

1755

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

4355510  
ckt# 1755



RECEIVED

APR - 1 2026

ASBESTO

SDNG

Date of Notification (1) 3/27/2026		Name of Building Owner/Operator (2) Private property	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 3812 Bergen Turnpike	
		City, State, Zip Code Union City NJ	
		Name of Contact ASBESTO	Telephone Number SDNG

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 3812 Bergen Turnpike		Square Feet 2000 SF	# of Floors 2 floor
City (5) Union City NJ		Bldg. Age +50	
County (6) Hudson County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No. N/A	Name of Abatement Contractor (9) ACM Solutions Services LLC	
Street Address N/A		Street Address 1435 51st Street	
City, State, Zip Code N/A		City, State, Zip Code North Bergen NJ 07047	
Project Manager for Monitoring Firm N/A	Telephone No.	Telephone No. 201-552-9685	License No. 01384

Start Date (10) 4/13/2026	Scheduled Completion Date (11) 4/120/2026	Name of OSHA Monitor Hillman Consulting	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 AM to 4:00 PM		Street Address 1620 Route 22 East	
		City, State, Zip Code Union NJ 07803	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior House			x	Transite shingles	2500 SF	x			
Garage			x	Main roof	900 SF	x			
House Lower Roof			x	lower roof	450 SF	x			
Retail Store			x	roof	750 SF	x			

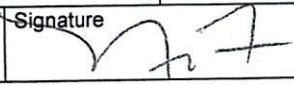
Name of Registered Waste Hauler Rovic transport	NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste	Name of Registered Landfill Blythe Township Landfill	
City, State 60 Riverdale Rd Riverdale NJ		Disposal Date	City, State 1061 Burma Rd New Philadelphia NJ	
Completed by Galo Zumba	Title Principal	Signature 	Date 3/27/2026	

50217

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

**PAID**

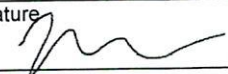
RECEIVED  
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Date of Notification (1) <b>03 / 23 / 26</b>		Name of Building Owner/Operator (2) <b>LBJ Interior Solutions</b>								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1 Industrial Way W. Bldg E Suite M</b>								
		City, State, Zip Code <b>Eatontown, NJ 07724</b>								
		Name of Contact	Telephone Number							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) <b>Building</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)								
Street Address <b>167 Main Street, 2<sup>nd</sup> floor</b>		Square Feet <b>10,000</b>	# of Floors <b>4</b>							
City (5) <b>Sayreville</b>		Bldg. Age <b>80</b>								
County (6) <b>Middlesex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Building</b>								
Name of Monitoring Firm Hired by Building Owner (8) <b>Guardian Contracting, Inc.</b>	ASCM No.	Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>								
Street Address <b>1889 Route 9, Unit 61</b>		Street Address <b>1889 Route 9, Unit 61</b>								
City, State, Zip Code <b>Toms River, New Jersey 08755</b>		City, State, Zip Code <b>Toms River, New Jersey 08755</b>								
Project Manager for Monitoring Firm <b>Nicholas Fernicola</b>	Telephone No. <b>732-349-9932</b>	Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>							
Start Date (10) <b>03 / 23 / 26</b>	Scheduled Completion Date (11) <b>03 / 26 / 26</b>	Name of OSHA Monitor <b>E.M.S.L. Analytical</b>								
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>1056 Stelton</b>								
		City, State, Zip Code <b>Piscataway, New Jersey 08854</b>								
Scope of Work (Check all that apply)										
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
interior 2 <sup>nd</sup> floor finance office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos floor tile	2400 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>Fairless Landfill</b>						
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>03/26/26</b>	City, State <b>Morrisville, Pennsylvania</b>							
Completed By (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>	Signature 				Date <b>3/23/26</b>			

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

2106

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

Date of Notification (1) 3/27/2026		Name of Building Owner/Operator (2) <b>RECEIVED</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 7 Ford Ave							
		City, State, Zip Code Hopatcong, NJ 07843							
		Name of Contact _____ Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Single Family Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 7 Ford Ave		Square Feet unknown	# of Floors 2						
City (5) Hopatcong		Bldg. Age unknown							
County (6) Sussex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No. _____	Name of Abatement Contractor (9) Gold Coast Management LLC						
Street Address		Street Address 30 Sherman Ave							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07307							
Project Manager for Monitoring Firm TBD		Telephone No. TBD	Telephone No. 908-270-8556						
License No. TBD		License No. 02109							
Start Date (10) 3/30/2026	Scheduled Completion Date (11) 3/31/2026	Name of OSHA Monitor John Kim							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 254 Ridgewood Ave							
		City, State, Zip Code Glen Ridge NJ 07028							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Floor Tile	300 SF	X			
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. NJ860	Cubic Yards of Waste 5	Name of Registered Landfill Conestoga Landfill					
City, State Elizabeth, NJ		Disposal Date		City, State Morgantown PA					
Completed by John Kim		Title President	Signature 			Date			

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

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Date of Notification (1) 03-25-26		Name of Building Owner/Operator (2) Caravella Demolition Inc.							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 40 Deforest Ave.							
		City, State, Zip Code East Hanover, NJ 07936							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 2715 Federal St.		Square Feet	# of Floors 2						
City (5) Camden		Bldg. Age							
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.						
Street Address		Street Address 1119 East Grand St.							
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07201							
Project Manager for Monitoring Firm		Telephone No. 908 576-7646	License No. 01206						
Start Date (10) 03-26-26	Scheduled Completion Date (11) 03-31-26	Name of OSHA Monitor Delfa Contracting LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1119 East Grand							
		City, State, Zip Code Elizabeth, NJ 07201							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Entire Property		x		Wet Demolition Asbestos Debris					
				Damage Compromise Structure					
				Waste Will be Disposed as ACM					
Name of Registered Waste Hauler Caravella Demolition Inc.		NJDEP Waste Hauler ID No. 35685	Cubic Yards of Waste 200	Name of Registered Landfill Waste Management of Pennsylvania					
City, State East Hanover, NJ		Disposal Date 03-27-26		City, State Fairless, PA					
Completed by Jaime Delgado		Title Proj. Manager.	Signature <i>Jaime Delgado</i>		Date 03-25-26				

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

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

CR# 17115

Date of Notification (1) 3/18/2026		Name of Building Owner/Operator (2) 2G Eatontown LLC		APR - 1 2026
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 24 Merchants Way	
			City, State, Zip Code Colts Neck NJ 07722 NJ	
			Name of Contact	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 54 Monmouth Rd		Square Feet 18000 SF	# of Floors 1 floor	Bldg. Age +50
City (5) Eatontown NJ		Current Use (Prior if being demolished)		
County (6) Monmouth County		County Code (7) (STATE USE ONLY)		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) ACM Solutions Services LLC	
Street Address N/A		Street Address 1435 51st Street		
City, State, Zip Code N/A		City, State, Zip Code North Bergen NJ 07047		
Project Manager for Monitoring Firm N/A		Telephone No.	Telephone No. 201-552-9685	License No. 01384
Start Date (10) 3/30/2026	Scheduled Completion Date (11) 5/11/2026		Name of OSHA Monitor Hillman Consulting	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 AM to 4:00 PM		Street Address 1620 Route 22 East		
		City, State, Zip Code Union NJ 07803		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			x	the entire site is going to treat as friable matyertial	18000 SF	x			

Name of Registered Waste Hauler Ropvic transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste	Name of Registered Landfill Blythe Township Landfill	
City, State 60 Riverdale Rd Riverdale NJ			Disposal Date	City, State 1061 Burma Rd New Philadelphia NJ	
Completed by Galo Zumba		Title Principal	Signature 	Date 3/18/2026	

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

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ASBESTOS CONTROL & LICENSING

APR - 1 2026

Date of Notification (1) March 27, 2026		Name of Building Owner/Operator (2) Lawrenceville Shopping Associates LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #4 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 112 West 34th Street, Suite 2106	
		City, State, Zip Code New York, NY 10120	
		Name of Contact Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Burlington Store		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 2495 Route 1		Square Feet 50,000	# of Floors 20
City (5) Lawrencville		Bldg. Age 50+	
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Retail	
Name of Monitoring Firm Hired by Building Owner (8) Atlas Technical Consultants		ASCM No.	Name of Abatement Contractor (9) ecoservices, LLC
Street Address 3 Terri Lane		Street Address 303 B National Road	
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Exton, PA 19341	
Project Manager for Monitoring Firm John Lutz	Telephone No. 609-386-8800	Telephone No. 484-872-8884	License No. 01161
Start Date (10) 2/17/26	Scheduled Completion Date (11) 6/30/26	Name of OSHA Monitor EMSL	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>in segregated area</u>		Street Address 200 Route 130 North	
		City, State, Zip Code Cinnaminson, NJ	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) 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
Western portion - Phase I		X		Mastic	9,580 SF	X			
Western portion - Phase II		X		Mastic	10,000 SF	X			
Under Mezzanine		X		Mastic	6,000 SF	X			

Name of Registered Waste Hauler Waste Management of Trenton	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 100	Name of Registered Landfill Fairless Landfill
City, State Trenton, NJ	Disposal Date TBD	City, State Morrisville, PA	
Completed by Jack Bally	Title Sr. Project Manager	Signature <i>Jack Bally @</i>	Date March 27, 2026

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

RECEIVED

Date of Notification (1) <u>3</u> / <u>30</u> / <u>26</u>		Name of Building Owner/Operator (2) <b>Transcontinental Gas Pipe Line</b>		Job # <b>2603-6560</b> Check# <b>17793</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>315 Cold Soil Rd.</b>	
		City, State, Zip Code <b>Princeton, NJ 08540</b>		ASBESTOS CONTROL & LICENSING	
		Name of Contact		Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Williams/Transco Dig #C 1013790-3</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>122 Laurel Avenue</b>		Square Feet	
City (5) <b>Kingston</b>		# of Floors	Bldg. Age
County (6) <b>Somerset</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Gas Pipe Line</b>	

Name of Monitoring Firm Hired by Building Owner (8) <b>NA</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>	
Street Address		Street Address <b>30 Maple Ave. PO Box 25</b>		
City, State, Zip Code		City, State, Zip Code <b>Lumberton, NJ 08048</b>		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>

Start Date (10) <u>4</u> / <u>8</u> / <u>26</u>	Scheduled Completion Date (11) <u>4</u> / <u>9</u> / <u>26</u>	Name of OSHA Monitor <b>IATL Analytical</b>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address <b>9000 Commerce Parkway Suite B</b>		
		City, State, Zip Code <b>Mt Laurel, NJ 08054</b>		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Exterior #C1013790-3</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Coal Tar Wrap- 42" Line</b>	<b>22 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>12</b>	Name of Registered Landfill <b>Fairless Landfill</b>	
City, State <b>Lumberton, NJ</b>		Disposal Date <b>4/9/26</b>	City, State <b>Morrisville, PA 19067</b>		
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature	Date <b>3-30-26</b>

8286

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

**RECEIVED**

Date of Notification (1) <b>03/25/2026</b>		Name of Building Owner/Operator (2)	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>930 Adeline St</b>	
		City, State, Zip Code <b>Trenton NJ 08610</b>	
		Name of Contact <b>ASBESTOS CONSULTING &amp; LICENSING</b>	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>930 Adeline St</b>		Square Feet	# of Floors
City (5) <b>Trenton</b>		Bldg. Age	
County (6) <b>Mercer</b>	County Code (7) <i>(STATE USE ONLY)</i>	Current Use (Prior if being demolished)	

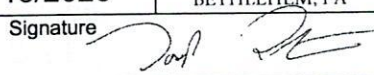
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA Lead Professionals	
Street Address		Street Address 6 White Dove Court		
City, State, Zip Code		City, State, Zip Code Lakewood, NJ, 08701		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-719-5649	License No. 1200

Start Date (10) <b>04/10/2026</b>	Scheduled Completion Date (11) <b>04/13/2026</b>	Name of OSHA Monitor AAA Lead Professionals		
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 White Dove Court		
		City, State, Zip Code Lakewood, NJ, 08701		

Scope of Work (Check All That Apply)

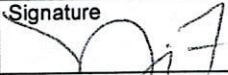
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Interior				Pipe insulation	130 LF	<input checked="" type="checkbox"/>				

Name of Registered Waste Hauler <b>Lead Professionals Inc</b>		NJDEP Waste Hauler ID No. <b>35103</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>IESI</b>	
City, State <b>Lakewood, NJ</b>		Disposal Date <b>04/13/2026</b>		City, State <b>BETHLEHEM, PA</b>	
Completed by <b>JOSEPH PERLSTEIN</b>	Title <b>OWNER</b>	Signature 		Date <b>03/25/2026</b>	

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

3934950  
RECEIVED  
50212  
MAR 30 2026  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>03</u> / <u>24</u> / <u>26</u>		Name of Building Owner/Operator (2) <b>-New Horizon Properties</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>79 Route 520, Suite 200</b>							
		City, State, Zip Code <b>Englishtown, NJ 07726</b>							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Building 2</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>100 Pemberton-Browns Mills Road</b>		Square Feet <b>12,000</b>	# of Floors <b>1</b>						
City (5) <b>Pemberton</b>		Bldg. Age <b>80</b>							
County (6) <b>Burlington</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Building 2</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Guardian Contracting, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>						
Street Address <b>1889 Route 9, Unit 61</b>		Street Address <b>1889 Route 9, Unit 61</b>							
City, State, Zip Code <b>Toms River, New Jersey 08755</b>		City, State, Zip Code <b>Toms River, New Jersey 08755</b>							
Project Manager for Monitoring Firm <b>Nicholas Fernicola</b>		Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>						
Start Date (10) <u>04</u> / <u>03</u> / <u>26</u>	Scheduled Completion Date (11) <u>04</u> / <u>24</u> / <u>26</u>	Name of OSHA Monitor <b>E.M.S.L. Analytical</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>1056 Stelton</b>							
		City, State, Zip Code <b>Piscataway, New Jersey 08854</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos roofing	12,000 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
interior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos floor tile & mastic	7000 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>45</b>	Name of Registered Landfill <b>Fairless Landfill</b>					
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>04/24/26</b>		City, State <b>Morrisville, Pennsylvania</b>					
Completed By (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>	Signature 			Date <b>3/24/26</b>			

50211

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

RECEIVED

Date of Notification (1) <u>03</u> / <u>24</u> / <u>26</u>		Name of Building Owner/Operator (2) <b>New Horizon Properties</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>79 Route 520, Suite 200</b>	
		City, State, Zip Code <b>Englishtown, NJ 07726</b>	
		Name of Contact	Telephone Number

MAR 30 2006

ASBESTOS CONTROL & LICENSING

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Building 1</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>100 Pemberton-Browns Mills Road</b>		Square Feet <b>10,000</b>	# of Floors <b>1</b>
City (5) <b>Pemberton</b>		Bldg. Age <b>80</b>	
County (6) <b>Burlington</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Building 1</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Guardian Contracting, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>
Street Address <b>1889 Route 9, Unit 61</b>		Street Address <b>1889 Route 9, Unit 61</b>	
City, State, Zip Code <b>Toms River, New Jersey 08755</b>		City, State, Zip Code <b>Toms River, New Jersey 08755</b>	
Project Manager for Monitoring Firm <b>Nicholas Fernicola</b>	Telephone No. <b>732-349-9932</b>	Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>
Start Date (10) <u>04</u> / <u>03</u> / <u>26</u>	Scheduled Completion Date (11) <u>04</u> / <u>24</u> / <u>26</u>	Name of OSHA Monitor <b>E.M.S.L. Analytical</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>1056 Stelton</b>	
		City, State, Zip Code <b>Piscataway, New Jersey 08854</b>	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos roofing	10,000 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
interior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos floor tile & mastic	2200 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
interior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	wallboard	20 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>	NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>45</b>	Name of Registered Landfill <b>Fairless Landfill</b>
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>04/24/26</b>	City, State <b>Morrisville, Pennsylvania</b>
Completed By (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature 	Date <b>3/24/26</b>

\* 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)

4179

Date of Notification (1) <b>03 / 23 / 26</b>		Name of Building Owner/Operator (2) <b>Windsor Regency Condos Job #2603-3506 check# 4179</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>43 Garden View Terrace, Unit 9</b>	
		City, State, Zip Code <b>East Windsor NJ</b>	
		Name of Contact	Telephone Number

RECEIVED

MAR 30 2026

ASBESTOS CONTROL & LICENSING

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residential- 56-15 Garden View Terrace</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>56-15 Garden View Terrace</b>		Square Feet <b>TBD</b>	# of Floors <b>1</b>
City (5) <b>East Windsor</b>		Bldg. Age <b>1968</b>	
County (6) <b>Mercer</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Vacant</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Finog Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>
Street Address <b>617 Stokes Road #4-318</b>		Street Address <b>70 Stacy Haines Road Suite 4</b>	
City, State, Zip Code <b>Medford NJ 08055</b>		City, State, Zip Code <b>Lumberton NJ 08048</b>	
Project Manager for Monitoring Firm <b>Rebecca Rubnitz</b>	Telephone No. <b>856-596-9994</b>	Telephone No. <b>609-702-0400</b>	License No. <b>00862</b>
Start Date (10) <b>04 / 08 / 26</b>	Scheduled Completion Date (11) <b>04 / 08 / 26</b>	Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>200 U.S. Route 130 North</b>	
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>	

Scope of Work (Check all that apply)

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

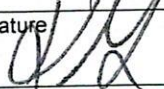
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Mechanical Closet</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Elbows/Fittings</b>	<b>2 each</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Asbestos and Mold Services Corp</b>	NJDEP Waste Hauler ID No. <b>0035680</b>	Cubic Yards of Waste <b>80</b>	Name of Registered Landfill <b>Fairless Hills</b>
City, State <b>Lumberton, NJ</b>		Disposal Date <b>04/08/2026</b>	City, State <b>Morrisville, PA</b>
Completed By (Print or Type) <b>Kaysi Gruner</b>	Title <b>Office Admin</b>	Signature 	Date <b>3/23/26</b>

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

RECEIVED

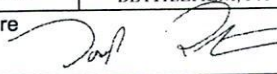
4177

Date of Notification (1) <b>03 / 23 / 26</b>		Name of Building Owner/Operator (2) <b>Windsor Regency Condos Job #2603-3506 check# 4177</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>43 Garden View Terrace, Unit 9</b>							
		City, State, Zip Code <b>East Windsor NJ</b>							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residential- 6-7 Pine Lane</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>6-7 Pine Lane</b>		Square Feet <b>TBD</b>	# of Floors <b>1</b>						
City (5) <b>East Windsor</b>		Bldg. Age <b>1968</b>							
County (6) <b>Mercer</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Vacant</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Finog Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>						
Street Address <b>617 Stokes Road #4-318</b>		Street Address <b>70 Stacy Haines Road Suite 4</b>							
City, State, Zip Code <b>Medford NJ 08055</b>		City, State, Zip Code <b>Lumberton NJ 08048</b>							
Project Manager for Monitoring Firm <b>Rebecca Rubnitz</b>	Telephone No. <b>856-596-9994</b>	Telephone No. <b>609-702-0400</b>	License No. <b>00862</b>						
Start Date (10) <b>04 / 06 / 26</b>	Scheduled Completion Date (11) <b>04 / 07 / 26</b>	Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>200 U.S. Route 130 North</b>							
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Crawlspace</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Pipe Insulation</b>	<b>220 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Asbestos and Mold Services Corp</b>		NJDEP Waste Hauler ID No. <b>0035680</b>	Cubic Yards of Waste <b>80</b>	Name of Registered Landfill <b>Fairless Hills</b>					
City, State <b>Lumberton, NJ</b>		Disposal Date <b>04/07/2026</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Kaysi Gruner</b>	Title <b>Office Admin</b>	Signature 				Date <b>3/23/26</b>			

8386

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

RECEIVED

Date of Notification (1) <b>03/25/2026</b>		Name of Building Owner/Operator (2)							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>55 E 5TH ST</b> City, State, Zip Code <b>BAYONNE NJ 07002</b> Name of Contact _____ Telephone Number _____					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address <b>55 E 5TH ST</b>				Square Feet					
City (5) <b>BAYONNE</b>				# of Floors					
County (6) <b>HUDSON</b>				Bldg. Age					
County Code (7) <b>(STATE USE ONLY)</b>		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA Lead Professionals						
Street Address		Street Address 6 White Dove Court							
City, State, Zip Code		City, State, Zip Code Lakewood, NJ, 08701							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-719-5649	License No. 1200					
Start Date (10) <b>04/14/2026</b>		Scheduled Completion Date (11) <b>04/14/2026</b>		Name of OSHA Monitor AAA Lead Professionals					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____				Street Address 6 White Dove Court					
				City, State, Zip Code Lakewood, NJ, 08701					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>EXTERIOR</b>				<b>SIDING</b>	<b>1500 SF</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Lead Professionals Inc</b>		NJDEP Waste Hauler ID No. <b>35103</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>IESI</b>					
City, State <b>Lakewood, NJ</b>		Disposal Date <b>04/14/2026</b>		City, State <b>BETHLEHEM, PA</b>					
Completed by <b>JOSEPH PERLSTEIN</b>		Title <b>OWNER</b>	Signature 		Date <b>03/25/2026</b>				

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

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4176

Date of Notification (1) <b>03 / 23 / 26</b>		Name of Building Owner/Operator (2) <b>Windsor Regency Condos Job #2603-3506 check# 4176</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>43 Garden View Terrace, Unit 9</b>	
		City, State, Zip Code <b>East Windsor NJ</b>	
		Name of Contact	Telephone Number

ASBESTOS CONTROL & LICENSING

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residential- 6-5 Pine Lane</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>6-5 Pine Lane</b>		Square Feet <b>TBD</b>	# of Floors <b>1</b>
City (5) <b>East Windsor</b>		Bldg. Age <b>1968</b>	
County (6) <b>Mercer</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Vacant</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Finog Environmental</b>		ASCM No.	
Street Address <b>617 Stokes Road #4-318</b>		Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>	
City, State, Zip Code <b>Medford NJ 08055</b>		Street Address <b>70 Stacy Haines Road Suite 4</b>	
Project Manager for Monitoring Firm <b>Rebecca Rubnitz</b>		City, State, Zip Code <b>Lumberton NJ 08048</b>	
Telephone No. <b>856-596-9994</b>	Telephone No. <b>609-702-0400</b>	License No. <b>00862</b>	
Start Date (10) <b>04 / 06 / 26</b>	Scheduled Completion Date (11) <b>04 / 08 / 26</b>	Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>200 U.S. Route 130 North</b>	
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Crawlspace</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Pipe &amp; Fitting Insulation</b>	<b>280 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Asbestos and Mold Services Corp</b>		NJDEP Waste Hauler ID No. <b>0035680</b>	Cubic Yards of Waste <b>80</b>	Name of Registered Landfill <b>Fairless Hills</b>	
City, State <b>Lumberton, NJ</b>		Disposal Date <b>04/08/2026</b>		City, State <b>Morrisville, PA</b>	
Completed By (Print or Type) <b>Kaysi Gruner</b>	Title <b>Office Admin</b>	Signature 			Date <b>3/23/26</b>

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

17830

RECEIVED

Date of Notification (1) <u>3</u> / <u>25</u> / <u>26</u>		Name of Building Owner/Operator (2) <b>Jersey City Public Schools Job #2603-6550 Check #17830</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>346 Claremont Avenue</b>	
		City, State, Zip Code <b>Jersey City, NJ 07305</b>	
		Name of Contact <b>Business Administration</b>	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Dickinson HS</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>2 Palisade Avenue</b>		Square Feet	# of Floors
City (5) <b>Jersey City</b>		Bldg. Age	
County (6) <b>Hudson</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection</b>	ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>	
Street Address <b>120 North Warren St.</b>		Street Address <b>30 Maple Ave. PO Box 25</b>	
City, State, Zip Code <b>Trenton, NJ 08608</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>	
Project Manager for Monitoring Firm <b>Jordan Reed</b>	Telephone No. <b>609-392-4200</b>	Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>

Start Date (10) <u>4</u> / <u>6</u> / <u>26</u>	Scheduled Completion Date (11) <u>5</u> / <u>1</u> / <u>26</u>	Name of OSHA Monitor <b>IATL</b>
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Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>      </u> AM - <u>      </u> PM / <u>3</u> PM - <u>12</u> AM	Street Address <b>9000 Commerce Parkway</b>
	City, State, Zip Code <b>Mount Laurel, NJ 08054</b>

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Main Storage Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Duct Vibration Cloth	8 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room #237	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room #208 & Room #230	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	20 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	O&M Hole Drilling/Spot Removal	22 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>AbateTech, Inc.</b>	NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>Fairless Landfill</b>
City, State <b>Lumberton, NJ</b>	Disposal Date <b>5/1/26</b>	City, State <b>Morrisville, PA</b>	

Completed By (Print or Type) <b>Gwen Trumbetti</b>	Title <b>Operations Coord.</b>	Signature <i>Gwen Trumbetti</i>	Date <b>3-25-26</b>
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4676

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

RECEIVED  
 CHECK # 46020

Date of Notification (1) <b>3 / 26 / 26</b>		Name of Building Owner/Operator (2) <b>SRI International</b>		MAR 30 2026					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>201 Washington Rd</b>		ASBESTOS CONTROL & LICENSING					
		City, State, Zip Code <b>Princeton, NJ 08540</b>		Telephone Number					
		Name of Contact							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>SRI International</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address <b>201 Washington Rd</b>			Square Feet	# of Floors	Bldg. Age <b>50+</b>				
City (5) <b>Princeton</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>Office</b>					
County (6) <b>Mercer</b>									
Name of Monitoring Firm Hired by Building Owner (8) <b>RBS Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, LLC</b>						
Street Address <b>24 Veterans Square</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Media, PA 19063</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Michael Stocku</b>		Telephone No. <b>610-865-0031</b>	Telephone No. <b>215-788-6040</b>	License No. <b>02121</b>					
Start Date (10) <b>4 / 6 / 26</b>		Scheduled Completion Date (11) <b>4 / 17 / 26</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, LLC</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-3:30PM</b> /____PM-____AM			Street Address <b>1123 BEAVER STREET</b>						
			City, State, Zip Code <b>BRISTOL, PA 19007</b>						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Library-kitchen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	30 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Library-main area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	2000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Bristol Environmental</b>		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill <b>Fairless Landfill</b>					
City, State <b>Bristol, PA</b>		Disposal Date		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Brian Scafiro</b>		Title <b>Estimator</b>	Signature <i>Brian Scafiro</i>		Date <b>3/20/26</b>				

ASB-41  
 MAY 11 **BS26030**

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

4625

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

RECHECK # 4625

Date of Notification (1) <u>3</u> / <u>26</u> / <u>26</u>		Name of Building Owner/Operator (2) <u>Verizon</u>								
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>15 East Montgomery Place, Lower Level</b>								
		City, State, Zip Code <b>Pittsburgh, PA 15212</b>								
		Name of Contact _____ Telephone Number _____								
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) <b>Verizon Beach Haven CO</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)								
Street Address <b>1900 Long Beach Blvd</b>		Square Feet <b>3525</b>	# of Floors <b>1</b>							
City (5) <b>Beach Haven</b>		Bldg. Age <b>50+</b>								
County (6) <b>Ocean</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Office</b>								
Name of Monitoring Firm Hired by Building Owner (8) <b>USA Environmental Management</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, LLC</b>							
Street Address <b>344 State St</b>		Street Address <b>1123 BEAVER STREET</b>								
City, State, Zip Code <b>Trenton, NJ 08618</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>								
Project Manager for Monitoring Firm <b>Richard Reynolds</b>	Telephone No. <b>609.656.8101</b>	Telephone No. <b>215-788-6040</b>	License No. <b>02121</b>							
Start Date (10) <u>4</u> / <u>6</u> / <u>26</u>	Scheduled Completion Date (11) <u>4</u> / <u>14</u> / <u>26</u>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, LLC</b>								
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ <b>5:00PM-1:30AM</b>		Street Address <b>1123 BEAVER STREET</b>								
		City, State, Zip Code <b>BRISTOL, PA 19007</b>								
Scope of Work (Check all that apply)										
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
<b>1st floor equipment area</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor tile and mastic</b>	<b>750 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>	Cubic Yards of Waste	Name of Registered Landfill <b>Fairless Landfill</b>						
City, State <b>Freehold, NJ</b>		Disposal Date	City, State <b>Morrisville, PA</b>							
Completed By (Print or Type) <b>Brian Scafiro</b>	Title <b>Estimator</b>	Signature <i>Brian Scafiro/umo</i>				Date <b>3/26/26</b>				

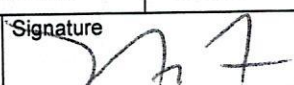
ASB-41 MAY 11 **BS260023**

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

50219

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

RECEIVED

Date of Notification (1) <u>03</u> / <u>27</u> / <u>26</u>		Name of Building Owner/Operator (2) <b>Hometown America Communities</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1616 Pennsylvania Avenue</b>							
		City, State, Zip Code <b>Vineland, NJ 08361</b>							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>1616 Pennsylvania Avenue #17</b>		Square Feet <b>750</b>	# of Floors <b>1</b>						
City (5) <b>Vineland</b>		Bldg. Age <b>80</b>							
County (6) <b>Cumberland</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residence</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>	ASCM No.	Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>							
Street Address		Street Address <b>1889 Route 9, Unit 61</b>							
City, State, Zip Code		City, State, Zip Code <b>Toms River, New Jersey 08755</b>							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>						
Start Date (10) <u>04</u> / <u>08</u> / <u>26</u>	Scheduled Completion Date (11) <u>04</u> / <u>13</u> / <u>26</u>	Name of OSHA Monitor <b>E.M.S.L. Analytical</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>1056 Stelton</b>							
		City, State, Zip Code <b>Piscataway, New Jersey 08854</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos roof	750 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	caulk 13 windows, 1 door	100 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>Fairless Landfill</b>					
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>04/13/26</b>	City, State <b>Morrisville, Pennsylvania</b>						
Completed By (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature 				Date <b>3/27/26</b>			

11948

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

Check RECEIVED  
#11948

Print Form

Date of Notification (1) <b>MARCH 30, 2026</b>		Name of Building Owner/Operator (2) <b>APR - 1 2026</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>13 CEMETERY ROAD</b> City, State, Zip Code <b>INDEPENDENCE, NJ 07840</b> Name of Contact _____ Telephone Number _____					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>SINGLE FAMILY DWELLING</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address <b>13 CEMETERY ROAD</b>			Square Feet	# of Floors <b>2</b>	Bldg. Age <b>100+-</b>				
City (5) <b>INDEPENDENCE, NJ 07840</b>			Current Use (Prior if being demolished)						
County (6) <b>WARREN</b>		County Code (7) <b>(STATE USE ONLY)</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC TECHNOLOGIES</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>EPC TECHNOLOGIES</b>						
Street Address <b>P. O. BOX 337</b>		Street Address <b>P. O. BOX 337</b>							
City, State, Zip Code <b>NEW EGYPT, NJ 08533</b>		City, State, Zip Code <b>NEW EGYPT, NJ 08533</b>							
Project Manager for Monitoring Firm <b>STEVE SCHENKER</b>		Telephone No. <b>609-744-6384</b>	Telephone No. <b>609-744-6384</b>	License No. <b>00394</b>					
Start Date (10) <b>APRIL 9, 2026</b>		Scheduled Completion Date (11) <b>APRIL 17, 2026</b>		Name of OSHA Monitor <b>EPC TECHNOLOGIES</b>					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address <b>P. O. BOX 337</b> City, State, Zip Code <b>NEW EGYPT, NJ 08533</b>						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>BASEMENT</b>	<b>(XX)</b>			<b>PIPE INSULATION</b>	<b>60 LF</b>	<b>XXX</b>			
Name of Registered Waste Hauler <b>EPC TECHNOLOGIES</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>FAIRLESS LANDFILL</b>					
City, State <b>NEW EGYPT, NJ 08533</b>		Disposal Date <b>BY 4/17/26</b>		City, State <b>MORRISVILLE, PA</b>					
Completed by <b>STEVE SCHENKER</b>		Title <b>PRESIDENT</b>		Signature <i>Steve Schenker</i>		Date <b>MARCH 30, 2026</b>			

1904

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

CHK# 1904

Date of Notification (1) 3/26/26		Name of Building Owner/Operator (2)												
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 135 Oakview Ave.		APR - 1 2026								
				City, State, Zip Code Maplewood, NJ 07040		ASBESTOS CONTROL & LICENSING Telephone Number								
				Name of Contact										
<b>FACILITY INFORMATION</b>														
Name of Facility Where Abatement is Taking Place (3) Residential Property				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)										
Street Address 135 Oakview Ave.				Square Feet 2,387		# of Floors 2	Bldg. Age 1924							
City (5) Maplewood, NJ 07040		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)										
County (6) Essex														
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.	Name of Abatement Contractor (9) DANVIC CONTRACTING LLC										
Street Address			Street Address 240 South 5th St.											
City, State, Zip Code			City, State, Zip Code Elizabeth, NJ 07206											
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 908-906-4123		License No. 01355								
Start Date (10) 4/11/26		Scheduled Completion Date (11) 4/14/2026		Name of OSHA Monitor Iris Environmental Laboratories, Inc.										
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIED				Street Address 2333 Route 22 West										
				City, State, Zip Code Union, NJ 07083										
Scope of Work (Check All That Apply)														
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf		<input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Demolition								
				<input checked="" type="checkbox"/> Full Containment with Negative Pressure		<input checked="" type="checkbox"/> Mini-Enclosure								
				<input checked="" type="checkbox"/> Glovebag Procedure		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)			Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type				
										Removal	Repair	Encapsulate	Enclosure	
Basement			Yes	No	N/A	Pipe Insulation		100 LF		X				
Name of Registered Waste Hauler Danvic Contracting LLC			NJDEP Waste Hauler ID No. 37574		Cubic Yards of Waste TBD		Name of Registered Landfill Fairless Landfill							
City, State Elizabeth, NJ			Disposal Date TBD		City, State Morrisville, PA									
Completed by Jeymy Donneys			Title Owner		Signature <i>Jeymy Donneys</i>			Date 3/26/26						

903



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

CHK 41903  
 RECEIVED

Date of Notification (1) 3/26/2026		Name of Building Owner/Operator (2)							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 60 Clinton Ave.		APR - 1 2026				
			City, State, Zip Code New Providence, NJ 07974						
			Name of Contact _____		Telephone Number _____				
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential Property			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 60 Clinton Ave.			Square Feet 1,777	# of Floors 2	Bldg. Age 1938				
City (5) New Providence, NJ 07974			Current Use (Prior if being demolished) _____						
County (6) Union		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) _____		ASCM No. _____	Name of Abatement Contractor (9) DANVIC CONTRACTING LLC						
Street Address 240 South 5th St.									
City, State, Zip Code _____			City, State, Zip Code Elizabeth, NJ 07206						
Project Manager for Monitoring Firm _____		Telephone No. _____	Telephone No. 908-906-4123	License No. 01355					
Start Date (10) 4/11/2026	Scheduled Completion Date (11) 4/14/2026		Name of OSHA Monitor Iris Environmental Laboratories, Inc.						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIED			Street Address 2333 Route 22 West						
			City, State, Zip Code Union, NJ 07083						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	100 LF	X			
Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill					
City, State Elizabeth, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Jeymy Donneys		Title Owner	Signature <i>Jeymy Donneys</i>		Date 3/26/2026				

105

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


CHK# VL905

Date of Notification (1) 3/26/26		Name of Building Owner/Operator (2)							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 241 E Chestnut Ave. APR - 1 2026							
		City, State, Zip Code Metuchen, NJ 08840 ASBESTOS CONTROL & LICENSING							
		Name of Contact		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential Property			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 241 E Chestnut Ave.			Square Feet 4,500	# of Floors 2	Bldg. Age 1932				
City (5) Metuchen, NJ 08840			Current Use (Prior if being demolished)						
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) DANVIC CONTRACTING LLC						
Street Address		Street Address 240 South 5th St.							
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07206							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 908-906-4123	License No. 01355					
Start Date (10) 4/12/26	Scheduled Completion Date (11) 4/14/26		Name of OSHA Monitor Iris Environmental Laboratories, Inc.						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIED			Street Address 2333 Route 22 West						
			City, State, Zip Code Union, NJ 07083						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	100 LF	X			
Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No. 37574		Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill				
City, State Elizabeth, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Jeymy Donneys		Title Owner		Signature <i>Jeymy Donneys</i>		Date 3/26/26			

2083

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

✓ # 2083

Date of Notification (1) <b>03 / 30 / 26</b>		Name of Building Owner/Operator (2) <b>Turdor Court Co-op Association</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>3</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>800 North Broad Street</b>							
		City, State, Zip Code <b>Elizabeth, NJ 07021</b>							
		Name of Contact	Telephone Number <b>201-262-5841</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Turdor Court</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>800 North Broad Street</b>		Square Feet <b>25000</b>	# of Floors <b>2</b>						
City (5) <b>Elizabeth, NJ 07021</b>		Bldg. Age <b>50+</b>							
County (6) <b>Union</b>	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) <b>A. Mac Contracting Inc.</b>						
Street Address		Street Address <b>176 Saddle River Avenue</b>							
City, State, Zip Code		City, State, Zip Code <b>South Hackensack, NJ 07606</b>							
Project Manager for Monitoring Firm		Telephone No. <b>201-262-5841</b>	License No. <b>00156</b>						
Start Date (10) <b>03 / 31 / 26</b>	Scheduled Completion Date (11) <b>4 / 03 / 26</b>	Name of OSHA Monitor <b>Asbestos Analytical Labs</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>8:00 AM-4:30 PM</b> AM		Street Address <b>51 Gage Road</b>							
		City, State, Zip Code <b>East Brunswick, NJ 08816</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) IN Facility (13) <b>TO BE ABATED</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <b>320 LF</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Crawl Space - 9</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Pipe Insulation</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Century Waste Services, LLC</b>		NJDEP Waste Hauler ID No. <b>32797</b>	Cubic Yards of Waste <b>5 Yards</b>	Name of Registered Landfill <b>Grand Central Sanitary Landfill</b>					
City, State <b>Elizabeth, NJ</b>		Disposal Date <b>04-15-2026</b>	City, State <b>Pen Argyl, PA 08072</b>						
Completed By (Print or Type) <b>Ralph Barnhardt</b>	Title <b>Sr. Project Manager</b>	Signature 		Date <b>03-30-2026</b>					

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

RECEIVED

07305

Date of Notification (1) 03/26/2026		Name of Building Owner/Operator (2)	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 23 Stegman Court City, State, Zip Code Jersey City NJ 07305 Name of Contact _____ Telephone Number _____

MAR 27 2026

ASBESTOS CONTROL & LICENSED

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) 23 Stegman Court		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 23 stegman Court		Square Feet	# of Floors
City (5) Jersey City NJ 07305		Bldg. Age	
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) E & V Services LLC
Street Address		Street Address 711 Sip Street	
City, State, Zip Code		City, State, Zip Code Union City NJ 07087	
Project Manager for Monitoring Firm		Telephone No. 201-875-7290	License No. 02053
Start Date (10) 04/10/2026	Scheduled Completion Date (11) 04/26/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler TRISTATE TRANFER INC		NJDEP Waste Hauler ID No. 24-1129	Cubic Yards of Waste 2	Name of Registered Landfill MINERVA ENTERPRISES LLC	
City, State BRONX NY 10474		Disposal Date		City, State WAYNESBURG OH 44688	
Completed by Angel Penaherrera		Title Owner	Signature 		Date 03/26/2026

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

1716



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

chk# 1716  
 RECEIVED

Date of Notification (1) 3/19/2026		Name of Building Owner/Operator (2) 2G Eatontown LLC	
Agencies Notified  <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 24 Merchants Way
	City, State, Zip Code Colts Neck NJ 07722 NJ		ASBESTOS CONTROL & LICENSING
	Name of Contact		Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 54 Monmouth Rd		Square Feet 1600 SF	# of Floors 1 floor
City (5) Eatontown NJ		Bldg. Age +50	
County (6) Monmouth County		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) ACM Solutions Services LLC
Street Address N/A		Street Address 1435 51st Street	
City, State, Zip Code N/A		City, State, Zip Code North Bergen NJ 07047	
Project Manager for Monitoring Firm N/A		Telephone No. N/A	Telephone No. 201-552-9685
Start Date (10) 3/30/2026		Scheduled Completion Date (11) 4/7/2026	License No. 01384
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 AM to 4:00 PM		Name of OSHA Monitor Hillman Consulting	
		Street Address 1620 Route 22 East	
		City, State, Zip Code Union NJ 07803	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) 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
Interior gable end of roof			x	transite Panels	80 SF	x			

Name of Registered Waste Hauler Ropvic transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste	Name of Registered Landfill Blythe Township Landfill	
City, State 60 Riverdale Rd Riverdale NJ		Disposal Date		City, State 1061 Burma Rd New Philadelphia NJ	
Completed by Galo Zumba		Title Principal	Signature 	Date 3/19/2026	

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

1754  
 Clk# 1754

Job # 26-537

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Date of Notification (1) 3/27/2026		Name of Building Owner/Operator (2) Private property	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 457 Ridge Road	
		City, State, Zip Code Mahwah NJ	
		Name of Contact _____ Telephone Number _____	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 457 Ridge Road		Square Feet 2000 SF	# of Floors 2 floor
City (5) Mahwah NJ		Bldg. Age +50	
County (6) Bergen County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) ACM Solutions Services LLC
Street Address N/A		Street Address 1435 51st Street	
City, State, Zip Code N/A		City, State, Zip Code North Bergen NJ 07047	
Project Manager for Monitoring Firm N/A	Telephone No. N/A	Telephone No. 201-552-9685	License No. 01384
Start Date (10) 4/10/2026	Scheduled Completion Date (11) 4/13/2026	Name of OSHA Monitor Hillman Consulting	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 AM to 4:00 PM		Street Address 1620 Route 22 East	
		City, State, Zip Code Union NJ 07803	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			x	Transite shingles	90 SF	x			
1st floor Kitchen			x	linoleum	180 SF	x			

Name of Registered Waste Hauler Rovic transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste	Name of Registered Landfill Blythe Township Landfill	
City, State 60 Riverdale Rd Riverdale NJ		Disposal Date		City, State 1061 Burma Rd New Philadelphia NJ	
Completed by Galo Zumba	Title Principal	Signature 		Date 3/27/2026	

2107

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

**PAID**

RECEIVED

Date of Notification (1) 3/29/2026		Name of Building Owner/Operator (2)	
Agencies Notified	Type Notification	Street Address 8 Albert Dr	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Parlin, NJ 08859	
		Name of Contact ASBESTO	Telephone Number ASBESTO

APR - 1 2026

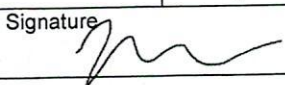
**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Single Family Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 8 Albert Dr		Square Feet unknown	# of Floors 2
City (5) Parlin		Bldg. Age unknown	
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor (9) Gold Coast Management LLC
Street Address		Street Address 30 Sherman Ave	
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07307	
Project Manager for Monitoring Firm TBD		Telephone No. 908-270-8556	License No. 02109
Start Date (10) 3/31/2026	Scheduled Completion Date (11) 4/1/2026	Name of OSHA Monitor John Kim	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 254 Ridgewood Ave	
		City, State, Zip Code Glen Ridge NJ 07028	

Scope of Work (Check All That Apply)


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

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

Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. NJ860	Cubic Yards of Waste 5	Name of Registered Landfill Conestoga Landfill	
City, State Elizabeth, NJ		Disposal Date		City, State Morgantown PA	
Completed by John Kim		Title President	Signature 		Date 3/29/2026

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

2108

Date of Notification (1) 3/29/2026		Name of Building Owner/Operator (2) <b>RE</b>								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 305 Linden St								
		City, State, Zip Code Moorestown, NJ 08057								
		Name of Contact <b>ASBESTOS</b>	Telephone Number <b>XXXXXXXXXX</b>							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) Single Family Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 305 Linden St		Square Feet unknown	# of Floors 2							
City (5) Moorestown		Bldg. Age unknown								
County (6) Burlington	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor (9) Gold Coast Management LLC							
Street Address		Street Address 30 Sherman Ave								
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07307								
Project Manager for Monitoring Firm TBD		Telephone No. 908-270-8556	License No. 02109							
Start Date (10) 4/2/2026	Scheduled Completion Date (11) 4/3/2026	Name of OSHA Monitor John Kim								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 254 Ridgewood Ave								
		City, State, Zip Code Glen Ridge NJ 07028								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Kitchen			X	Floor Tile	150 SF	X				
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. NJ860	Cubic Yards of Waste 5	Name of Registered Landfill Conestoga Landfill						
City, State Elizabeth, NJ		Disposal Date		City, State Morgantown PA						
Completed by John Kim		Title President		Signature 				Date 3/29/2026		

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

2109



**RECEIVED**

Date of Notification (1) 3/29/2026		Name of Building Owner/Operator (2)	
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 11 Ferndale Pl
			City, State, Zip Code Pompton Plains, NJ 07444
		Name of Contact ASBESTOS CONSULTING	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Single Family Residence		Type of Facility (4)  <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 11 Ferndale Pl		Square Feet unknown	# of Floors 2
City (5) Pompton Plains		Bldg. Age unknown	
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor (9) Gold Coast Management LLC	
Street Address		Street Address 30 Sherman Ave		
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07307		
Project Manager for Monitoring Firm TBD		Telephone No.	Telephone No. 908-270-8556	License No. 02109

Start Date (10) 4/3/2026	Scheduled Completion Date (11) 4/4/2026	Name of OSHA Monitor John Kim	
Occupancy Status During Abatement (Check Only One)  <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 254 Ridgewood Ave	
		City, State, Zip Code Glen Ridge NJ 07028	

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. NJ860	Cubic Yards of Waste 5	Name of Registered Landfill Conestoga Landfill	
City, State Elizabeth, NJ		Disposal Date		City, State Morgantown PA	
Completed by John Kim		Title President	Signature 		Date 3/29/2026

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

4628

Pg. 1

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

RECEIVED  
CHECK # 4628  
APR - 1 2026

Date of Notification (1) <u>3</u> / <u>27</u> / <u>26</u>		Name of Building Owner/Operator (2) <b>Princeton University-Facilities Operations</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>3</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>MacMillan Building, Elm Drive</b> ASBESTOS CONTROL & LICENSING							
		City, State, Zip Code <b>Princeton, NJ 08544</b>							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Princeton University-Guyot Hall</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>106A Guyot Lane</b>		Square Feet	# of Floors						
City (5) <b>Princeton</b>		Bldg. Age <b>63</b>							
County (6) <b>MERCER</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Dining/Dormitory</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental Inc</b>	ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, LLC</b>							
Street Address <b>1253 North Church Rd</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Moorestown, NJ 08057</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Michael Keehn</b>	Telephone No. <b>609-386-8800</b>	Telephone No. <b>215-788-6040</b>	License No. <b>02121</b>						
Start Date (10) <u>3</u> / <u>30</u> / <u>26</u>	Scheduled Completion Date (11) <u>8</u> / <u>31</u> / <u>26</u>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, LLC</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00AM-3:30PM</u> / <u>      </u> PM - <u>      </u> AM		Street Address <b>1123 BEAVER STREET</b>							
		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>1959 Wing B Level</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Pipe Fittings(wrap and cut)</b>	<b>48 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1959 Wing B Level</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Lab Counter tops</b>	<b>350 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1959 Wing B Level</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Transite fume hood liner</b>	<b>125 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1959 Wing B Level</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Fire doors</b>	<b>6 ea</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage, INC</b>		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill <b>Fairless Landfill</b>					
City, State <b>Freehold, NJ</b>		Disposal Date		City, State <b>MORRISVILLE, PA 19067</b>					
Completed By (Print or Type) <b>Brian Scafiro</b>		Title <b>Estimator</b>	Signature <i>Brian Scafiro</i>			Date <b>3/27/26</b>			

ASB-41  
MAY 11 BS25023

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

CHECK # 4028

Date of Notification (1) <u>3</u> / <u>27</u> / <u>26</u>		Name of Building Owner/Operator (2) <b>Princeton University-Facilities Operations</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>3</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>MacMillan Building, Elm Drive</b>		City, State, Zip Code <b>Princeton, NJ 08544</b>					
		Name of Contact <b>Eric Emery</b>		Telephone Number <b>609-258-3432</b>					
		<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>Princeton University-Guyot Hall</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address <b>106A Guyot Lane</b>			Square Feet		Bldg. Age <b>63</b>				
City (5) <b>Princeton</b>			County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>Dining/Dormitory</b>				
County (6) <b>MERCER</b>		Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental Inc</b>		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, LLC</b>					
Street Address <b>1253 North Church Rd</b>			Street Address <b>1123 BEAVER STREET</b>						
City, State, Zip Code <b>Moorestown, NJ 08057</b>			City, State, Zip Code <b>BRISTOL, PA 19007</b>						
Project Manager for Monitoring Firm <b>Michael Keehn</b>		Telephone No. <b>609-386-8800</b>		Telephone No. <b>215-788-6040</b>	License No. <b>02121</b>				
Start Date (10) <u>3</u> / <u>30</u> / <u>26</u>		Scheduled Completion Date (11) <u>8</u> / <u>31</u> / <u>26</u>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, LLC</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-3:30PM</b> / ___PM-___AM			Street Address <b>1123 BEAVER STREET</b>						
			City, State, Zip Code <b>BRISTOL, PA 19007</b>						
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>1959 Wing Exterior</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Wall Flashing</b>	<b>310 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1963 Wing Throughout</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Pipe Fittings(wrap and cut)</b>	<b>1158 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1963 Wing Throughout</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Window sills</b>	<b>782 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1963 Wing-Exterior</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Windows Caulk and Glazing</b>	<b>6,900 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage, INC</b>		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill <b>Fairless Landfill</b>				
City, State <b>Freehold, NJ</b>				Disposal Date	City, State <b>MORRISVILLE, PA 19067</b>				
Completed By (Print or Type) <b>Brian Scafiro</b>		Title <b>Estimator</b>		Signature <i>Brian Scafiro</i>		Date <b>3/27/26</b>			

ASB-41 13525023  
MAY 11

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

*CHECK # 4628*

Date of Notification (1) <u>3</u> / <u>27</u> / <u>26</u>		Name of Building Owner/Operator (2) <b>Princeton University-Facilities Operations</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>3</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>MacMillan Building, Elm Drive</b>							
		City, State, Zip Code <b>Princeton, NJ 08544</b>							
		Name of Contact <b>Eric Emery</b>		Telephone Number <b>609-258-3432</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Princeton University-Guyot Hall</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <b>106A Guyot Lane</b>				Square Feet	Bldg. Age <b>63</b>				
City (5) <b>Princeton</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>Dining/Dormitory</b>					
County (6) <b>MERCER</b>		Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental Inc</b>		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, LLC</b>					
Street Address <b>1253 North Church Rd</b>		Street Address <b>1123 BEAVER STREET</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>					
City, State, Zip Code <b>Moorestown, NJ 08057</b>		Telephone No. <b>609-386-8800</b>		Telephone No. <b>215-788-6040</b>	License No. <b>02121</b>				
Project Manager for Monitoring Firm <b>Michael Keehn</b>		Scheduled Completion Date (11) <u>8</u> / <u>31</u> / <u>26</u>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, LLC</b>					
Start Date (10) <u>3</u> / <u>30</u> / <u>26</u>		Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-3:30PM</b> / ___PM-___AM							
Street Address <b>1123 BEAVER STREET</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>1963 Wing-1<sup>st</sup> floor 154</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Glue dots</b>	<b>35 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1963 Wing-Mezzanine M60VES</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor tile &amp; Mastic</b>	<b>40SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1963 Wing Exterior</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Waterproofing</b>	<b>1,890 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1963 Wing Roof</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Roof flashing</b>	<b>850 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage, INC</b>		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill <b>Fairless Landfill</b>				
City, State <b>Freehold, NJ</b>		Disposal Date		City, State <b>MORRISVILLE, PA 19067</b>					
Completed By (Print or Type) <b>Brian Scafiro</b>		Title <b>Estimator</b>		Signature <i>Brian Scafiro</i>			Date <b>3/27/26</b>		

ASB-41 MAY 11 *BS25023*

\* 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)

*check # 4628*

Date of Notification (1) <u>3</u> / <u>27</u> / <u>26</u>		Name of Building Owner/Operator (2) <b>Princeton University-Facilities Operations</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>3</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>MacMillan Building, Elm Drive</b>						
	City, State, Zip Code <b>Princeton, NJ 08544</b>			Name of Contact <b>Eric Emery</b>					
				Telephone Number <b>609-258-3432</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Princeton University-Guyot Hall</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <b>106A Guyot Lane</b>				Square Feet	# of Floors				
City (5) <b>Princeton</b>					Bldg. Age <b>63</b>				
County (6) <b>MERCER</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Dining/Dormitory</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental Inc</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, LLC</b>						
Street Address <b>1253 North Church Rd</b>			Street Address <b>1123 BEAVER STREET</b>						
City, State, Zip Code <b>Moorestown, NJ 08057</b>			City, State, Zip Code <b>BRISTOL, PA 19007</b>						
Project Manager for Monitoring Firm <b>Michael Keehn</b>		Telephone No. <b>609-386-8800</b>	Telephone No. <b>215-788-6040</b>	License No. <b>02121</b>					
Start Date (10) <u>3</u> / <u>30</u> / <u>26</u>		Scheduled Completion Date (11) <u>8</u> / <u>31</u> / <u>26</u>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, LLC</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-3:30PM</b> / ____ PM - ____ AM				Street Address <b>1123 BEAVER STREET</b>					
				City, State, Zip Code <b>BRISTOL, PA 19007</b>					
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>1963 Wing Roof</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Transite</b>	<b>45 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1979 Wing 1<sup>st</sup> floor hallway</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor tile and mastic</b>	<b>1,387 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1979 Wing 1<sup>st</sup> floor 174 &amp; 175</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Glue dots</b>	<b>115 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1979 Wing Mezzanine Hallway</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Mastic</b>	<b>2,750 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage, INC</b>		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill <b>Fairless Landfill</b>				
City, State <b>Freehold, NJ</b>				Disposal Date	City, State <b>MORRISVILLE, PA 19067</b>				
Completed By (Print or Type) <b>Brian Scafiro</b>		Title <b>Estimator</b>		Signature <i>Brian Scafiro</i>			Date <b>3/27/26</b>		

ASB-41 MAY 11 **BS2503**

\* 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)

Check # 4628

Date of Notification (1) <u>3</u> / <u>27</u> / <u>26</u>		Name of Building Owner/Operator (2) <b>Princeton University-Facilities Operations</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>3</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>MacMillan Building, Elm Drive</b>		City, State, Zip Code <b>Princeton, NJ 08544</b>				
			Name of Contact <b>Eric Emery</b>	Telephone Number <b>609-258-3432</b>					
	<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Princeton University-Guyot Hall</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address <b>106A Guyot Lane</b>			Square Feet	# of Floors	Bldg. Age <b>63</b>				
City (5) <b>Princeton</b>			Current Use (Prior if being demolished) <b>Dining/Dormitory</b>						
County (6) <b>MERCER</b>		County Code (7)(STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental Inc</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, LLC</b>						
Street Address <b>1253 North Church Rd</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Moorestown, NJ 08057</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Michael Keehn</b>		Telephone No. <b>609-386-8800</b>	Telephone No. <b>215-788-6040</b>	License No. <b>02121</b>					
Start Date (10) <u>3</u> / <u>30</u> / <u>26</u>		Scheduled Completion Date (11) <u>8</u> / <u>31</u> / <u>26</u>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, LLC</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00AM-3:30PM</u> / ___PM-___AM			Street Address <b>1123 BEAVER STREET</b>						
			City, State, Zip Code <b>BRISTOL, PA 19007</b>						
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>1979 Wing Mezzanine 183CLO</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor tile and mastic</b>	<b>105 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Exterior Pipe Tunnels</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Pipe insulation(wrap and cut)</b>	<b>1300 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage, INC</b>		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill <b>Fairless Landfill</b>				
City, State <b>Freehold, NJ</b>				Disposal Date	City, State <b>MORRISVILLE, PA 19067</b>				
Completed By (Print or Type) <b>Brian Scaffiro</b>		Title <b>Estimator</b>		Signature <i>Brian Scaffiro</i>			Date <b>3/27/20</b>		

ASB-41  
MAY 11 **BS25023**

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

4180

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

1181787

Date of Notification (1) <u>03</u> / <u>25</u> / <u>26</u>		Name of Building Owner/Operator (2) <b>Trenton Public Schools #2603-3513 check# 4180</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1490 Prospect Street</b>	
		City, State, Zip Code <b>Ewing Township NJ 08638</b>	
		Name of Contact	Telephone Number

RECEIVED

APR - 1 2026

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Franklin Elementary School</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>200 William Street</b>		Square Feet <b>4000</b>	# of Floors <b>4</b>
City (5) <b>Trenton</b>		Bldg. Age <b>1931</b>	
County (6) <b>Mercer</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>School</b>	

Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection</b>	ASCM No.	Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>	
Street Address <b>120 North Warren Street</b>		Street Address <b>70 Stacy Haines Road Suite 4</b>	
City, State, Zip Code <b>Trenton NJ 08610</b>		City, State, Zip Code <b>Lumberton NJ 08048</b>	
Project Manager for Monitoring Firm <b>Roland Jones</b>	Telephone No. <b>609-392-4200</b>	Telephone No. <b>609-702-0400</b>	License No. <b>00862</b>

Start Date (10) <u>04</u> / <u>03</u> / <u>26</u>	Scheduled Completion Date (11) <u>04</u> / <u>10</u> / <u>26</u>	Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>
--	---	--

Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	Street Address <b>200 U.S. Route 130 North</b>
	City, State, Zip Code <b>Cinnaminson, NJ 08077</b>

Scope of Work (Check all that apply)		<i>* See Attached</i>	
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure	
		<input type="checkbox"/> Glovebag Procedure	
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

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

Name of Registered Waste Hauler <b>Asbestos and Mold Services Corp</b>	NJDEP Waste Hauler ID No. <b>0035680</b>	Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>Fairless Hills</b>
City, State <b>Lumberton, NJ</b>		Disposal Date <b>04/10/2026</b>	City, State <b>Morrisville, PA</b>
Completed By (Print or Type) <b>Kaysi Gruner</b>	Title <b>Office Admin</b>	Signature 	Date <b>3/25/2020</b>

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

**SCOPE OF WORK FRANKLIN ELEMENTARY SCHOOL, TRENTON NJ**

- **O&M Clean up and wall repairs associated with unit ventilator removal**
- **Hole Drilling for hangers and fasteners using a shrouded drill with HEPA attachment**

17831

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

PAID

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Date of Notification (1) 3 / 25 / 26		Name of Building Owner/Operator (2) PSE&G / Job #2603-6559		Check #17831
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4000 Hadley Road		
		City, State, Zip Code South Plainfield, NJ		
		Name of Contact		Telephone Number

MAR 30 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PSEG Hamilton Gas M&R		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
Street Address 1052 Exton Avenue		Square Feet	# of Floors	Bldg. Age
City (5) Hamilton	County (6) Mercer	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Meter & Regulating Station	
Name of Monitoring Firm Hired by Building Owner (8) Matrix New World		ASCM No. 00121	Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address 26 Columbia Turnpike		Street Address 30 Maple Ave. PO Box 25		
City, State, Zip Code Florham Park, NJ 07932		City, State, Zip Code Lumberton, NJ 08048		
Project Manager for Monitoring Firm Matt Sheldon		Telephone No. 973-240-1800	Telephone No. 609-265-2107	License No. 00529
Start Date (10) 4 / 6 / 26	Scheduled Completion Date (11) 4 / 8 / 26		Name of OSHA Monitor IATL	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 9000 Commerce Pkwy. Suite B		
		City, State, Zip Code Mount Laurel, NJ 08054		

Scope of Work (Check all that apply)

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

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

Name of Registered Waste Hauler Veolia ES		NJDEP Waste Hauler ID No. 000151	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill	
City, State Flanders, NJ		Disposal Date 4/8/26		City, State Morrisville, PA	
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 		Date 3-25-26	

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

TABLE 2  
SUMMARY OF POSITIVE ASBESTOS BULK SAMPLE RESULTS  
PSEG HAMILTON GAS M AND R  
1502 EXTON AVENUE, HAMILTON, NJ  
MATRIX PROJECT NO. 20-098-20

Homogenous Area	MATRIX Sample No.	Material Description	Location	Friability	Condition	Approximate Quantity
<b>Materials Tested Positive for ACM by Matrix</b>						
05	05-01	Window Glazing	Office Building	Non-Friable	Good	2 Units (40 SF)
11	11-01	Window Frame Caulk	Office Building	Non-Friable	Good	2 Units (20 LF)
<b>Materials Assumed ACM by Matrix</b>						
--	--	Fire Door Insulation	Office Building	Friable/Non-Friable	Good	2 Units (42 SF)

Notes:  
SF = Square Foot  
LF = Linear Foot