square Feet: 1,900	# of Floors: 1 / Bldg. Age: 1951
County (6): Middlesex	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): VEL Construction, LLC	
Street Address		Street Address: 75 Voorhis Place	
City, State, Zip Code		City, State, Zip Code: Ringwood NJ 07456	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201- 466-0166	License No.: 02126
Start Date (10): 01/28/2026	Scheduled Completion Date (11): 02/04/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address / City, State, Zip Code	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Kitchen, LR, Hallway, Laundry room		x		floor tile & mastic	351 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: 02/04/2026	City, State: Pen Argyl, PA

Completed by: Lubica Perez	Title: Owner	Signature: Lubica Perez	Date: 01/27/2026

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

3485

Print Form

PAID

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

RECEIVED
Check 3485
FEB 12 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 01/30/2026		Name of Building Owner/Operator (2)
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 901 Greenville Rd City, State, Zip Code Wantage, NJ 07461 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 901 Greenville Rd			
City (5) Wantage, NJ 07461		Square Feet TBD	# of Floors 1 / Bldg. Age 1950
County (6) Sussex	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) 02/10/2026	Scheduled Completion Date (11) 02/17/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address City, State, Zip Code	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Kitchen		x		ceiling	60 SF	x			
Kitchen		x		walls	140 SF	x			
Bedroom #2		x		ceiling	100 SF	x			
Bedroom #2		x		walls	280 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 02/17/2026	City, State Pen Argyl, PA

Completed by Lubica Perez	Title Owner	Signature Lubica Perez	Date 01/30/2026

ASB-41 (R-06-08)

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

3501

Print Form

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

PAID Check 3501

RECEIVED FEB 12 2026 ASBESTOS CONTROL & LICENSING

Date of Notification (1): 01/29/2026	Name of Building Owner/Operator (2): Tom Krutis Excavating Inc
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 4200 Tremley Point Rd
	City, State, Zip Code: Linden, NJ 07036
	Name of Contact: Tom Krutis — Telephone Number: (908) 925-6967

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Industrial	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 4200 Tremley Point Rd	
City (5): Linden, NJ 07036	Square Feet: TBD — # of Floors: 1 — Bldg. Age: TBD
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): 02/09/2026 — Scheduled Completion Date (11): 02/16/2026	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
- [ ] 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		exterior tape/tar wrap from pipes	100 LF	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: 02/16/2026	City, State: Pen Argyl, PA

Completed by: Lubica Perez	Title: Owner	Signature: Lubica Perez	Date: 01/29/2026

ASB-41 (R-06-08)

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

3456

Print Form

PAID

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

RECEIVED
Check 3456

Date of Notification (1) 01/29/2026		Name of Building Owner/Operator (2) FEB 12 2026
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	Street Address 69 Nassau St City, State, Zip Code Clark, NJ 07066 ASBESTOS CONTROL & LICENSING
		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 69 Nassau St			
City (5) Clark, NJ 07066	Square Feet 1,220	# of Floors 1	Bldg. Age 1961
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) 01/30/2026	Scheduled Completion Date (11) 02/06/2026	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		x		floor tile	243 sf	x			
Basement		x		mastic	732 sf	x			
Basement		x		glued down carpet	132 sf	x			
Basement		x		paneling	101 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 02/06/2026	City, State Pen Argyl, PA

Completed by Lubica Perez	Title Owner	Signature *Lubica Perez*	Date 01/29/2026

ASB-41 (R-06-08)

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

3490

Print Form

PAID

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

RECEIVED
Check 3490

FEB 12 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
01/30/2026	

Agencies Notified	Type Notification	Street Address
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	2311 Ludlow St
		City, State, Zip Code: Rahway, NJ 07065
		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: 2311 Ludlow St	

City (5)	Square Feet	# of Floors	Bldg. Age
Rahway, NJ 07065	1,345	1	1970

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

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
01/31/2026	02/07/2026	

Occupancy Status During Abatement (Check Only One)	Street Address / City, State, Zip Code
☒ 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		floor tile	534 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: 02/07/2026	City, State: Pen Argyl, PA

Completed by	Title	Signature	Date
Lubica Perez	Owner	Lubica Perez	01/30/2026

ASB-41 (R-06-08)

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

3449

CORRECTED

Print Form

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

Check 3449

RECEIVED

PAID

FEB 12 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 01/16/2026		Name of Building Owner/Operator (2)	
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	Street Address 220 Oakland Rd	
		City, State, Zip Code Maplewood, NJ 07040	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 220 Oakland Rd			
City (5) Maplewood, NJ 07040		Square Feet 2,661	# of Floors 2
			Bldg. Age 1927
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) 01/17/2026	Scheduled Completion Date (11) 01/24/2026	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 ceiling		x		pipe wrap	70 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 01/24/2026	City, State Pen Argyl, PA

Completed by Lubica Perez	Title Owner	Signature *Lubica Perez*	Date 01/16/2026

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

34139

Print Form

PAID

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

RECEIVED
Check 3439

FEB 12 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
01/16/2026	

Agencies Notified	Type Notification	Street Address
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	133 Summit Ave
		City, State, Zip Code: Summit, NJ 07901
		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: 133 Summit Ave, Apt. 21	

City (5)	Square Feet	# of Floors	Bldg. Age
Summit, NJ 07901	950	1	1924

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

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.	License No.
		201- 466-0166	02126

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
01/26/2026	02/06/2026	

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

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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 2nd Floor Apartment		x		kitchen walls & ceiling	300 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: 02/06/2026	City, State: Pen Argyl, PA

Completed by	Title	Signature	Date
Lubica Perez	Owner	Lubica Perez	01/16/2026

ASB-41 (R-06-08)

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

Print Form

3438

PAID

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

Check 3438
RECEIVED
FEB 12 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 01/16/2026		Name of Building Owner/Operator (2) Shunori Ramanathan	
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 935 Black Horse Pike City, State, Zip Code Pleasantville, NJ 08232 Name of Contact Shunori Ramanathan, GEBRUDER PART	Telephone Number (203) 298-2535

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Commercial - PNC Bank		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 935 Black Horse Pike			
City (5) Pleasantville, NJ 08232		Square Feet 2,509	# of Floors 1
			Bldg. Age 1980
County (6) Atlantic	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) 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) 01/26/2026	Scheduled Completion Date (11) 02/02/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address City, State, Zip Code	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) 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
Utility Room		x		1x1 white tile	100 SF	x			
Hall & Lunchroom		x		Mastic	200 SF	x			
Vault		x		Floor tile	100 SF	x			
Teller Roof		x		Duct tar	50 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 02/02/2026	City, State Pen Argyl, PA

Completed by Lubica Perez	Title Owner	Signature *Lubica Perez*	Date 01/16/2026

ASB-41 (R-06-08)

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

3446

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

PAID Check 3446

RECEIVED
FEB 12 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
01/12/2026	

Agencies Notified	Type Notification	Street Address
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	4 Cloverhill Pl
		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)
Residential	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 4 Cloverhill Pl	

City (5)	Square Feet	# of Floors	Bldg. Age
Montclair, NJ 07042	2,750	2	1905

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)
		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.	License No.
		201- 466-0166	02126

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
01/21/2026	01/28/2026	

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

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
Laundry Room		x		pipe insulation & pipe fittings	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: 01/28/2026	City, State: Pen Argyl, PA

Completed by	Title	Signature	Date
Lubica Perez	Owner	*Lubica Perez*	01/12/2026

ASB-41 (R-06-08)

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

3440

Print Form

PAID

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

RECEIVED Check 3440

Date of Notification (1) 01/17/2026	Name of Building Owner/Operator (2) FEB 12 2026
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 5 Annapolis Dr City, State, Zip Code Manalapan Township, NJ 07726 ASBESTOS CONTROL & LICENSING 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 Annapolis Dr			
City (5) Manalapan Township, NJ 07726	Square Feet 1,600	# of Floors 1	Bldg. Age 1969
County (6) Monmouth	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC	
Street Address		Street Address 75 Voorhis Place	
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201- 466-0166	License No. 02126
Start Date (10) 01/27/2026	Scheduled Completion Date (11) 02/03/2026	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 Rec Room		x		tile & mastic	146 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 02/03/2026	City, State Pen Argyl, PA

Completed by Lubica Perez	Title Owner	Signature *Lubica Perez*	Date 01/17/2026

ASB-41 (R-06-08)

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

Print Form

34148

PAID

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

RECEIVED Check 3448

FEB 12 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)	
01/15/2026		

Agencies Notified	Type Notification	Street Address
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	405 E Freehold Rd
		City, State, Zip Code Freehold, NJ 07728
		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 405 E Freehold Rd	

City (5)	Square Feet	# of Floors	Bldg. Age
Freehold, NJ 07728	2,458	1	1909

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

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. / License No. 201- 466-0166 / 02126

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
01/16/2026	01/23/2026	

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

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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 Bathroom		x		mastic glue on padding	36 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 01/23/2026	City, State Pen Argyl, PA

Completed by	Title	Signature	Date
Lubica Perez	Owner	*Lubica Perez*	01/15/2026

ASB-41 (R-06-08)

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

3444

PAID

Print Form

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

RECEIVED
Check 3444
FEB 12 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 01/14/2026		Name of Building Owner/Operator (2)
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	Street Address 2006 Mountain Ave City, State, Zip Code Scotch Plains, NJ 07076 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 2006 Mountain Ave			
City (5) Scotch Plains, NJ 07076	Square Feet 1,394	# of Floors 1	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) 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) 01/15/2026	Scheduled Completion Date (11) 01/22/2026	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	122 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 01/22/2026	City, State Pen Argyl, PA

Completed by Lubica Perez	Title Owner	Signature *Lubica Perez*	Date 01/14/2026

ASB-41 (R-06-08)

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

3447

PAID

Print Form

RECEIVED
Check 3447
FEB 12 2026
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 01/12/2026	Name of Building Owner/Operator (2):	
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 11 Wilson Terrace
		City, State, Zip Code: Waldwick, NJ 07463
		Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 11 Wilson Terrace			
City (5): Waldwick, NJ 07463	Square Feet: 1,908	# of Floors: 2	Bldg. Age: 1950
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): 01/22/2026	Scheduled Completion Date (11): 01/29/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address / City, State, Zip Code	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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	400 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: 01/29/2026	City, State: Pen Argyl, PA

Completed by: Lubica Perez	Title: Owner	Signature: Lubica Perez	Date: 01/12/2026

ASB-41 (R-06-08)

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

2258

PAID

RECEIVED

FEB 5 2026

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1): 1/30/2026		Name of Building Owner/Operator (2): NJ Office of Design and Construction	
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 33 West State Street, 9th Fl	
		City, State, Zip Code: Trenton, NJ 08625	
		Name of Contact: William Domijan	Telephone Number: 609.468.3755

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residental Property			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & Commercial buildings, homes, etc.)	
Street Address: 1120 St John Street				
City (5): Manville			Square Feet: 1,152	# of Floors: 1+ / Bldg. Age: 50+
County (6): Somerset County	County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished): Residence	
Name of Monitoring Firm Hired by Building Owner (8): A. Seine Lighthouse Solutions		ASCM No.	Name of Abatement Contractor (9): Unicorn Contracting Corp.	
Street Address: P.O.Box 354			Street Address: 14 Willow Street	
City, State, Zip Code: South Orange, NJ 07079			City, State, Zip Code: Bloomfield, NJ 07003	
Project Manager from Monitoring Firm: Sarah Calandra	Telephone No.: 201.349.2666		Telephone No.: 973-333-9176	License No.: 01331
Start Date (10): 2/11/26	Scheduled Completion Date (11): 2/12/26		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: 7AM - 3:30			Street Address: 20-21 Wagaraw Rd., Bldg. 35-E	
			City, State, Zip Code: Fair Lawn, NJ 07410	

Scope of Work (Check All That Apply)

☐ ≥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
Kitchen		x		Sink Undercoating	3 SF	X			
Kitchen		x		Vinyl Sheet Flooring	150 SF	X			

Name of Registered Waste Hauler: Century Waste Services, LLC	NJDEP Waste Hauler ID No.: 0032797	Cubic Yards of Waste: TBD	Name of Regustered Landfill: Grand Central Landfill
City, State: Elizabeth, New Jersey		Disposal Date: TBD	City, State: Pen Argyl, PA

Completed by: Blazhe Grozdanov	Title: Project Manager	Signature	Date: 1/30/26

2259

PAID

RECEIVED

FEB 5 2026

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

Date of Notification (1): 1/30/2026		Name of Building Owner/Operator (2): NJ Office of Design and Construction	
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 33 West State Street, 9th Fl	
		City, State, Zip Code: Trenton, NJ 08625	
		Name of Contact: William Domijan	Telephone Number: 609.468.3755

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residental Property		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & Commercial buildings, homes, etc.)	
Street Address: 1308 St John Street			
City (5): Manville		Square Feet: 1,378+	# of Floors: 1+ / Bldg. Age: 50+
County (6): Somerset County	County Code (7) (STATE USE ONLY)_____	Current Use (Prior if being demolished): Residence	
Name of Monitoring Firm Hired by Building Owner (8): A. Seine Lighthouse Solutions	ASCM No.	Name of Abatement Contractor (9): Unicorn Contracting Corp.	
Street Address: P.O.Box 354		Street Address: 14 Willow Street	
City, State, Zip Code: South Orange, NJ 07079		City, State, Zip Code: Bloomfield, NJ 07003	
Project Manager from Monitoring Firm: Sarah Calandra	Telephone No.: 201.349.2666	Telephone No.: 973-333-9176	License No.: 01331
Start Date (10): 2/13/26	Scheduled Completion Date (11): 2/17/26	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: 7AM - 3:30		Street Address: 20-21 Wagaraw Rd., Bldg. 35-E / City, State, Zip Code: Fair Lawn, NJ 07410	

Scope of Work (Check All That Apply)

☐ ≥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
Kitchen		x		Adhesive associated with Ceramic Floor and Backsplash	350 SF	X			
Basement		x		Flue packing	3 SF	X			
Roof		x		Shed Roof	200 SF				

Name of Registered Waste Hauler: Century Waste Services, LLC	NJDEP Waste Hauler ID No.: 0032797	Cubic Yards of Waste: TBD	Name of Regustered Landfill: Grand Central Landfill
City, State: Elizabeth, New Jersey		Disposal Date: TBD	City, State: Pen Argyl, PA

Completed by: Blazhe Grozdanov	Title: Project Manager	Signature	Date: 1/30/26

2254

PAID

RECEIVED

FEB 5 2026

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

Date of Notification (1): 1/30/2026		Name of Building Owner/Operator (2): NJ Office of Design and Construction	
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended ☐ Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 33 West State Street, 9th Fl	
		City, State, Zip Code: Trenton, NJ 08625	
		Name of Contact: William Domijan	Telephone Number: 609.468.3755

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residental Property		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & Commercial buildings, homes, etc.)	
Street Address: 237 Opossum Road			
City (5): Montgomery		Square Feet: 1,658+	# of Floors: 1+ / Bldg. Age: 50+
County (6): Somerset County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished): Residence	
Name of Monitoring Firm Hired by Building Owner (8): A. Seine Lighthouse Solutions	ASCM No.	Name of Abatement Contractor (9): Unicorn Contracting Corp.	
Street Address: P.O.Box 354		Street Address: 14 Willow Street	
City, State, Zip Code: South Orange, NJ 07079		City, State, Zip Code: Bloomfield, NJ 07003	
Project Manager from Monitoring Firm: Sarah Calandra	Telephone No.: 201.349.2666	Telephone No.: 973-333-9176	License No.: 01331
Start Date (10): 2/20/26	Scheduled Completion Date (11): 2/23/26	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: 7AM - 3:30		Street Address: 20-21 Wagaraw Rd., Bldg. 35-E / City, State, Zip Code: Fair Lawn, NJ 07410	

Scope of Work (Check All That Apply)

☐ ≥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
Bathroom		x		Wall Tile Adhesive	40 SF	X			

Name of Registered Waste Hauler: Century Waste Services, LLC.	NJDEP Waste Hauler ID No.: 0032797	Cubic Yards of Waste: TBD	Name of Regustered Landfill: Grand Central Landfill
City, State: Elizabeth, New Jersey		Disposal Date: TBD	City, State: Pen Argyl, PA

Completed by: Blazhe Grozdanov	Title: Project Manager	Signature:	Date: 1/30/26

11072

PAID

RECEIVED

FEB 5 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) 1/16/2026		Name of Building Owner/Operator (2)	
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	Street Address 47 Concord Lane City, State, Zip Code Monroe NJ 08831 Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private Dwelling			Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 47 Concord Lane				
City (5) Monroe NJ 08831			Square Feet N/A	# of Floors N/A	Bldg. Age N/A
County (6) Middlesex	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished) Private Dwelling	
Name of Monitoring Firm Hired by Building Owner (8) Iris Environmental	ASCM No.		Name of Abatement Contractor (9) Teal Management	
Street Address 2333 US-22			Street Address 24 Morley Drive	
City, State, Zip Code Union NJ 07083			City, State, Zip Code Woodland Park NJ 07424	
Project Manager for Monitoring Firm Rick Eustaquio	Telephone No. 908-206-0073		Telephone No. 862-243-1471	License No. 02063
Start Date (10) 1/27/2026	Scheduled Completion Date (11) 2/25/2026		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 24MorleyDrive City, State, Zip Code Woodland Park NJ 07424	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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			x	VAT	30SF	X			

Name of Registered Waste Hauler Teal Management	NJDEP Waste Hauler ID No. 40229	Cubic Yards of Waste 1 cy	Name of Registered Landfill Fairless Hills Landfill
City, State Eoodland Park NJ 07424		Disposal Date 2/25/2026	City, State Morrisville PA

Completed by Tome Maslarkov	Title ProjectManager	Signature	Date 1/16/2026

ASB-41 (R-06-08)

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

2256

PAID

RECEIVED

FEB 5 2026

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

Date of Notification (1) 1/30/2026		Name of Building Owner/Operator (2) NJ Office of Design and Construction	
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 33 West State Street, 9th Fl City, State, Zip Code Trenton, NJ 08625 Name of Contact William Domijan	Telephone Number 609.468.3755

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residental Property			Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & Commercial buildings, homes, etc.)	
Street Address 263 S 6th Street				
City (5) Manville			Square Feet 1,152	# of Floors 1+
				Bldg. Age 50+
County (6) Somerset County	County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions	ASCM No.		Name of Abatement Contractor (9) Unicorn Contracting Corp.	
Street Address P.O.Box 354			Street Address 14 Willow Street	
City, State, Zip Code South Orange, NJ 07079			City, State, Zip Code Bloomfield, NJ 07003	
Project Manager from Monitoring Firm Sarah Calandra	Telephone No. 201.349.2666		Telephone No. 973-333-9176	License No. 01331
Start Date (10) 02/17/2026	Scheduled Completion Date (11) 02/18/2026		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: 7AM - 3:30			Street Address 20-21 Wagaraw Rd., Bldg. 35-E City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check All That Apply)

☐ ≥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
Exterior		x		Window Caulk	250 LF	X			

Name of Registered Waste Hauler Century Waste Services, LLC	NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste TBD	Name of Regustered Landfill Grand Central Landfill
City, State Elizabeth, NJ		Disposal Date TBD	City, State Pen Argyl, PA

Completed by Blazhe Grozdanov	Title Project Manager	Signature	Date 1/30/26

2253

PAID

RECEIVED

FEB 5 2026

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1): 1/30/2026		Name of Building Owner/Operator (2): NJ Office of Design and Construction	
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 33 West State Street, 9th Fl	
		City, State, Zip Code: Trenton, NJ 08625	
		Name of Contact: William Domijan	Telephone Number: 609.468.3755

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residental Property		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & Commercial buildings, homes, etc.)	
Street Address: 65 Riveredge Road			
City (5): Lincoln Park		Square Feet: 920+	# of Floors: 1+ / Bldg. Age: 50+
County (6): Morris County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished): Residence	
Name of Monitoring Firm Hired by Building Owner (8): A. Seine Lighthouse Solutions	ASCM No.	Name of Abatement Contractor (9): Unicorn Contracting Corp.	
Street Address: P.O.Box 354		Street Address: 14 Willow Street	
City, State, Zip Code: South Orange, NJ 07079		City, State, Zip Code: Bloomfield, NJ 07003	
Project Manager from Monitoring Firm: Sarah Calandra	Telephone No.: 201.349.2666	Telephone No.: 973-333-9176	License No.: 01331
Start Date (10): 2/23/26	Scheduled Completion Date (11): 2/27/26	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: 7AM - 3:30		Street Address: 20-21 Wagaraw Rd., Bldg. 35-E	
		City, State, Zip Code: Fair Lawn, NJ 07410	

Scope of Work (Check All That Apply)

☐ ≥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
Kitchen		x		White Sink Undercoating	3 SF	X			
Light Blue Room		x		Black Sheet Flooring	600 SF	X			
Throughout 1st Fl Ceiling		x		Plaster	750 LF	X			

Name of Registered Waste Hauler: Century Waste Services, LLC	NJDEP Waste Hauler ID No.: 0032797	Cubic Yards of Waste: TBD	Name of Regustered Landfill: Grand Central Landfill
City, State: Elizabeth, New Jersey		Disposal Date: TBD	City, State: Pen Argyl, PA

Completed by: Blazhe Grozdanov	Title: Project Manager	Signature:	Date: 1/30/26

2255

PAID

RECEIVED

FEB 5 2026

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

Date of Notification (1): 1/30/2026		Name of Building Owner/Operator (2): NJ Office of Design and Construction	
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 33 West State Street, 9th Fl	
		City, State, Zip Code: Trenton, NJ 08625	
		Name of Contact: William Domijan	Telephone Number: 609.468.3755

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residental Property		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & Commercial buildings, homes, etc.)		
Street Address: 239 Raritan Avenue				
City (5): Middlesex		Square Feet: 3,432	# of Floors: 2	Bldg. Age: 50+
County (6): Middlesex County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished): Residence		
Name of Monitoring Firm Hired by Building Owner (8): A. Seine Lighthouse Solutions	ASCM No.	Name of Abatement Contractor (9): Unicorn Contracting Corp.		
Street Address: P.O.Box 354		Street Address: 14 Willow Street		
City, State, Zip Code: South Orange, NJ 07079		City, State, Zip Code: Bloomfield, NJ 07003		
Project Manager from Monitoring Firm: Sarah Calandra	Telephone No.: 201.349.2666	Telephone No.: 973-333-9176	License No.: 01331	
Start Date (10): 2/18/26	Scheduled Completion Date (11): 2/20/26	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: 7AM - 3:30		Street Address: 20-21 Wagaraw Rd., Bldg. 35-E		
		City, State, Zip Code: Fair Lawn, NJ 07410		

Scope of Work (Check All That Apply)

☐ ≥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
Kitchen		x		Backing Associated with Ceramic Floor Tile	160 SF	X			
Kitchen		x		Black Sink Undercoating	3 SF	X			
Bedroom		x		Mastic associated with Mirror and Wood Paneling	300 SF	X			
Hallway		x		Brown Sheet Flooring and Associated Backing	80 SF	X			

Name of Registered Waste Hauler: Century Waste Services, LLC.	NJDEP Waste Hauler ID No.: 0032797	Cubic Yards of Waste: TBD	Name of Regustered Landfill: Grand Central Landfill
City, State: Elizabeth, New Jersey		Disposal Date: TBD	City, State: Pen Argyl, PA

Completed by: Blazhe Grozdanov	Title: Project Manager	Signature:	Date: 1/30/26

2257

PAID

RECEIVED
FEB 5 2026

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

Date of Notification (1): 1/30/2026		Name of Building Owner/Operator (2): NJ Office of Design and Construction	
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 33 West State State, 9th Fl	
		City, State, Zip Code: Trenton, NJ 08625	
		Name of Contact: William Domijan	Telephone Number: 609.468.3755

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residental Property		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & Commercial buildings, homes, etc.)	
Street Address: 318 North Street			
City (5): Manville		Square Feet: 1,910	# of Floors: 2 / Bldg. Age: 50+
County (6): Somerset County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished): Residence	
Name of Monitoring Firm Hired by Building Owner (8): A. Seine Lighthouse Solutions	ASCM No.	Name of Abatement Contractor (9): Unicorn Contracting Corp.	
Street Address: P.O.Box 354		Street Address: 14 Willow Street	
City, State, Zip Code: South Orange, NJ 07079		City, State, Zip Code: Bloomfield, NJ 07003	
Project Manager from Monitoring Firm: Sarah Calandra	Telephone No.: 201.349.2666	Telephone No.: 973-333-9176	License No.: 01331
Start Date (10): 2/9/26	Scheduled Completion Date (11): 2/13/26	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: 7AM - 3:30		Street Address: 20-21 Wagaraw Rd., Bldg. 35-E	
		City, State, Zip Code: Fair Lawn, NJ 07410	

Scope of Work (Check All That Apply)

☐ ≥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
Exterior		x		Cement Shingle Siding	3200 SF	X			
Basement		x		Flue Packing	3 SF	X			
Roof		x		Tar associated with Roofing	1500 SF	X			
Apartment C		x		Adhesive to Green/Yellow Vinyl Sheet Flooring	120 SF	X			

Name of Registered Waste Hauler: Century Waste Services, LLC	NJDEP Waste Hauler ID No.: 0032797	Cubic Yards of Waste: TBD	Name of Regustered Landfill: Grand Central Landfill
City, State: Elizabeth, New Jersey		Disposal Date: TBD	City, State: Pen Argyl, PA 18073

Completed by: Blazhe Grozdanov	Title: Project Manager	Signature	Date: 1/30/26

State of New Jersey
Notification of Asbestos Abatement
Continuation Sheet

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff: (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Apartment C		x		Tan/Yellow Sheet Vinyl Flooring	120 SF	x			
Apartment C		x		Adhesive to Blue Sheet Vinyl Flooring	120 SF	x			
Apartment C		x		Brick Red Sheet Vinyl	120 SF	x			
Exterior		x		Window Caulk	300 LF	x			

4001

PAID

RECEIVED

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

Date of Notification (1) 01/26/2026	Name of Building Owner/Operator (2) Wayne Township Public Schools FEB 6 2026 Check# 4001
Agencies Notified ☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 50 Nellis Drive City, State, Zip Code Wayne, New Jersey 07470 ASBESTOS CONTROL & LICENSING RECEIVED Name of Contact Emanuele Vittorioso Telephone Number 973-417-1905 FEB 6 2026

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Wayne Hills High School		Type of Facility (4) ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.) ASBESTOS CONTROL & LICENSING	
Street Address 272 Berdan Ave			
City (5) Wayne, New Jersey 07470		Square Feet 99,999	# of Floors 2 / Bldg. Age 50+
County (6) Passaic	County Code (7) *(STATE USE ONLY)*	Current Use (Prior if being demolished) High School	
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management, Inc.	ASCM No.	Name of Abatement Contractor (9) Lilich Corporation	
Street Address 344 West State Street		Street Address 246 Union Blvd	
City, State, Zip Code Trenton, New Jersey 08618		City, State, Zip Code Totowa, New Jersey	
Project Manager for Monitoring Firm William Weisgarber, Jr. | Program Manager	Telephone No 609.656.8101	Telephone No. 973-225-8400	License No. 01104
Start Date (10) 02/06/2026	Scheduled Completion Date (11) 02/10/2026	Name of OSHA Monitor Iris Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours 7am-3pm ☐ Other - Describe: afternoon		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
☒ Tent/Glove Bag 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
Mechanical Room		X		Elbows & T	9 LF	X			

Name of Registered Waste Hauler Century Waste Services	NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Sanitary Landfill
City, State Elizabeth, New Jersey		Disposal Date January/2026	City, State 1963 Pen Argyl Rd, Pen Argyl, PA 18027

Completed by Adriana Olejarova	Title President	Signature	Date 01/26/2025

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

13666

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

PAID

RECEIVED
FEB 6 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
02/02/2026	824 PAVONIA LLC

Agencies Notified	Type Notification	Street Address
[x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	[x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	26 JOURNAL SQUARE PLAZA
		City, State, Zip Code: JERSEY CITY, NJ 07306
		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) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 822 PAVONIA AVE	

City (5)	Square Feet	# of Floors	Bldg. Age
JERSEY CITY	2000	2	+50

County (6)	County Code (7) *(STATE USE ONLY)*	Current Use (Prior if being demolished)
HUDSON	_____	RESIDENTIAL

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
		MALCO ENVIRONMENTAL LLC
Street Address		Street Address: 24 LINCOLN AVE W
City, State, Zip Code		City, State, Zip Code: CRANFORD, NJ 07016
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 732-513-3487 / License No.: 02113

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
02/11/2026	02/15/2026	

Occupancy Status During Abatement (Check Only One)	Street Address / City, State, Zip Code
[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		TRANSITE BOARDS	2000	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		2/2/2026

ASB-41 (R-06-08)

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

43620

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

PAID

43620
RECEIVED
FEB 6 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
1 / 30 /2026	SOUTHERN OCEAN MEDICAL CENTER
Agencies Notified / Type Notification	Street Address
[ ] EPA [X] Initial Notification	1140 ROUTE 72
[ ] DEP [ ] Amended Notification	City, State, Zip Code
[X] DOL [ ] Cancellation	STAFFORD TOWNSHIP, NEW JERSEY 08050
[X] DOH [ ] On Hold	Name of Contact / Telephone Number
[ ] DCA [ ] EMERGENCY NOTIFICATION	BRIAN O'NEILL / 848-275-1901

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
SOUTHERN OCEAN MEDICAL CENTER	[ ] School (K-12)
	[ ] Subchapter 8 (Other than K-12)
	[X] Other (ie. private & commcl. bldgs., homes, etc.)

Street Address	Square Feet	# of Floors	Bldg. Age
1140 ROUTE 72	310,000	4	83

City (5)	County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)
STAFFORD TOWNSHIP	OCEAN		

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
ENVIRONMENTAL TACTICS INC.	99	PAR ENVIRONMENTAL CORPORATION
Street Address: 64 BROAD STREET		Street Address: 313 SPOOK ROCK ROAD
City, State, Zip Code: MATAWAN, NEW JERSEY		City, State, Zip Code: SUFFERN, NEW YORK 10901
Project Manager for Monitoring Firm: THOMAS GEIGER	Telephone Number: 908-715-2600	Telephone Number: 845-369-7500 / License Number: 1101

Expected State Date (10)	Sched. Completion Date (11)	Name of OSHA Monitor
2 / 16 /2026 (Month / Day / Year)	6 / 30 /2026 (Month / Day / Year)	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-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

- [X] Full Containment
- [ ] Mini-Enclo ,
- [ ] Glovebag Procedure
- [ ] Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12) 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
1ST FLOOR FORMER CLEAN LINEN RM.			X	FLOOR MASTIC	650 SF	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
NEWARK CARTING 369 RAYMOND BLVD.	913	5	GRAND CENTRAL SANITARY LANDFILL
City, State: NEWARK, NEW JERSEY 07105		Disposal Date: 2/16/26-06/30/2026	City, State: PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)	Title	Signature	Date
BENJAMIN SANCHEZ	DIRECTOR OF OPERATIONS		1-30-26

43619

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

PAID

43619
RECEIVED
FEB 6 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
1 / 30 /2026	VERIZON
	Street Address: 1 VERIZON WAY
	City, State, Zip Code: BASKING RIDGE, NEW JERSEY 07920
	Name of Contact: RAUL RENDON — Telephone Number: 973-634-1007

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
VERIZON	[ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (ie. private & commcl. bldgs., homes, etc.)

Street Address	Square Feet	# of Floors	Bldg. Age
490 PROSPECT AVENUE	32,925	3	60+

City (5)	County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)
WEST ORANGE	ESSEX		Pharm. Lab. COMMUNICATION BUILDING

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
T.T.I.	17	PAR ENVIRONMENTAL CORPORATION
Street Address: 1253 NORTH CHURCH STREET		Street Address: 313 SPOOK ROCK ROAD
City, State, Zip Code: MOORESTOWN, NEW JERSEY 08057		City, State, Zip Code: SUFFERN, NEW YORK 10901
Project Manager for Monitoring Firm: KRIS SMITH	Telephone Number: 609-313-8218	Telephone Number: 845-369-7500 — License Number: 1101

Expected State Date (10)	Sched. Completion Date (11)	Name of OSHA Monitor
2 / 9 /26 (Month / Day / Year)	4 / 30 /26 (Month / Day / Year)	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 -FRIDAY 5 PM - 1AM

Street Address: 1376 ROUTE 9
City, State, Zip Code: WAPPINGERS FALL, NEW YORK 12590

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

Location of Asbestos-containing Material (ACM) **TO BE ABATED** in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12) 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
BASEMENT MER			x	PIPE INSULATION	150 LF	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
NEWARK CARTING	913	5	GRAND CENTRAL SANITARY
City, State: NEWARK , NEW JERSEY		Disposal Date: 2/9/26-4/30/26	City, State: PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)	Title	Signature	Date
BENJAMIN SANCHEZ	VICE PRESIDENT, OPERATIONS		1-30-26

10402

Print Form

PAID

RECEIVED

FEB 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): 02/04/26		Name of Building Owner/Operator (2):
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended ☐ Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 55 Waterford - Blue Anchor Rd City, State, Zip Code: Hammonton, NJ, 08037 Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Private Home Street Address: 106 North Avolyn Ave			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
City (5): Ventnor City, NJ, 08406			Square Feet: 1000+	# of Floors: 2 / Bldg. Age: 35+
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): 2/18/26	Scheduled Completion Date (11): 2/24/26		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 Of House			x	Transite Siding	2000 SF	x			

Name of Registered Waste Hauler: Pernaco Inc	NJDEP Waste Hauler ID No.: 21787	Cubic Yards of Waste: 2	Name of Registered Landfill: Atlantic County Landfill
City, State: West Berlin, NJ		Disposal Date: 2/27/26	City, State: Egg Harbor Twp, NJ

Completed by: Anthony T Perna	Title: President	Signature:	Date: 2/4/26

ASB-41 (R-06-08)

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

10403

Print Form

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

RECEIVED
FEB 6 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 2/4/26		Name of Building Owner/Operator (2): Middlesex County	
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 75 Bayard St.	
		City, State, Zip Code: New Brunswick NJ 08901	
		Name of Contact: Salvatore Manetto	Telephone Number: 732-745-3283

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Thomas Edison Park Athletic Fields		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 11 West Patrol Rd.			
City (5): Edison NJ 08837		Square Feet: N/A	# of Floors: N/A / Bldg. Age: N/A
County (6): Middlesex	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): Pernaco Inc.	
Street Address		Street Address: PO Box 329	
City, State, Zip Code		City, State, Zip Code: West Berlin NJ 08091	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 856-753-9800	License No.: 00727
Start Date (10): 2/17/26	Scheduled Completion Date (11): 3/31/26	Name of OSHA Monitor: Same	
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: Located in Field as needed work		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
Underground Through-out Park			N/A	Transite Pipe	2000 LF	X			

Name of Registered Waste Hauler: Mazza Recycling	NJDEP Waste Hauler ID No.: 36891	Cubic Yards of Waste: TBD	Name of Registered Landfill: Fairless Hills
City, State: Tinton Falls NJ 07753		Disposal Date: 3/30/26	City, State: Morrisville PA 19067

Completed by: Anthony T Perna	Title: President	Signature	Date: 2/4/26

ASB-41 (R-06-08)

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

10898

Print Form

PAID

RECEIVED

FEB 12 2026

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 02/03/2026		Name of Building Owner/Operator (2):	
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	Street Address: 1 Poppy Turn	
		City, State, Zip Code: Willingboro, NJ 08046	
		Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 1 Poppy Turn			
City (5): Willingboro		Square Feet: 1,684	# of Floors: 1 / Bldg. Age: 66
County (6): Burlington	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Residence	

Name of Monitoring Firm Hired by Building Owner (8): Management & Environmental Consulting Serv	ASCM No.	Name of Abatement Contractor (9): Shade Environmental, LLC	
Street Address: PO Box 341		Street Address: 623 Cutler Avenue	
City, State, Zip Code: Chesterfield, NJ 08515		City, State, Zip Code: Maple Shade, NJ 08052	
Project Manager for Monitoring Firm: Nora Pearse	Telephone No.: 609-298-4070	Telephone No.: 856-755-0099	License No.: 00842
Start Date (10): 02/09/2026	Scheduled Completion Date (11): 02/13/2026	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
Family Room			X	Floor Tile	184 SF	X			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 2	Name of Registered Landfill: Fairless Landfill
City, State: Freehold, NJ		Disposal Date: 02/13/2026	City, State: Morrisville, PA

Completed by: Samantha Brown	Title: Operations Coordinator	Signature:	Date: 02/03/2026

ASB-41 (R-06-08)

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

2895

Proj. #: 26-11

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

PAID

RECEIVED
FEB 12 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 02/09/26

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

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

Name of Building Owner/Operator (2):

Street Address: 10 Wendell Place

City, State, Zip Code: Clark, NJ 07066

Name of Contact:

Telephone Number:

FACILITY INFORMATION

Name of facility where abatement is taking place (3): Residential

Street Address: 10 Wendell Place

City (5): Clark, NJ 07066

County (6): Union

County Code (7) (State use only):

Type of Facility (4): ☐ School (K - 12) ☐ Subchapter 8 (Other than K-12) ☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet	# of Floors	Bldg. Age
2,000 SF	03	86

Current Use (Prior if being demolished): Residential

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

ASCM No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Phone Number:

Name of Abatement Contractor (9): KLOMAX, LLC

Street Address: 144 US Highway 46

City, State, Zip Code: Budd Lake, NJ 07828

Telephone Number: 833-455-6629

License Number: 02007

Start Date (10): 02/09/2026

Sched. Completion Date (11): 02/11/2026

Occupancy Status During Abatement (Check only one)
☐ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours- Describe:
☒ Other-Describe: Normal Hours

Name of OSHA Monitor: KLOMAX, LLC

Street Address: 144 US Highway 46

City, State, Zip Code: Budd Lake, NJ 07828

Scope of Work (check all that apply)
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☒ Renovation ☐ Demolition

☐ Full Containment w/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)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
BASEMENT BOILER ROOM		X		Pipe Insulation	70 LF	☒	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐

Registered Waste Hauler	NJDEP Hauler ID#	Cubic Yards of Waste	Name of Registered Landfill
KLOMAX, LLC	0038241	1/2 CYD.	TULLYTOWN, RESOURCE RECOVERY

City, State	Disposal Date	City, State
Budd Lake, NJ 07828	TBD	TULLYTOWN, PA

Completed by (Print or Type)	Title	Signature	Date
Gordana Stojanovska	Secretary		02/09/2026

ASB-41

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

10408 * Emergency *

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

CK 10408

PAID

RECEIVED

FEB 12 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
2/9/26	LBI Signature Builders

Agencies 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: 2 Coleman Court City, State, Zip Code: Southampton NJ 08008 Name of Contact: Scott Barry Telephone Number: 609-801-1808

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Private Home Demolition	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 13 Anderson Drive	

City (5)	Square Feet	# of Floors	Bldg. Age
Long Beach Twp NJ 08008	1000+	1	35+

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

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
N/A		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)	Scheduled Completion Date (11)	Name of OSHA Monitor
2/11/26	2/12/26	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

☒ Wet 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 Of House			x	Transite Siding	1200 SF	x			
				Wet Demolition					

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Mazza Recycling	36891	4	Fairless Hills
City, State: West Berlin, NJ		Disposal Date: 2/12/26	City, State: Morrisville PA 10067

Completed by	Title	Signature	Date
Anthony T Perna	President		2/9/26

* Do not use this form for asbestos licensure exempted activitie

10896

Print Form

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

PAID

RECEIVED
FEB 12 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 01/29/2026		Name of Building Owner/Operator (2):	
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 12 Shawnee Parkway	
		City, State, Zip Code: Wharton, NJ 07885	
		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 Shawnee Parkway			
City (5): Wharton		Square Feet: 1,100	# of Floors: 1 / Bldg. Age: 61
County (6): Morris	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Residence	

Name of Monitoring Firm Hired by Building Owner (8): 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): 02/09/2026	Scheduled Completion Date (11): 02/12/2026	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
Kitchen			X	Floor Tile	100 SF	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: 02/12/2026	City, State: Morrisville, PA

Completed by: Samantha Brown	Title: Operations Coordinator	Signature:	Date: 01/29/2026

ASB-41 (R-06-08)

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

Print Form

10890

PAID

RECEIVED

FEB 12 2026

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 01/29/2026		Name of Building Owner/Operator (2):	
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	Street Address: 670 Ferguson Street	
		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): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 670 Ferguson Street			
City (5): Phillipsburg		Square Feet: 2,283	# of Floors: 2 / Bldg. Age: 75
County (6): Warren	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): 02/02/2026	Scheduled Completion Date (11): 02/04/2026	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
Kitchen			X	Floor Tile	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: Fairless Landfill
City, State: Freehold, NJ		Disposal Date: 02/04/2026	City, State: Morrisville, PA

Completed by: Samantha Brown	Title: Operations Coordinator	Signature:	Date: 01/29/2026

ASB-41 (R-06-08)

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

10409

Print Form

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

PAID

RECEIVED
FEB 12 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 02/09/2026	Name of Building Owner/Operator (2):

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

Type Notification
- [ ] Initial
- [x] Amended — Amendment # 1
- [ ] Emergency (including justification)
- [ ] Cancellation

Street Address: 65 Alden Avenue
City, State, Zip Code: Trenton, NJ 08618
Name of Contact:
Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Street Address: 65 Alden Avenue

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

City (5)	Square Feet	# of Floors	Bldg. Age
Trenton	1,358	3	116

County (6)	County Code (7) *(STATE USE ONLY)*	Current Use (Prior if being demolished)
Mercer		Residence

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
Management & Environmental Consulting Serv		Shade Environmental, LLC
Street Address: 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): 03/30/2026	Scheduled Completion Date (11): 04/02/2026	Name of OSHA Monitor: EMSL Analytical, Inc.

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

Street Address: 200 Route 130 North
City, State, Zip Code: Cinnaminson, NJ 08077

Scope of Work (Check All That Apply)
- [x] ≥3 sf or ≥3 lf
- [ ] ≥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
Basement			X	Duct Paper	8 SF	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Shade Environmental, LLC	32426	1	Fairless Landfill
City, State: Maple Shade, NJ		Disposal Date: 04/02/2026	City, State: Morrisville, PA

Completed by	Title	Signature	Date
Samantha Brown	Operations Coordinator	Samantha Brown	02/09/2026

ASB-41 (R-06-08)

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

10903

Print Form

PAID

RECEIVED

FEB 12 2026

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 02/05/2026	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: 501 Main Street	
City, State, Zip Code: Delran, NJ 08075	
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: 501 Main Street	
City (5): Delran	Square Feet: 1,587 / # of Floors: 2 / Bldg. Age: 68
County (6): Burlington	County Code (7) *(STATE USE ONLY)*: _____
Current Use (Prior if being demolished): Residence	

Name of Monitoring Firm Hired by Building Owner (8): Management & Environmental Consulting Serv	ASCM No.:	Name of Abatement Contractor (9): Shade Environmental, LLC
Street Address: PO Box 341		Street Address: 623 Cutler Avenue
City, State, Zip Code: Chesterfield, NJ 08515		City, State, Zip Code: Maple Shade, NJ 08052
Project Manager for Monitoring Firm: Nora Pearse / Telephone No.: 609-298-4070		Telephone No.: 856-755-0099 / License No.: 00842
Start Date (10): 02/16/2026	Scheduled Completion Date (11): 02/20/2026	Name of OSHA Monitor: EMSL Analytical, Inc.
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address: 200 Route 130 North / City, State, Zip Code: Cinnaminson, NJ 08077

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement			X	Floor Tile	2,015 SF	X			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 14	Name of Registered Landfill: Fairless Landfill
City, State: Freehold, NJ		Disposal Date: 02/20/2026	City, State: Morrisville, PA

Completed by: Samantha Brown	Title: Operations Coordinator	Signature: Samantha	Date: 02/05/2026

ASB-41 (R-06-08)

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

7842

Proj. #: 26-14

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

PAID

RECEIVED
FEB 12 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 01/21/26

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

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

Name of Building Owner/Operator (2):

Street Address: 957 Green Pond Road

City, State, Zip Code: Rockaway, NJ 07866

Name of Contact:

Telephone Number:

FACILITY INFORMATION

Name of facility where abatement is taking place (3): Residential

Street Address: 957 Green Pond Road

City (5): Rockaway, NJ 07866

County (6): Morris

County Code (7) (State use only):

Type of Facility (4): ☐ School (K - 12) ☐ Subchapter 8 (Other than K-12) ☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet	# of Floors	Bldg. Age
1,700 SF	03	83

Current Use (Prior if being demolished): Residential

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

ASCM No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Phone Number:

Name of Abatement Contractor (9): KLOMAX, LLC

Street Address: 144 US Highway 46

City, State, Zip Code: Budd Lake, NJ 07828

Telephone Number: 833-455-6629

License Number: 02007

Start Date (10): 01/22/2026

Sched. Completion Date (11): 01/23/2026

Name of OSHA Monitor: KLOMAX, LLC

Street Address: 144 US Highway 46

City, State, Zip Code: Budd Lake, NJ 07828

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: Normal Hours

Scope of Work (check all that apply)
☒ >3 sf or >3 lf ☒ Renovation
☐ ≥160 sf or ≥260 lf ☐ Demolition

☐ Full Containment w/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)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
BASEMENT BOILER ROOM		X		Pipe Insulation	120 LF	☒	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐

Registered Waste Hauler: KLOMAX, LLC

NJDEP Hauler ID#: 0038241

Cubic Yards of Waste: 1/2 CYD.

Name of Registered Landfill: TULLYTOWN, RESOURCE RECOVERY

City, State: Budd Lake, NJ 07828

Disposal Date: TBD

City, State: TULLYTOWN, PA

Completed by (Print or Type): Gordana Stojanovska

Title: Secretary

Signature:

Date: 01/21/2026

ASB-41

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

2896

Proj. #: 26-24

PAID

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

RECEIVED
FEB 12 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 02/04/26

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

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

Name of Building Owner/Operator (2):

Street Address: 55 North Randolph Road

City, State, Zip Code: Piscataway, NJ 08854

Name of Contact:

Telephone Number:

FACILITY INFORMATION

Name of facility where abatement is taking place (3): Residential

Street Address: 55 North Randolph Road

City (5): Piscataway, NJ 08854

County (6): Middlesex

County Code (7) (State use only):

Type of Facility (4): ☐ School (K - 12) ☐ Subchapter 8 (Other than K-12) ☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet	# of Floors	Bldg. Age
1,600 SF	03	102

Current Use (Prior if being demolished): Residential

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

ASCM No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Phone Number:

Start Date (10): 02/05/2026

Sched. Completion Date (11): 02/06/2026

Occupancy Status During Abatement (Check only one)
☐ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours- Describe:
☒ Other-Describe: Normal Hours

Name of Abatement Contractor (9): KLOMAX, LLC

Street Address: 144 US Highway 46

City, State, Zip Code: Budd Lake, NJ 07828

Telephone Number: 833-455-6629

License Number: 02007

Name of OSHA Monitor: KLOMAX, LLC

Street Address: 144 US Highway 46

City, State, Zip Code: Budd Lake, NJ 07828

Scope of Work (check all that apply)
☒ >3 sf or >3 lf ☒ Renovation
☐ ≥160 sf or ≥260 lf ☐ Demolition

☐ Full Containment w/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)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
BASEMENT BOILER ROOM		X		Boiler Insulation	40 SF	☒			

Registered Waste Hauler: KLOMAX, LLC

NJDEP Hauler ID#: 0038241

Cubic Yards of Waste: 1/2 CYD.

Name of Registered Landfill: TULLYTOWN, RESOURCE RECOVERY

City, State: Budd Lake, NJ 07828

Disposal Date: TBD

City, State: TULLYTOWN, PA

Completed by (Print or Type): Gordana Stojanovska

Title: Secretary

Signature:

Date: 02/04/2026

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

11107

PAID

RECEIVED

Print Form

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

FEB 12 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 2/2/2026		Name of Building Owner/Operator (2): Bridgewater Raritan Reagional School District	
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 836 Newans Ln	
		City, State, Zip Code: bRIDGEWATER NJ 08807-0030	
		Name of Contact: Slobodan Spirkoski	Telephone Number: 201-421-8675

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Bridgewater Middle School		Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 128 Merriwood Drive			
City (5): Bridgewater NJ 08807		Square Feet: N/A	# of Floors: N/A / Bldg. Age: N/A
County (6): Somerset	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): School	

Name of Monitoring Firm Hired by Building Owner (8): BRIGGS ASSOCIATES	ASCM No.: 0004	Name of Abatement Contractor (9): Teal Management	
Street Address: 3 Crosswicks Street		Street Address: 24 Morley Drive	
City, State, Zip Code: Bordentown, New Jersey 08505		City, State, Zip Code: Woodland Park NJ 07424	
Project Manager for Monitoring Firm: Michael Hoodak	Telephone No.: (609) 298-5520	Telephone No.: 862-243-1471	License No.: 02063
Start Date (10): 2/17/2026	Scheduled Completion Date (11): 8/25/2026	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: 24MorleyDrive / City, State, Zip Code: Woodland Park NJ 07424	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
Boys & Girls Locker rooms			x	pipe insulation/fittings	140 LF	X			
Boys & Girls Team Room			x	pipe insulation/fittings	142 LF	x			
Archery Storage			x	elbow	20 units	x			

Name of Registered Waste Hauler: Teal Management	NJDEP Waste Hauler ID No.: 40229	Cubic Yards of Waste: 20CY	Name of Registered Landfill: Fairless Hills Landfill
City, State: Woodland Park NJ 07424		Disposal Date: 8/25/2026	City, State: Morrisville PA

Completed by: Tome Maslarkov	Title: ProjectManager	Signature	Date: 2/2/2026

ASB-41 (R-06-08)

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

2265

PAID

RECEIVED

FEB 12 2026

ASBESTOS CONTROL & LICENSING

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1): 02/03/2026	Name of Building Owner/Operator (2): Divine Energy Solutions
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended ☐ Amendment _____ ☒ Emergency (including justification) ☐ Cancelation
	Street Address: 200 Richards Avenue
	City, State, Zip Code: Dover NJ, 07801
	Name of Contact: Bill Nicotra / Telephone Number: 973.361.3031

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & Commercial buildings, homes, etc.)
Street Address: 193 Wallington Avenue	
City (5): Wallington	Square Foot: 1,900 / # of Floors: 2 / Bldg. Age: 55+
County (6): Bergen / County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): Unicorn Contracting Corp.
Street Address	Street Address: 14 Willow Street
City, State, Zip Code	City, State, Zip Code: Bloomfield, NJ 07003
Project Manager fo Monitoring Firm / Telephone No.	Telephone No.: 973-333-9176 / License No.: 01331
Start Date (10): 02/07/2026 / Scheduled Completion Date (11): 02/07/2026	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		Thermal System Insulation	15 LF	X			

Name of Registered Waste Hauler: Unicorn Contracting Corp.	NJDEP Waste Hauler ID No.: 0035844	Cubic Yards of Waste: 1+	Name of 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: 02/03/2026

PAID

11106

Print Form

RECEIVED

FEB 12 2026

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 1//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: 129 Dora Ave	
City, State, Zip Code: Waldwick NJ 07463	
Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Private Dwelling		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 129 Dora Ave			
City (5): Waldwick NJ 07463		Square Feet: N/A	# of Floors: N/A / Bldg. Age: N/A
County (6): Bergen	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Private Dwelling	

Name of Monitoring Firm Hired by Building Owner (8): Iris Lab	ASCM No.: 0004	Name of Abatement Contractor (9): Teal Management	
Street Address: 2333 US-22		Street Address: 24 Morley Drive	
City, State, Zip Code: Union NJ 07083		City, State, Zip Code: Woodland Park NJ 07424	
Project Manager for Monitoring Firm: Rick Eustaquio	Telephone No.: 908-206-0073	Telephone No.: 862-243-1471	License No.: 02063
Start Date (10): 2/11/2026	Scheduled Completion Date (11): 2/13/2026	Name of OSHA Monitor: Teal Management	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: 24MorleyDrive / City, State, Zip Code: Woodland Park NJ 07424	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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	VAT	100 SF	X			

Name of Registered Waste Hauler: Teal Management	NJDEP Waste Hauler ID No.: 40229	Cubic Yards of Waste: 3 CY	Name of Registered Landfill: Fairless Hills Landfill
City, State: Woodland Park NJ 07424		Disposal Date: 2/13/2026	City, State: Morrisville PA

Completed by: Tome Maslarkov	Title: ProjectManager	Signature:	Date: 1/31/2026

ASB-41 (R-06-08)

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

11105

PAID

RECEIVED

FEB 12 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) 1//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 197 Wall St	
		City, State, Zip Code Metuchen NJ 08840	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private Dwelling		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 197 Wall St			
City (5) Metuchen NJ 08840		Square Feet N/A	# of Floors N/A	Bldg. Age N/A
County (6) Morris	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished) Private Dwelling	

Name of Monitoring Firm Hired by Building Owner (8) Iris Lab	ASCM No. 0004	Name of Abatement Contractor (9) Teal Management	
Street Address 2333 US-22		Street Address 24 Morley Drive	
City, State, Zip Code Union NJ 07083		City, State, Zip Code Woodland Park NJ 07424	
Project Manager for Monitoring Firm Rick Eustaquio	Telephone No. 908-206-0073	Telephone No. 862-243-1471	License No. 02063
Start Date (10) 2/10/2026	Scheduled Completion Date (11) 2/12/2026	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 24MorleyDrive City, State, Zip Code Woodland Park NJ 07424	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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	470 SF	X			

Name of Registered Waste Hauler Teal Management	NJDEP Waste Hauler ID No. 40229	Cubic Yards of Waste 7 CY	Name of Registered Landfill Fairless Hills Landfill
City, State Woodland Park NJ 07424		Disposal Date 2/12/2026	City, State Morrisville PA

Completed by Tome Maslarkov	Title ProjectManager	Signature	Date 1/31/2026

ASB-41 (R-06-08)

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

108919

Print Form

PAID

RECEIVED

FEB 12 2026

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 02/04/2026	Name of Building Owner/Operator (2): State of New Jersey Department of Environmental Protection
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 275 Freehold-Englishtown Road
	City, State, Zip Code: Englishtown, NJ 07726
	Name of Contact: Al Payne — Telephone Number: 609-777-3373

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Round Valley Recreation Area Sanitary Facility	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1254 Lebanon Stanton Road	
City (5): Clinton Township	Square Feet: 4,000 — # of Floors: 2 — Bldg. Age: 75
County (6): Hunterdon — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Recreation Area

Name of Monitoring Firm Hired by Building Owner (8): USA Environmental Management, Inc.	ASCM No.	Name of Abatement Contractor (9): Shade Environmental, LLC
Street Address: 344 W. State Street		Street Address: 623 Cutler Avenue
City, State, Zip Code: Trenton, NJ 08618		City, State, Zip Code: Maple Shade, NJ 08052
Project Manager for Monitoring Firm: John Duggan — Telephone No.: 609-656-8101		Telephone No.: 856-755-0099 — License No.: 00842
Start Date (10): 02/19/2026 — Scheduled Completion Date (11): 02/20/2026		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
Men's Bathroom (Room 102)		X		White Interior Caulk	32 LF	X			
Women's Bathroom (Room 104)		X		White Interior Caulk	32 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: 02/20/2026	City, State: Morrisville, PA

Completed by: Samantha Brown	Title: Operations Coordinator	Signature: Samantha	Date: 02/04/2026

ASB-41 (R-06-08)

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

55054404669

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

PAID

RECEIVED

FEB 12 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 02 / 05 / 26	Name of Building Owner/Operator (2): **Crawford Street Partners**
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation
	Street Address: **59 Lincoln Park, Suite 240**
	City, State, Zip Code: **Newark, NJ 07103**
	Name of Contact: **Basem Hassan** — Telephone Number: **(908)-970-8818**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **The Prep School**		Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: **33 Myrtle Ave**			
City (5): **Irvington**		Square Feet: **10,000+**	# of Floors: **2** — Bldg. Age: **1960**
County (6): **Essex**	County Code (7)(*STATE USE ONLY*)	Current Use (Prior if being demolished): Educational	

Name of Monitoring Firm Hired by Building Owner (8): **Marino Corporation USA, LLC**	ASCM No.	Name of Abatement Contractor (9): **Spes Contracting LLC**	
Street Address: **PO Box 7725**		Street Address: **59 Beaverbrook Rd. Ste 302 E**	
City, State, Zip Code: **Talleyville, DE 19803**		City, State, Zip Code: **Lincoln Park, NJ 07035**	
Project Manager for Monitoring Firm: **Frank Marino** — Telephone No.: **(610)-479-7943**		Telephone No.: **(973)-807-6330**	License No.: **01383**
Start Date (10): 02 / 06 / 26	Scheduled Completion Date (11): 02 / 16 / 26	Name of OSHA Monitor: **Spes Contracting LLC**	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-**3:30**PM/**11:30**PM-_____AM Saturday - 7:00 AM / 3:00 PM		Street Address: **59 Beaverbrook Rd. Ste 302 E** — City, State, Zip Code: **Lincoln Park, NJ 07035**	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥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
Electric Room (Floor)	☒	☐	☐	**VAT Removal**	**380 SF**	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: **Spes Contracting LLC**	NJDEP Waste Hauler ID No.: **0038075**	Cubic Yards of Waste: **20**	Name of Registered Landfill: **Tri State Transfer & Associates**
City, State: **Lincoln Park, NJ**		Disposal Date: **TBD**	City, State: **Bronx, NY**

Completed By (Print or Type): **Branislav Pavlov**	Title: **General Manager**	Signature	Date: 02/05/2026

ASB-41
JAN 13

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

CK# 6364

PAID

RECEIVED

FEB 1 2 2026

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 2-2-26	Name of Building Owner/Operator (2): HALLIDAY & LEONARD
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: SCOTT — 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: 3112 BAY AVE	
City (5): OCEAN CITY	Square Feet: — # of Floors: — Bldg. Age:
County (6): CAPE MAY — County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished):
Name of Monitoring Firm Hired by Building Owner (8): 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): 2-13-26 — Scheduled Completion Date (11): 2-23-26	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	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: CMC MUA
City, State: MAPLE SHADE N.J 08053		Disposal Date:	City, State: WOODBINE NJ

Completed By	Title	Signature	Date
MIKE KLEMM	PRESIDENT		2-2-26

ASB-41

* Do not use this form for asbestos licensure exempted activities

CK #6364

PAID

RECEIVED

FEB 12 2026

ASBESTOS CONTROL & LICENSING

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

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

Name of Building Owner/Operator (2): SOUDERS EXCAVATING

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

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

Street Address: 3349 DANTE AVE

City, State, Zip Code: VINELAND N.J 08361

Name of Contact: WAYNE

Telephone Number:

FACILITY INFORMATION

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

Street Address: 2704 ATLANTIC AVE

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

City (5): LONGPORT

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.: # 00444

Start Date (10): 2-12-26

Scheduled Completion Date (11): 2-22-26

Name of OSHA Monitor: N/A

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

Street Address:

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	2600 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: 2-2-26

ASB-41

* 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)

RECEIVED
FEB 12 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 2 / 9 / 26		Name of Building Owner/Operator (2): City of Atlantic City
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #2 ☐ Emergency (including justification) ☒ Cancellation	Street Address: 1301 Bacharach Blvd City, State, Zip Code: Atlantic City NJ 08401 Name of Contact: Facilities Telephone Number: 609-300-5000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Chelsea Heights Rec Bldg.			Type of Facility (4): ☐ School (K-12) ☒ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 500 North Annapolis Ave			
City (5): Atlantic City		Square Feet: 1,500	# of Floors: 1 / Bldg. Age: 50
County (6): Atlantic	County Code (7)(STATE USE ONLY):		Current Use (Prior if being demolished): recreational

Name of Monitoring Firm Hired by Building Owner (8): Coastal Environmental Compliance, LLC	ASCM No.:	Name of Abatement Contractor (9): Plymouth Environmental Co., Inc.
Street Address: PO Box 167		Street Address: 923 Haws Ave.
City, State, Zip Code: Hammonton, NJ 08037		City, State, Zip Code: Norristown, PA 19401
Project Manager for Monitoring Firm: Cathy Ledden / Telephone No.: 609.820.9312		Telephone No.: 610-239-9920 / License No.: 00398
Start Date (10): 1 / 26 / 26	Scheduled Completion Date (11): 2 / 16 / 26	Name of OSHA Monitor: Plymouth Environmental Co., 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: 7:00AM-3:30PM/_____PM-_____AM		Street Address: 923 Haws Ave City, State, Zip Code: Norristown, PA 19401

Scope of 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
main room	☐	☒	☐	floor tile and mastic	400SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Waste Management	NJDEP Waste Hauler ID No.: 39126	Cubic Yards of Waste: 10CY	Name of Registered Landfill: G.R.O.W.S North Landfill/Fairless Landfill
City, State: Camden, NJ		Disposal Date: 2/16/26	City, State: Morrisville, PA

Completed By (Print or Type): James M. Kelly	Title: Vice President	Signature:	Date: 2/6/2026

ASB-41
JAN 13

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

1006

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

41344334

RECEIVED
FEB 12 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 2/2/26	Name of Building Owner/Operator (2): Eastman Cooke Construction.
Agencies Notified: [ ] EPA [x] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [ ] Initial [ ] Amended Amendment #_____ [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)	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 Rte. 88	
City (5): Brick	Square Feet: / # of Floors: / Bldg. Age:
County (6): Ocean	County Code (7) *(STATE USE ONLY)*: _____
	Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8): Tiger Environmental	ASCM No.: Non-applicable.	Name of Abatement Contractor (9): RP Construction Management, LLC.
Street Address: 256A Jefferson		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): 2/3/26	Scheduled Completion Date (11): 4/3/26	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 Flashing		X		Wall Parapet flashing	500 SF	X			
Interior		X		Floor tile	430SF	X			

Name of Registered Waste Hauler: Century Waste Services	NJDEP Waste Hauler ID No.: 016232	Cubic Yards of Waste: 30	Name of Registered Landfill: Grand Central Landfill
City, State: 623 Dowd Ave. Elizabeth NJ		Disposal Date: 2/6/26	City, State: Pen Argyl PA
Completed by: Roberto Perez	Title: Owner	Signature	Date

ASB-41 (R-06-08)

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

D409

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

RECEIVED
FEB 12 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 02/9/26		Name of Building Owner/Operator (2):
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 2901 S Long Beach Blvd City, State, Zip Code: Holgate 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) [X] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 2901 S Long Beach Blvd			
City (5): Holgate NJ 08008	Square Feet: 1000+	# of Floors: 2	Bldg. Age: 35+
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): 2/18/26	Scheduled Completion Date (11): 2/25/26	Name of OSHA Monitor: Same	
Occupancy Status During Abatement (Check Only One): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address: City, State, Zip Code:	

Scope of Work (Check All That Apply)

- [ ] ≥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
Exterior Of House			x	Transite Siding	2200 SF	x			

Name of Registered Waste Hauler: Pernaco Inc	NJDEP Waste Hauler ID No.: 21787	Cubic Yards of Waste: 4	Name of Registered Landfill: Fairless Hills
City, State: West Berlin, NJ		Disposal Date: 2/25/26	City, State: Morrisville PA 10067

Completed by: Anthony T Perna	Title: President	Signature:	Date: 2/9/26

ASB-41 (R-06-08)

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

1014

Print Form

PAID

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

RECEIVED
FEB 12 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 02/02/2026		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 Wildwood Ave	
		City, State, Zip Code: Montclair, NJ 07043	
		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: 52 Wildwood Ave			
City (5): Montclair		Square Feet	# of Floors / Bldg. Age
County (6): Essex	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): MHM Restoration LLC	
Street Address		Street Address: 164 Meriline Ave Apt C	
City, State, Zip Code		City, State, Zip Code: Woodland Park NJ 07424	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 862-386-8433	License No.: 02090
Start Date (10): 02/12/2026	Scheduled Completion Date (11): 02/25/2026	Name of OSHA Monitor: MHM 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: _____		Street Address: 164 Meriline Ave Apt C	
		City, State, Zip Code: Woodland Park NJ 07424	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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 and 2nd floor		*		VAT and mastic	1080SF	*			
basement		*		pipe insulation	80LF	*			
1st and 2nd floor		*		wall plaster, Sheetrock	800SF	*			
1nd and 2nd floor		*		ceiling plaster	250SF				

Name of Registered Waste Hauler: MHM Restoration LLC	NJDEP Waste Hauler ID No.: 0042035	Cubic Yards of Waste: N/A	Name of Registered Landfill: Fairless
City, State: Woodland Park NJ		Disposal Date: TBD	City, State: Morrisville PA

Completed by: Mike Hadzic	Title: owner	Signature	Date: 02/02/2026

ASB-41 (R-06-08)

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

4385

Print Form

PAID

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

RECEIVED
Check #4385
FEB 12 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 2/6/26		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. MacMillian Building 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) 19 Lake Lane		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 19 Lake Lane			
City (5) Princeton		Square Feet 1716	# of Floors 1
			Bldg. Age 69
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) Montrose Environmental	ASCM No.	Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.	
Street Address 500 Horizon Dr., Suite 540		Street Address 923 Haws Ave.	
City, State, Zip Code Robbinsville, NJ 08691		City, State, Zip Code Norristown, PA 19401	
Project Manager for Monitoring Firm Julian Fernandez-Obregon	Telephone No. 609-838-9430	Telephone No. 610-239-9920	License No. 00398
Start Date (10) 2/23/26	Scheduled Completion Date (11) 2/24/26	Name of OSHA Monitor Plymouth Environmental Co., 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 923 Haws Ave. City, State, Zip Code Norristown, PA 19401	

Scope of 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 Bathroom		X		Pipe Insulation	15 LF	X			

Name of Registered Waste Hauler Waste Management	NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill
City, State Newtown, PA		Disposal Date TBD	City, State Falls Township

Completed by Matthew Kelly	Title Project Manager	Signature Matthew Kelly	Date 2/6/26

ASB-41 (R-06-08)

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