

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

4623
Pg1

P. CHECK # 4623

Date of Notification (1) 3 / 18 / 26		Name of Building Owner/Operator (2) Verizon Communications							
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 15 East Montgomery Street							
		City, State, Zip Code Pittsburgh, PA 15212							
		Name of Contact Peter Lesniak (Owners Rep)	Telephone Number 267-634-1010						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Hightstown Central Office		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 393 Mercer Street		Square Feet	# of Floors +75						
City (5) Hightstown		Bldg. Age							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Verizon							
Name of Monitoring Firm Hired by Building Owner (8) RBS Environmental		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC						
Street Address 24 Veterans Square		Street Address 1123 BEAVER STREET							
City, State, Zip Code Media PA 19063		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Mike Stocku		Telephone No. 609-304-3969	Telephone No. 215-788-6040						
			License No. 02121						
Start Date (10) 4 / 7 / 26	Scheduled Completion Date (11) 4 / 14 / 26		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/ 5PM-1AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
First Floor Entry Vestibule	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & Mastic	130 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor Frame Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT Only	42 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Storage Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & Mastic	125 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Staircase Landing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & Mastic	49 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage, Inc		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Conestoga Landfill					
City, State Freehold, NJ		Disposal Date TBD		City, State Morgantown PA					
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature <i>Dillan DeCaro</i>				Date 3/18/26	

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

OneK#4623

Pa2

Date of Notification (1) <u>3</u> / <u>18</u> / <u>26</u>		Name of Building Owner/Operator (2) Verizon Communications							
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 15 East Montgomery Street						
			City, State, Zip Code Pittsburgh, PA 15212						
			Name of Contact Peter Lesniak (Owners Rep)		Telephone Number 267-634-1010				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Hightstown Central Office			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 393 Mercer Street			Square Feet	# of Floors	Bldg. Age +75				
City (5) Hightstown			County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Verizon				
County (6) Mercer		Name of Monitoring Firm Hired by Building Owner (8) RBS Environmental			ASCM No.				
		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC							
Street Address 24 Veterans Square			Street Address 1123 BEAVER STREET						
City, State, Zip Code Media PA 19063			City, State, Zip Code BRISTOL, PA 19007						
Project Manager for Monitoring Firm Mike Stocku		Telephone No. 609-304-3969	Telephone No. 215-788-6040	License No. 02121					
Start Date (10) <u>4</u> / <u>7</u> / <u>26</u>		Scheduled Completion Date (11) <u>4</u> / <u>14</u> / <u>26</u>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/ 5PM-1AM			Street Address 1123 BEAVER STREET						
			City, State, Zip Code BRISTOL, PA 19007						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure					
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Mini-Enclosure					
				<input type="checkbox"/> Glovebag Procedure					
				<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT Only	96 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 Freehold Cartage, Inc		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Conestoga Landfill					
City, State Freehold, NJ		Disposal Date TBD	City, State Morgantown PA						
Completed By (Print or Type) Dillan DeCaro		Title Estimator	Signature <i>Dillan DeCaro</i>		Date 3/18/20				

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

17825

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

4351523

RECEIVED

Date of Notification (1) <u>3</u> / <u>19</u> / <u>26</u>		Name of Building Owner/Operator (2) JCP&L/FirstEnergy Company / Job #2603-6554 Check#17825								
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 10 Legion Place- Building A								
		City, State, Zip Code Morristown, NJ 07960								
		Name of Contact Kevin Wiemken	Telephone Number 732-233-0985							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) JCPL Office Center		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 1345 Englishtown Road		Square Feet	Bldg. Age							
City (5) Old Bridge		# of Floors								
County (6) Middlesex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Substation								
Name of Monitoring Firm Hired by Building Owner (8) Colden Corporation		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 630 Sentry Pkwy. Suite 110		Street Address 30 Maple Ave. PO Box 25								
City, State, Zip Code Bluebell, PA		City, State, Zip Code Lumberton, NJ 08048								
Project Manager for Monitoring Firm Brian Hovendon		Telephone No. 732-539-7942	License No. 00529							
Start Date (10) <u>4</u> / <u>1</u> / <u>26</u>	Scheduled Completion Date (11) <u>6</u> / <u>1</u> / <u>26</u>	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: <u>7</u> AM- <u> </u> PM/ <u>3:30</u> PM- <u> </u> AM		Street Address 9000 Commerce Parkway Suite 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		City, State, Zip Code Mount Laurel, NJ 08054								
<input checked="" 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	
See attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	See attached		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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"/>	
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 4	Name of Registered Landfill Fairless Landfill						
City, State Lumberton, NJ		Disposal Date 6/1/26		City, State Morrisville, PA						
Completed By (Print or Type) Gwen Trumbetti		Title Operations Coordinator	Signature <i>gmt</i>				Date 3/19/24			



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

Authorized Signature

Office Center Asbestos Cleanup

1345 Englishtown Road, Old Bridge, NJ

AbateTech proposes to perform the following services utilizing full containment abatement procedures as well as negative air filtration and a three stage decontamination chamber:

- **Remove & dispose of 12,500 SF non-asbestos ceiling tile and associated roof debris contamination above drop ceiling.**
- **Remove and dispose of 400 SF ceiling plaster from Line Supervisor's Office.**
- **Encapsulate 50 SF Ladies Locker Room Ceiling.**
- **Encapsulate 600 SF Mens Locker Room Ceiling.**

Rock
Pg. 1

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

RECEIVED
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MAR 23 2026
MAR 23 2026

Date of Notification (1) 3 / 19 / 26		Name of Building Owner/Operator (2) Verizon Communications	
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 checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 East Montgomery Street	
		City, State, Zip Code Pittsburgh, PA 15212	
		Name of Contact Peter Lesniak (Owners Rep)	Telephone Number 267-634-1010

ASBESTOS CONTROL & LICENSING
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Verizon Vineland Central Office		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 100 South 6th Street,		Square Feet	# of Floors +75
City (5) Vineland		Bldg. Age	
County (6) Cumberland	County Code (7);(STATE USE ONLY)	Current Use (Prior if being demolished) Verizon	
Name of Monitoring Firm Hired by Building Owner (8) USA EMI	ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC	
Street Address 344 West State Street		Street Address 1123 BEAVER STREET	
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Richard Reynolds	Telephone No. 267-261-2837	Telephone No. 215-788-6040	License No. 02121
Start Date (10) 3 / 30 / 26	Scheduled Completion Date (11) 4 / 7 / 26	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 5 AM- 5 PM/ 1 AM		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	

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) <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 Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & Mastic	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	45 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Basement Storage Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & Mastic	120 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement AC Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT Only	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Bristol Environmental LLC	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill CCIA
City, State Bristol PA	Disposal Date TBD	City, State Rosenhayn, NJ	
Completed By (Print or Type) Dillan DeCaro	Title Estimator	Signature <i>Dillan DeCaro</i>	Date 3/19/26

ASB-41
JAN 13 **DD26024**

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**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
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Pg. 2

Date of Notification (1) <u>3</u> / <u>19</u> / <u>26</u>		Name of Building Owner/Operator (2) Verizon Communications							
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 checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 15 East Montgomery Street		Telephone Number 267-634-1010				
			City, State, Zip Code Pittsburgh, PA 15212						
			Name of Contact Peter Lesniak (Owners Rep)						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Vineland Central Office			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 100 South 6th Street,			Square Feet	# of Floors	Bldg. Age +75				
City (5) Vineland			Current Use (Prior if being demolished) Verizon						
County (6) Cumberland		County Code (7)(STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) USA EMI		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC						
Street Address 344 West State Street		Street Address 1123 BEAVER STREET							
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Richard Reynolds		Telephone No. 267-261-2837	Telephone No. 215-788-6040	License No. 02121					
Start Date (10) <u>3</u> / <u>30</u> / <u>26</u>		Scheduled Completion Date (11) <u>4</u> / <u>7</u> / <u>26</u>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/ 5PM-1AM			Street Address 1123 BEAVER STREET						
			City, State, Zip Code BRISTOL, PA 19007						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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) 27 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Battery Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & Mastic		<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 Bristol Environmental LLC		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill CCIA					
City, State Bristol PA		Disposal Date TBD	City, State Rosenhayn, NJ						
Completed By (Print or Type) Dillan DeCaro		Title Estimator	Signature <i>Dillan DeCaro</i>		Date 3/19/26				

State of New Jersey
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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 checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 East Montgomery Street	
		City, State, Zip Code Pittsburgh, PA 15212	
		Name of Contact Peter Lesniak (Owners Rep)	Telephone Number 267-634-1010

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Verizon Hightstown Central Office		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 393 Mercer Street		Square Feet	# of Floors
City (5) Hightstown			Bldg. Age +75
County (6) Mercer	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Verizon	

Name of Monitoring Firm Hired by Building Owner (8) RBS Environmental	ASCM No:	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC	
Street Address 24 Veterans Square		Street Address 1123 BEAVER STREET	
City, State, Zip Code Media PA 19063		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Mike Stocku	Telephone No. 609-304-3969	Telephone No. 215-788-6040	License No. 02121

Start Date (10) 4 / 7 / 26	Scheduled Completion Date (11) 4 / 14 / 26	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC
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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: 5PM-1AM	Street Address 1123 BEAVER STREET
	City, State, Zip Code BRISTOL, PA 19007

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 If	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 If	<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) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First Floor Entry Vestibule	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & Mastic	130 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor Frame Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT Only	42 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Storage Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & Mastic	125 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Staircase Landing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & Mastic	49 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Freehold Cartage, Inc	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill
City, State Freehold, NJ	Disposal Date TBD	City, State Morrisville, PA	

Completed By (Print or Type) Dillan DeCaro	Title Estimator	Signature <i>Dillan DeCaro</i>	Date 3/19/26
--	---------------------------	-----------------------------------	------------------------

ASB-41
JAN 13 *DD26026*

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

Pg. 2

Date of Notification (1) <u>3</u> / <u>19</u> / <u>26</u>		Name of Building Owner/Operator (2) Verizon Communications						
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 checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 15 East Montgomery Street		Telephone Number 267-634-1010			
			City, State, Zip Code Pittsburgh, PA 15212					
			Name of Contact Peter Lesniak (Owners Rep)					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Verizon Hightstown Central Office			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 393 Mercer Street			Square Feet	# of Floors	Bldg. Age +75			
City (5) Hightstown		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Verizon				
County (6) Mercer								
Name of Monitoring Firm Hired by Building Owner (8) RBS Environmental		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC					
Street Address 24 Veterans Square		Street Address 1123 BEAVER STREET						
City, State, Zip Code Media PA 19063		City, State, Zip Code BRISTOL, PA 19007						
Project Manager for Monitoring Firm Mike Stocku		Telephone No. 609-304-3969	Telephone No. 215-788-6040	License No. 02121				
Start Date (10) <u>4</u> / <u>7</u> / <u>26</u>	Scheduled Completion Date (11) <u>4</u> / <u>14</u> / <u>26</u>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/ 5PM-1AM			Street Address 1123 BEAVER STREET					
			City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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) 96 SF	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Basement Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT Only	<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 Freehold Cartage, Inc		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill				
City, State Freehold, NJ		Disposal Date TBD	City, State Morrisville, PA					
Completed By (Print or Type) Dillan DeCaro	Title Estimator	Signature <i>Dillan DeCaro</i>		Date 3/19/20				

ASB-41
JAN 13 *DD DeCaro*

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

4621

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

4331562

RECEIVED
 Check # 4621

Date of Notification (1) 3 / 13 / 26		Name of Building Owner/Operator (2) Verizon Communications		MAR 17 2020					
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 15 East Montgomery Street		City, State, Zip Code Pittsburgh, PA 15212					
		Name of Contact Peter Lesniak (Owners Rep)		Telephone Number 267-634-1010					
		FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Verizon Vineland Central Office			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 100 South 6th Street,			Square Feet	# of Floors	Bldg. Age +75				
City (5) Cumberland		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Verizon					
County (6) Atlantic		Name of Monitoring Firm Hired by Building Owner (8) USA EMI		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC					
Street Address 344 West State Street		Street Address 1123 BEAVER STREET		City, State, Zip Code BRISTOL, PA 19007					
City, State, Zip Code Trenton, NJ 08618		Telephone No. 267-261-2837		Telephone No. 215-788-6040					
Project Manager for Monitoring Firm Richard Reynolds		License No. 02121		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC					
Start Date (10) 3 / 30 / 26		Scheduled Completion Date (11) 4 / 7 / 26		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: _____AM-_____PM/ 5PM-1AM					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & Mastic	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	45 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Basement Storage Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & Mastic	120 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement AC Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT Only	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Bristol Environmental LLC		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill Acua Haneman Environmental Park				
City, State Bristol PA		Disposal Date TBD		City, State Egg Harbor Township, NJ					
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature <i>Dillan DeCaro</i>		Date 3/13/20			

* 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 # 4621

Pg. 2

Date of Notification (1) <u>3</u> / <u>13</u> / <u>26</u>		Name of Building Owner/Operator (2) Verizon Communications							
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 15 East Montgomery Street							
		City, State, Zip Code Pittsburgh, PA 15212							
		Name of Contact Peter Lesniak (Owners Rep)		Telephone Number 267-634-1010					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Vineland Central Office			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 100 South 6th Street,			Square Feet	# of Floors	Bldg. Age +75				
City (5) Cumberland			Current Use (Prior if being demolished) Verizon						
County (6) Atlantic		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) USA EMI		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC						
Street Address 344 West State Street		Street Address 1123 BEAVER STREET							
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Richard Reynolds		Telephone No. 267-261-2837	Telephone No. 215-788-6040	License No. 02121					
Start Date (10) <u>3</u> / <u>30</u> / <u>26</u>	Scheduled Completion Date (11) <u>4</u> / <u>7</u> / <u>26</u>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/ 5PM-1AM			Street Address 1123 BEAVER STREET						
			City, State, Zip Code BRISTOL, PA 19007						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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 Battery Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & Mastic	27 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 Bristol Environmental LLC		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Acua Haneman Environmental Park					
City, State Bristol PA		Disposal Date TBD	City, State Egg Harbor Township, NJ						
Completed By (Print or Type) Dillan DeCaro		Title Estimator	Signature <i>Dillan DeCaro</i>		Date 3/13/20				

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

17824

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

REC-1111
MAR 25 2026

Date of Notification (1) 3 / 19 / 26		Name of Building Owner/Operator (2) Hartley Dodge Memorial Building Job #2508-6484 Check #17826	
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 # 6 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 50 Kings Road	
	City, State, Zip Code Madison, NJ		Telephone Number 973-593-3042
	Name of Contact Tyler Merson		ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Hartley Dodge Memorial Building		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 50 Kings Road		Square Feet	# of Floors
City (5) Madison		Bldg. Age	
County (6) Morris	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	

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

Start Date (10) 2 / 20 / 26	Scheduled Completion Date (11) 4 / 3 / 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 Parkway	
		City, State, Zip Code Mount Laurel, NJ 08054	

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 checked="" type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SEE ATTACHED	SEE ATTACHED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground Floor - 2nd Fl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plaster	8 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mastic	55 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe	8 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

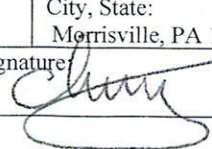
Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill
City, State Lumberton, NJ		Disposal Date 4/3/26	City, State Morrisville, PA

Completed By (Print or Type) Gwen Trumbetti	Title Operations Coord.	Signature <i>gmt</i>	Date 3/19/24
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889

PAID
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

RECEIVED

Date of Notification (1): 03/20/2026		Name of Building Owner/Operator (2) Unity Church of God Seventh Day							
Agencies Notified <input 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 Amendment#: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address: 1154 East State Street							
		City, State, Zip Code: Trenton, NJ 07106							
		Name of Contact: Joseph Desane		Telephone Number: 609-865-6395					
FACILITY INFORMATION									
Name of Facility: Unity Church of God Seventh Day			Type of Facility (4):						
1154 East State Street			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
City/ (5) Trenton	County (6): Mercer	County Code (7): 08609	Square Feet:		# of Floors:				
Name of Monitoring Firm Hired by Building Owner: CORNERSTONE ENVIRONMENTAL SERVICES INC.			ASCM No.:	Name of Abatement Contractor (9): Apex Development, Inc.					
Street Address: 306 Keer Avenue			Street Address: 358 Broadway						
City, State, Zip Code: Newark, NJ 07112			City, State, Zip Code: Newark, NJ 07104						
Project Manager for Monitoring Firm: Timothy Aghaji		Telephone No.: 973-819-1443	Telephone No.: (973) 350-0101	License No.: 01215					
Start Date (10): 03/30/2026	Scheduled Completion Date (11): 04/10/2026		Name of OSHA Monitor: Metro Analytical Laboratories						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe: <input checked="" type="checkbox"/> Other Describe: <i>un-occupied</i>			Street Address: 255 West 36th Street, Suite 203						
			City, State, Zip Code: New York, New York, 10018						
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 type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial/Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulat	Enclosure
BASEMENT		X		PIPE INSULATION	57 LF	*			
						*			
Name of Registered Waste Hauler: Century Waste Service		NJDEP Waste Hauler ID No.: 10254	Cubic Yards of Waste: 30	Name of Registered landfill: Fairless Landfill					
City, State: Elizabeth, NJ 07201		Disposal Date:		City, State: Morrisville, PA 19067					
Completed By: Chinyelu Oraegbunam		Title: President	Signature: 	Date: 03/20/2026					

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

Date of Notification (1) 3 / 20 / 26		Name of Building Owner/Operator (2) Transcontinental Gas Pipe Line		Job # 2603-6557	Check# 17828
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 315 Cold Soil Rd.		
	City, State, Zip Code Princeton, NJ 08540			Telephone Number 610-755-8956	
	Name of Contact Kevin Schmidt				


FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Williams/Transco Dig #C1013790-1			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 Cheesequake Road			Square Feet	# of Floors	Bldg. Age
City (5) Old Bridge			Current Use (Prior if being demolished) Gas Pipe Line		
County (6) Middlesex		County Code (7)(STATE USE ONLY)			
Name of Monitoring Firm Hired by Building Owner (8) NA		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address		Street Address 30 Maple Ave. PO Box 25			
City, State, Zip Code		City, State, Zip Code Lumberton, NJ 08048			
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 609-265-2107	License No. 00529
Start Date (10) 3 / 30 / 26		Scheduled Completion Date (11) 3 / 31 / 26		Name of OSHA Monitor IATL Analytical	
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 9000 Commerce Parkway Suite B		
			City, State, Zip Code Mt 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
Exterior #C1013790-1 Dig	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Coal Tar Wrap	45 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"/>
	<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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 12	Name of Registered Landfill Fairless Landfill	
City, State Lumberton, NJ		Disposal Date 4/1/26		City, State Morrisville, PA 19067	
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 	Date 3/20/26

17827

PAID

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

RECEIVED

MAR 23 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>3</u> / <u>20</u> / <u>26</u>		Name of Building Owner/Operator (2) Jersey City Public Schools Job #2603-6555 Check #17827							
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 346 Claremont Avenue						
	City, State, Zip Code Jersey City, NJ 07305			Telephone Number 201-915-6000					
	Name of Contact Business Administration								
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Lincoln HS			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 60 Crescent Avenue			Square Feet						
City (5) Jersey City			# of Floors		Bldg. Age				
County (6) Hudson		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 120 North Warren St.		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Jordan Reed		Telephone No. 609-392-4200	Telephone No. 609-265-2107		License No. 00529				
Start Date (10) <u>4</u> / <u>3</u> / <u>26</u>		Scheduled Completion Date (11) <u>4</u> / <u>8</u> / <u>26</u>		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 Parkway						
			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"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> 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
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	110 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annex Gym Fan Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct Vibration Collar	50 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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill					
City, State Lumberton, NJ		Disposal Date 4/8/26	City, State Morrisville, PA						
Completed By (Print or Type) Gwen Trumbetti		Title Operations Coord.	Signature <i>Gwen</i>		Date 3-20-26				

004268

PAID

Print Form

RECEIVED

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

MAR 23 2026

Date of Notification (1) 03-18-2026		Name of Building Owner/Operator (2) Saint Cecilia Parish							
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 checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 55 W. Demarest Ave.							
		City, State, Zip Code Englewood, NJ 07631							
		Name of Contact Ryan Anderson	Telephone Number (630) 324-5302						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial Building		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 55 W Demarest Ave.		Square Feet	# of Floors 3						
City (5) Englewood		Bldg. Age							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) 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) 03-04-2026	Scheduled Completion Date (11) 03-30-2026	Name of OSHA Monitor Delfa Contracting LLC							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00am- 5:00 pm		Street Address 1119 East Grand St							
		City, State, Zip Code Elizabeth, NJ 07201							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" 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 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
Basement		X		VAT	1,500 SF	X			
Basement		X		Pipe Insulation	1,200 LF	X			
1st Floor		X		Pipe Insulation	400 LF	X			
2nd Floor		X		Pipe Insulation	400 LF	X			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 10	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Elizabeth, NJ		Disposal Date 03-22-26		City, State Tullytown, PA					
Completed by Jaime Delgado		Title Project Manager		Signature 			Date 03-18-26		

13610

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

Check # 13610

B & G Project # 2026-35

Date of Notification (1) 03/16/2026		Name of Building Owner/Operator (2) Westwood Regional School District	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 701 Ridgewood Road	
		City, State, Zip Code Washington Twp., NJ 07676	
		Name of Contact Glen Becker	Telephone Number 551-486-7107

MAR 23 2026

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Berkeley Elementary School - Sub 8		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 47 Berkeley Avenue		Square Feet 50,000+	# of Floors 4
City (5) Westwood, NJ 07675		Bldg. Age 50+	
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) school	

Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental		ASCM No. 0127	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address 1248 Wrights Lane		Street Address 1234 Route 23		
City, State, Zip Code Chester, PA 19380		City, State, Zip Code Butler, NJ 07405		
Project Manager for Monitoring Firm Matthew Abraham		Telephone No. 610-431-7545	Telephone No. 973-696-6869	License No. 00378

Start Date (10) 04/02/2026 @ 6:00 PM	Scheduled Completion Date (11) 04/09/2026	Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1234 Route 23	
		City, State, Zip Code Butler, NJ 07405	

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"/> Building Demolition with asbestos in-place	<input checked="" type="checkbox"/> Full Containment with Negative Pressure	<input type="checkbox"/> Mini-Enclosure	<input type="checkbox"/> Glovebag Procedure	<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
---	--	--	-------------------------------------	---	---	---	---	---

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
crawl space & tunnels		X		pipe insulation	1,000 LF	X			
crawl space main tunnel		X		ACM contaminated soil	300 CF	X			
basement storage		X		pipe insulation	195 LF	X			

Name of Registered Waste Hauler B&G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 20	Name of Registered Landfill Grand Central Landfill	
City, State Butler, N.J		Disposal Date 04/03/26 - 04/10/26		City, State Pen Argyl, PA	
Completed by Gordana Luna		Title Secretary / Treasurer	Signature <i>Gordana Luna</i>		Date 03/16/2026

13608

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

RECEIVED

B & G Project # 2026-32

Check # 13608

MAR 23 2026

Date of Notification (1) 3-16-26		Name of Building Owner/Operator (2) Woodbridge Township School District								
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 421 School Street								
		City, State, Zip Code Woodbridge, NJ 07095								
		Name of Contact Charles Impaglia	Telephone Number 732-602-8536							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Avenel Street School # 4/5 NON Sub 8		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 230 Avenel Street		Square Feet 50,000+	# of Floors 3							
City (5) Avenel, NJ 07001		Bidg. Age 50+								
County (6) Middlesex	County Code (7) <small>(STATE USE ONLY)</small> _____	Current Use (Prior if being demolished) Elementary School (NON SUB 8)								
Name of Monitoring Firm Hired by Building Owner (8) T&M Associates		ASCM No. _____	Name of Abatement Contractor (9) B & G Restoration, Inc.							
Street Address 11 Tindall Road		Street Address 1234 Route 23								
City, State, Zip Code Middletown, NJ 07748		City, State, Zip Code Butler, NJ 07405								
Project Manager for Monitoring Firm Kevin Burns		Telephone No. 908-347-4396	Telephone No. 973-696-6869							
		License No. 00378								
Start Date (10) 3-27-26	Scheduled Completion Date (11) 3-29-26	Name of OSHA Monitor B & G Restoration, Inc.								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1234 Route 23								
		City, State, Zip Code Butler, NJ 07405								
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	
Room #9		X		Floor tile and mastic	636 SF	X				
Room #10		X		Floor tile and mastic	619 SF	X				
Nurse's Office		X		Floor tile and mastic	207 SF	X				
Special Education		X		Floor tile and mastic	403 SF	X				
Name of Registered Waste Hauler B & G Restoration, Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 10	Name of Registered Landfill Grand Central Landfill						
City, State Butler, NJ		Disposal Date 3-30-26		City, State Pen Argyl, PA						
Completed by Gordana Luna		Title Secretary / Treasurer	Signature <i>Gordana Luna</i>				Date 3-16-26			

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

4622

RICOROCK # 4622

PAID

Date of Notification (1) 3/13/26		Name of Building Owner / Operator (2) County of Monmouth	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address Special Services Complex, 2nd Flr, 300 Halls Mill Road	
		City, State & Zip Code Freehold, NJ 07728	
Name of Contact Casey Hornstra			Telephone Number 732-431-7760

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Monmouth County Courthouse		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 71 Monument Road		Square Feet 45000	# of Floors 7
City (5) Freehold		County (6) Monmouth	County Code (7)
Current Use (Prior if being demolished) Court House		Bldg. Age 55+	

Name of Monitoring Firm Hired by Building Owner (8) NV5	ASCM No. 00030	Name of Abatement Contractor (9) Bristol Environmental, LLC
Street Address 800 Lanidex Plaza, Suite 300		Street Address 1123 Beaver Street
City, State & Zip Code Parsipanny, NJ 07054		City, State & Zip Code Bristol, PA 19007
Project Manager for Monitoring Firm Ryan Broadwater	Telephone Number 973-946-5627	Telephone Number (215)788-6040
		License Number 02121

Scheduled Start Date (10) 3/27/26	Scheduled Completion Date (11) 3/27/26	Name of OSHA Monitor Bristol Environmental LLC
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 4:00 PM to 12:30 AM <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 Beaver Street
		City, State & Zip Code Bristol, PA 19007

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
Fifth Floor Mechanical Loft, West Side	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation fittings	9 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Freehold Cartage	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 1/4 Cu Yd	Name of Registered Landfill Conestoga Landfill
City, State Freehold, NJ		Disposal Date 3/27/26	City, State Morgantown, PA
Completed By (Print or Type) Gino Pizzigoni	Title Project Manager	Signature <i>Gino Pizzigoni</i>	Date 3/13/26

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13619



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

Check # 13619 VID

B & G Project # 2026-48

Date of Notification (1) March 20, 2026		Name of Building Owner/Operator (2) Orange Board of Education						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 451 Lincoln Avenue						
		City, State, Zip Code Orange, NJ 07050						
		Name of Contact Karen Nagel, CEFM	Telephone Number 732-571-3566					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Heywood Avenue Elementary School SUB 8		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 421 Heywood Avenue		Square Feet 50,000+	# of Floors 2					
City (5) Orange, NJ 07050		Bldg. Age 50+						
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) educational						
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No. 3	Name of Abatement Contractor (9) B & G Restoration, Inc.					
Street Address 1253 N Church Street		Street Address 1234 Route 23						
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Butler, NJ 07405						
Project Manager for Monitoring Firm Jim Guilardi		Telephone No. 856-840-8800	Telephone No. 973-696-6869					
License No. 00378								
Start Date (10) 04/03/2026	Scheduled Completion Date (11) 04/10/2026	Name of OSHA Monitor B & G Restoration, Inc.						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address 1234 Route 23						
		City, State, Zip Code Butler, NJ 07405						
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"/> pick up debris/ clean soil/ popup decon <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
boiler room	X		pipe insulation	600 LF	X			
boiler room	X		elbows	20 elbows	X			
boiler room	X		boiler breeching	1,400 SF	X			
Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 25	Name of Registered Landfill Grand Central Landfill				
City, State Butler, NJ		Disposal Date 04/10/2026	City, State Pen Argyl, PA					
Completed by Gordana Luna		Title Secretary / Treasurer	Signature <i>Gordana Luna</i>		Date 03/20/2026			

8825

PAID
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

1193179

RECEIVED

Date of Notification (1): 3/23/2026		Name of Building Owner/Operator (2) Manchester Regional Board of Education	
Agencies Notified <input 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 Amendment#: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address: 70 Church Street	
		City, State, Zip Code: Haledon, NJ 07508	
		Name of Contact: Ms. Lameka Augustin	Telephone Number: 908-389-2872; ASBESTOS CONTROL & LICENSING

MAR 25 2026

FACILITY INFORMATION

Name of Facility: Manchester Regional High School			Type of Facility (4): <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
70 Church Street			Square Feet:	# of Floors:
City/ (5) Haledon	County (6): Passaic	County Code (7): 07825	Bldg. Age	Current Use: School
Name of Monitoring Firm Hired by Building Owner: RK OCCUPATIONAL AND ENVIRONMENTAL ANALYSIS, INC.		ASCM No.: 0090	Name of Abatement Contractor (9): Apex Development, Inc.	
Street Address: 401 St James Avenue			Street Address: 358 Broadway	
City, State, Zip Code: Phillipsburg, NJ 08865			City, State, Zip Code: Newark, NJ 07104	
Project Manager for Monitoring Firm: Pat McGuinness		Telephone No.: 908-454-6316	Telephone No.: (973) 350-0101	License No.: 01215
Start Date (10): 04/07/2026	Scheduled Completion Date (11): 04/13/2026		Name of OSHA Monitor: Metro Analytical Laboratories	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe: <input checked="" type="checkbox"/> Other Describe: <i>un-occupied</i>			Street Address: 255 West 36th Street, Suite 203	
			City, State, Zip Code: New York, New York, 10018	

Scope of Work (Check all that apply):

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input 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	Encapsulat	Enclosure
BOYS'S LOCKER ROOM OFFICE		X		VINYL TILES/MASTIC	240 SF	*			
GIRL'S LOCKER ROOM OFFICE		X		VINYL TILES/MASTIC	240 SF	*			

Name of Registered Waste Hauler: Century Waste Service/Apex Development, Inc.		NJDEP Waste Hauler ID No.: 04509/0035729	Cubic Yards of Waste: 30	Name of Registered landfill: Fairless Landfill	
City, State: Elizabeth, NJ 07201		Disposal Date:		City, State: Morrisville, PA 19067	
Completed By: Chinyelu Oraegbunam		Title: President	Signature: <i>Chinyelu Oraegbunam</i>		Date: 03/23/2026

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

455 1603

0208

Date of Notification (1)
03 / 23 / 26

Name of Building Owner/Operator (2)
ADL Demo Cleanup Hauling, LLC

Agencies Notified
 EPA
 DOLWD
 DOH
 DCA (NJAC 5:23-8)

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

Street Address
PO Box 817

City, State, Zip Code
Holmdel, NJ 07733

Name of Contact
Dan

Telephone Number
732-865-5630

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50208
MAR 27 2026

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Building

Street Address
200 Atlantic City Blvd.

City (5)
South Toms River

County (6)
Ocean

County Code (7)(STATE USE ONLY)

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

Square Feet
2500

of Floors
1

Bldg. Age
80

Current Use (Prior if being demolished)
Building

Name of Monitoring Firm Hired by Building Owner (8)
Guardian Contracting, Inc.

ASCM No.

Name of Abatement Contractor (9)
Guardian Contracting, Inc.

Street Address
1889 Route 9, Unit 61

Street Address
1889 Route 9, Unit 61

City, State, Zip Code
Toms River, New Jersey 08755

City, State, Zip Code
Toms River, New Jersey 08755

Project Manager for Monitoring Firm
Nicholas Fernicola

Telephone No.
732-349-9932

Telephone No.
732-349-9932

License No.
00624

Start Date (10)
04 / 02 / 26

Scheduled Completion Date (11)
04 / 10 / 26

Name of OSHA Monitor
E.M.S.L. Analytical

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

Street Address
1056 Stelton

City, State, Zip Code
Piscataway, New Jersey 08854

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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	2000 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"/>	asbestos transite panels	2400 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"/>	sheetrock	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"/>

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NJDEP Waste Hauler ID No.
20223

Cubic Yards of Waste
15

Name of Registered Landfill
Fairless Landfill.

City, State
Toms River, New Jersey

Disposal Date
04/10/26

City, State
Morrisville, Pennsylvania

Completed By (Print or Type)
Nicholas Fernicola

Title
Project Manager

Signature

Date
3/23/26

6085 CK# 6085

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

RECEIVED

Date of Notification (1) 3/24/26		Name of Building Owner/Operator (2) Rutan Mechanical 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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 137 Elizabeth Ave	
		City, State, Zip Code Elizabeth, New Jersey	
		Name of Contact Alan	Telephone Number 908-994-0340

MAR 27 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Rutan Mechanical LLC 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 137 Elizabeth Ave		Square Feet 2500	# of Floors 1
City (5) Elizabeth		Bldg. Age 85+	
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) warehouse	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ace Insulation Co., Inc
Street Address		Street Address 95 Montrose Road	
City, State, Zip Code		City, State, Zip Code Colts Neck, New Jersey 07722	
Project Manager for Monitoring Firm		Telephone No. 7322941757	License No. 00029
Start Date (10) 4/2/26	Scheduled Completion Date (11) 4/8/26	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-7pm		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> 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) 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
exterior			x	chimney flashings	20 sf	x			
interior			x	floor tile with mastic	900 sf	x			

Name of Registered Waste Hauler Ace Insulation Co., Inc		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 3	Name of Registered Landfill Chrins	
City, State Colts Neck, New Jersey		Disposal Date 4/8/26		City, State Easton, PA	
Completed by Bree McGuire		Title Secretary Treasurer	Signature 		Date 3/24/26

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

1850

State of New Jersey
Notification of Asbestos Abatement
 (Pursuant to N.J.A.C. 8:26-7 and 12:120-7)

PAID

RECEIVED

Date of Notification (1) 3/24/2026		Name of Building Owner/Operator Hamilton Township	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended #1 <input type="checkbox"/> Emergency notification (including justification) <input type="checkbox"/> Cancelled	Street Address 90 Park Ave	
		City, State, Zip Code Hamilton NJ 08690	
		Name of Contact John Miranda	Telephone Number 609-631-4100

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Steinert High School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) Subchapter 8 <input type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings., homes, etc.)	
Street Address 2900 Klockner Road			Sq. Feet: Approximately 30,000 SF # of Floors:2 Bldg. Age: years Current Use (prior if being demolished):	
City (5) Hamilton NJ 08690	County (6) Mercer	County Code (7) (State Use Only)		
Name of Monitoring Firm Hired by Bldg. Owner Karl Associates		ASCM No.	Name of Contractor (9) BL Contracting Inc.	
PO Box 646		Street Address 5 Marguerite Lane		
Shillington Pa19678		City State, Zip Code Towaco NJ 07082		
Project Manager for Monitoring Firm Ed Karl	610-698-3308	Telephone Number 973-901-0153	License Number 01265	
Scheduled Start Date (10) 4/2/2026	Scheduled Completion Date 4/04/2026	Name of OSHA Monitoring BL Contracting Inc		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Monday - Saturday 7 am - 4pm			Street Address 5 Marguerite Lane	
			City, State, Zip Code Towaco NJ 07082	

Source of Work (Check all that apply)

≥ 3 sf or ≥ 3 lf
 $X \geq 160$ sf or ≥ 260 lf

Renovation
 Demolition

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

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Main/Custodial Staff (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)	Abatement Type			
				Remove	Repair	Encap	Enclos
Auditorium Left side tent	<input checked="" type="checkbox"/>	Fittings	8 LF	<input checked="" type="checkbox"/>			
Auditorium Right side Tent		Fittings	8 LF	<input checked="" type="checkbox"/>			

Name of Reg. Waste Hauler BL Contracting Inc	NJDEP Waste Hauler ID # 0036784	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F
		Disposal Date 4/15/2025	City, State Tully town, PA
Completed by (Print or Type) Nedo Vasilic	Title Project Manager	Signature <i>Nedo Vasilic</i>	Date 3/24/2026

13622

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

B & G Project # 2026-53

Check # 13622

RECEIVED

MAR 27 2026

ASBESTOS CONTROL & LICENSING


Date of Notification (1) June 12, 2024		Name of Building Owner/Operator (2) Woodbridge Township School District										
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 421 School Street										
		City, State, Zip Code Woodbridge, NJ 07095										
		Name of Contact Charles Impaglia										
		Telephone Number 732-602-8536										
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) Colonia Middle School NON Sub 8		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)										
Street Address 100 Delaware Avenue		Square Feet 50,000+	# of Floors 3									
City (5) Colonia, NJ		Bldg. Age 50+										
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) High School (NON SUB 8)										
Name of Monitoring Firm Hired by Building Owner (8) T&M Associates		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.									
Street Address 11 Tindall Road		Street Address 1234 Route 23										
City, State, Zip Code Middletown, NJ 07748		City, State, Zip Code Butler, NJ 07405										
Project Manager for Monitoring Firm Kevin Burns		Telephone No. 908-347-4396	Telephone No. 973-696-6869									
		License No. 00378										
Start Date (10) 03/25/2026 @ 6:00 PM	Scheduled Completion Date (11) 03/28/2026	Name of OSHA Monitor B & G Restoration, 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: _____		Street Address 1234 Route 23										
		City, State, Zip Code Butler, NJ 07405										
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"/> Building Demolition with asbestos in-place <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					
Art Room		X		VAT & mastic	850 SF	X						
Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 10	Name of Registered Landfill Grand Central Landfill								
City, State Butler, NJ		Disposal Date 03/30/2026		City, State Pen Argyl, PA								
Completed by Gordana Luna		Title Secretary / Treasurer	Signature Gordana Luna		Date 03/25/2026							

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

2688

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

Check # 52688
 3936649

Date of Notification (1) 3 / 23 / 26		Name of Building Owner/Operator (2) 3		RECEIVED					
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 checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1600 Haddon Avenue City, State, Zip Code Camden NJ 08103 Telephone Number 856-757-3500					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Our Lady of Lourdes Hospital			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 1600 Hadden Avenue			Square Feet 20000		Bldg. Age 11				
City (5) Camden NJ 08103		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Health Facility					
County (6) Camden		Name of Monitoring Firm Hired by Building Owner (8) Vertex		Name of Abatement Contractor (9) Associated Specialty Contractors					
Street Address 2501 Seaport Drive Suite BH 110			Street Address 98 Lacrue Avenue						
City, State, Zip Code Chester PA 19013			City, State, Zip Code Glen Mills, PA 19342						
Project Manager for Monitoring Firm Done Heim		Telephone No. 610-558-8902		Telephone No. 610-364-9622					
License No. 01103		Start Date (10) 2 / 20 / 26		Scheduled Completion Date (11) 4 / 30 / 26					
Name of OSHA Monitor Vertex			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: 7AM-____PM/5PM-____AM						
Street Address 2501 Seaport Drive			City, State, Zip Code Chester PA 19013						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
New Respiratory Room B-17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	20 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"/>
	<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 TriState Recycling		NJDEP Waste Hauler ID No.		Cubic Yards of Waste		Name of Registered Landfill Republic Conestoga			
City, State 8950 State Road Philadelphia, PA 19136				Disposal Date 4/10/26		City, State Morgantown, PA 19543			
Completed By (Print or Type) Vincent Primavera		Title Project Manager		Signature 		Date 3/23/2026			

1624

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

4351538

Check # 4624

RECEIVED

Date of Notification (1) 3/18/26		Name of Building Owner / Operator (2) Old Bridge Township Board of Education	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address Patrick Torre Administration Bldg, County Route 516	
		City, State & Zip Code Matawan, NJ 07747	
		Name of Contact Mr. Ernie Tricomi	
		Telephone Number 732-360-4506	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Sandburg Middle School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 3439 County Road 516			Square Feet 125000	# of Floors 1	Bldg. Age 60+
City (5) Old Bridge	County (6) Middlesex	County Code (7)	Current Use (Prior if being demolished) School		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, LLC		
Street Address 120 North Warren Street		Street Address 1123 Beaver Street			
City, State & Zip Code Trenton, NJ 08010		City, State & Zip Code Bristol, PA 19007			
Project Manager for Monitoring Firm Rollie Jones		Telephone Number 609-392-4200	Telephone Number (215)788-6040	License Number 02121	
Scheduled Start Date (10) 3/30/26	Scheduled Completion Date (11) 3/30/26		Name of OSHA Monitor Bristol Environmental 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 Hours - 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 Beaver Street		
			City, State & Zip Code Bristol, PA 19007		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	3 LF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 201	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster	3 SF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Freehold Cartage, Inc	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 1/4 Cu Yd	Name of Registered Landfill Conestoga Landfill	
City, State Freehold, NJ	Disposal Date 3/30/26	City, State Morgantown, PA		
Completed By (Print or Type) Gino Pizzigoni	Title Project Manager	Signature <i>Gino Pizzigoni</i>	Date 3/18/26	

6126050

split
4624

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

1184990

RECHECK # 4624

Date of Notification (1) 3/18/26		Name of Building Owner / Operator (2) Old Bridge Township Board of Education	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address Patrick Torre Administration Bldg, County Route 516		City, State & Zip Code Matawan, NJ 07747	
Name of Contact Mr. Ernie Tricomi		Telephone Number 732-360-4506	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Madison Park Elementary School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 33 Harvard Road			Square Feet 125000		
City (5) Old Bridge			# of Floors 1		Bldg. Age 60+
County (6) Middlesex			County Code (7)		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection			ASCM No.		
Street Address 120 North Warren Street			Name of Abatement Contractor (9) Bristol Environmental, LLC		
City, State & Zip Code Trenton, NJ 08010			Street Address 1123 Beaver Street		
Project Manager for Monitoring Firm Rollie Jones			Telephone Number 609-392-4200		License Number 02121
Scheduled Start Date (10) 3/31/26			Scheduled Completion Date (11) 3/31/26		
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 Hours - 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement			Name of OSHA Monitor Bristol Environmental LLC		
Street Address 1123 Beaver Street			City, State & Zip Code Bristol, PA 19007		

Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection			ASCM No.		
Street Address 120 North Warren Street			Name of Abatement Contractor (9) Bristol Environmental, LLC		
City, State & Zip Code Trenton, NJ 08010			Street Address 1123 Beaver Street		
Project Manager for Monitoring Firm Rollie Jones			Telephone Number 609-392-4200		License Number 02121
Scheduled Start Date (10) 3/31/26			Scheduled Completion Date (11) 3/31/26		
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 Hours - 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement			Name of OSHA Monitor Bristol Environmental LLC		
Street Address 1123 Beaver Street			City, State & Zip Code Bristol, PA 19007		

Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection			ASCM No.		
Street Address 120 North Warren Street			Name of Abatement Contractor (9) Bristol Environmental, LLC		
City, State & Zip Code Trenton, NJ 08010			Street Address 1123 Beaver Street		
Project Manager for Monitoring Firm Rollie Jones			Telephone Number 609-392-4200		License Number 02121
Scheduled Start Date (10) 3/31/26			Scheduled Completion Date (11) 3/31/26		
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 Hours - 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement			Name of OSHA Monitor Bristol Environmental LLC		
Street Address 1123 Beaver Street			City, State & Zip Code Bristol, PA 19007		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Storage B/Copy Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	9 LF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Freehold Cartage, Inc		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 1/4 Cu Yd	Name of Registered Landfill Conestoga Landfill	
City, State Freehold, NJ		Disposal Date 3/31/26	City, State Morgantown, PA		
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>		Date 3/18/26

6126050

NOTE - This is a 2nd notice
First was returned by USPS

CK 420
4351527

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

PAID

RECEIVED

420

Date of Notification (1) 2/25/2026		Name of Building Owner/Operator (2) Township of Cherry Hill						
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 checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 820 Mercer St						
		City, State, Zip Code Cherry Hill, NJ 08002						
Name of Contact Kelly Gipe		Telephone Number 856-225-1100						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Gilmour Farm		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 Corner of Springdale & Evesham Rds		Square Feet 2700 SF	# of Floors 2					
City (s) Cherry Hill, NJ 08003		Bldg. Age 75 yrs						
County (6) Camden	County Code(7) (STATE USE ONLY)	Current Use (Prior if being demolished) Farm						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Resolutions	ASCM No.	Name of Abatement Contractor (9) AEi2, LLC						
Street Address		Street Address PO Box 499						
City, State, Zip Code		City, State, Zip Code Hammonton, NJ 08037						
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609-481-2122	License No. 00689					
Start Date (10) 3/3/26	Scheduled Completion Date (11) 4/3/26	Name of OSHA Monitor AEi2, 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 PO Box 499						
		City, State, Zip Code Hammonton, NJ 08037						
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"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
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	Encapsulation
See Attached			X See attached	See attached	X			
Name of Registered Waste Hauler TBD		NJDEP Waste Hauler ID No. TBD	Cubic Yards of Waste 20	Name of Registered Landfill TBD				
City, State TBD, NJ		Disposal Date TBD	City, State TBD					
Completed By Wm. Minnick		Title Program Mgr.	Signature	Date 2/25/26				

Cancellation

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to N.J.A.C. 17:27 and 12:120)

RECEIVED

Date of Notification (1)
 02/26/2026

Name of Building Owner/Operator (2)
 ARCHWAY 31 LLC

MAR 31 2026

Agencies Notified

EPA
 DEP
 DOL

DOH
 DCA

Type Notification

Initial
 Amended
 Amendment # _____
 Emergency (including justification)
 Cancellation

Street Address
 ARCH STREET

City, State, Zip Code
 RAMSEY, NJ.07046

Name of Contact
 Nicholas Aynilian

Telephone Number
 201-213-9070

Name of Facility Where Abatement is Taking Place (3)
 ARCHWAY 31 LLC

FACILITY INFORMATION

Street Address
 ARCH 31 STREET

City (5)
 RAMSEY

County (6)
 BERGEN

County Code (7)
 (STATE USE ONLY) _____

Type of Facility (4)

School (K-12)
 Subchapter 8 (Other than K-12)
 Other (i.e. private & commercial buildings, homes, etc.)

Square Feet
 N/A

of Floors
 N/A

Bldg. Age
 N/A

Current Use (Prior if being demolished)
 COMMERCIAL BUILDING

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

ASCM No. _____

Name of Abatement Contractor (9)
 EHW ABATEMENT LLC

Street Address
 89 FRANKLIN STREET

City, State, Zip Code
 PATERSON, NJ.07524

Telephone No.
 973-333-5144

License No.
 01274

Start Date (10)
 02/28/2026

Scheduled Completion Date (11)
 03/01/2026

Name of OSHA Monitor
 EHW ABATEMENT LLC

Occupancy Status During Abatement (Check Only One)

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

Street Address
 89 FRANKLIN STREET

City, State, Zip Code
 PATERSON, NJ.07524

Scope of Work (Check All That Apply)

≥3 sf or ≥3 lf
 ≥160 sf or ≥260 lf

Renovation
 Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BOILER ROOM		X		BOILER INSULATION	80 SF	X			

Name of Registered Waste Hauler
 EHW ABATEMENT LLC

NJDEP Waste Hauler ID No.
 0037095

Cubic Yards of Waste
 TBD

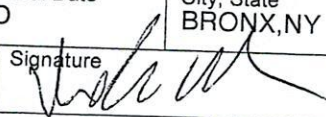
Name of Registered Landfill
 TRI STATE TRANSFER

City, State
 BRONX, NY

Disposal Date
 TBD

Completed by
 TOR ESPIRITU

Title
 PROJECT MANAJER

Signature


Date
 02/26/2026

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

38044170292

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

RECEIVED

MAR 31 2026

ASBESTOS & LICENSING
 201-213-9070

Date of Notification (1)
02/26/2026

Name of Building Owner/Operator (2)
ARCHWAY 31 LLC

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

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

Street Address
ARCH STREET

City, State, Zip Code
RAMSEY, NJ.07046

Name of Contact
Nicholas Aynilian

Telephone Number
201-213-9070

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
ARCHWAY 31 LLC

Street Address
ARCH 31 STREET

City (5)
RAMSEY

County (6)
BERGEN

County Code (7)
(STATE USE ONLY) _____

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

Square Feet
N/A

of Floors
N/A

Bldg. Age
N/A

Current Use (Prior if being demolished)
COMMERCIAL BUILDING

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

ASCM No. _____

Name of Abatement Contractor (9)
EHW ABATEMENT LLC

Street Address
89 FRANKLIN STREET

City, State, Zip Code
PATERSON, NJ.07524

Project Manager for Monitoring Firm _____

Telephone No. _____

Telephone No.
973-333-5144

License No.
01274

Start Date (10)
02/28/2026

Scheduled Completion Date (11)
03/01/2026

Name of OSHA Monitor
EHW ABATEMENT LLC

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other - Describe: _____

Street Address
89 FRANKLIN STREET

City, State, Zip Code
PATERSON, NJ.07524

Scope of Work (Check All That Apply)

≥3 sf or ≥3 lf
 ≥160 sf or ≥260 lf

Renovation
 Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BOILER ROOM		X		BOILER INSULATION	80 SF	X			

Name of Registered Waste Hauler
W ABATEMENT LLC

NJDEP Waste Hauler ID No.
0037095

Cubic Yards of Waste
TBD

Name of Registered Landfill
TRI STATE TRANSFER

City, State
BRONX, NY

Disposal Date
TBD

City, State
BRONX, NY

Completed by
TOR ESPIRITU

Title
PROJECT MANAJER

Signature
[Signature]

Date
02/26/2026

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

2618

Unpaid CR AC-70159
4344648

Print Form

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

RECEIVED

FEB 20 2026

Date of Notification (1) February 13, 2026		Name of Building Owner/Operator (2) Lawrenceville Shopping Associates LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <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 Jack J. Jemal	Telephone Number 212-629-4592

ASBESTOS CONTROL & LICENSING

Name of Facility Where Abatement is Taking Place (3) Burlington Store		Type of Facility (4)	
Street Address 2495 Route 1		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Lawrenceville	Square Feet 50,000	# of Floors 2	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) 3/31/26	Name of OSHA Monitor EMSL	
Occupancy Status During Abatement (Check Only One)		Street Address 200 Route 130 North	
<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: in segregated area		City, State, Zip Code Cinnaminson, NJ	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Western portion - Phase I		X		Mastic	9,580 SF	X			
Mezzanine Office		X		Mastic	800 SF	X			
Western portion - Phase II		X		Mastic	10,000 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 Jack Bally	Date 2/13/26

12632

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

4349598

RECEIVED

Date of Notification (1) February 25, 2026		Name of Building Owner/Operator (2) The Mansions Urban Renewal Association, c/o SHP Mgt Corp											
Agencies Notified		Street Address 7 Thomas Drive											
<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		City, State, Zip Code Cumberland-Foreside, ME 04110									
		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact Property Manager									
				Telephone Number 856-627-3300									
FACILITY INFORMATION													
Name of Facility Where Abatement is Taking Place (3) Mansion Apartments Bldg. 900			Type of Facility (4)										
Street Address 220 W Branch Avenue			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)										
City (5) Pine Hill		Square Feet 24,000	# of Floors 2	Bldg. Age 50+									
County (6) Camden		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial										
Name of Monitoring Firm Hired by Building Owner (8) Environmental Technicians		ASCM No.	Name of Abatement Contractor (9) ecoservices, LLC										
Street Address 441 East High Street #25		Street Address 303 B National Road											
City, State, Zip Code Philadelphia, PA 19144		City, State, Zip Code Exton, PA 19341											
Project Manager for Monitoring Firm Norm Harrison		Telephone No. 215-852-9654	Telephone No. 484-872-8884	License No. 01161									
Start Date (10) March 9, 2026	Scheduled Completion Date (11) March 27, 2026		Name of OSHA Monitor EMSL										
Occupancy Status During Abatement (Check Only One)			Street Address 200 Route 130 North										
<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>Unoccupied apartments</u>			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"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)				Amount (Specify SF or LF)	Abatement Type			
		Yes	No	N/A					Removal	Repair	Encapsulate	Enclosure	
Unit 917 (fire unit)			X		GWB/Joint Compound	700 SF	X						
Unit 918 (fire unit)			X		GWB/Joint Compound	700 SF	X						
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 20	Name of Registered Landfill Fairless Landfill								
City, State Camden, NJ		Disposal Date TBD		City, State Morrisville, PA									
Completed by Jack Bally		Title Sr. Project Manager		Signature <i>Jack Bally</i>				Date 2/25/26					

5829

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

RECEIVED 8883

Date of Notification (1) 3/5/26 Type Notification		Name of Building Owner / Operator (2) Trader Joes Inc.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Emergency Notification	Street Address 457 Mt. Pleasant Ave	
	<input checked="" type="checkbox"/> Initial Notification	City, State & Zip Code West Orange, NJ 07052	
	Amended Notification	Name of Contact Gabrielle Romeo	
	Cancellation	Telephone Number 631-218-3970	

MAR 12 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Vacant Store		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 471 Mt. Pleasant Ave		Square Feet 8,000	# of Floors 2
City (5) West Orange	County (6) Essex	County Code (7)	Bldg. Age 70+
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No.	Current Use (Prior if being demolished) Retail
Street Address 64 Broad Street		Name of Abatement Contractor (9) Global Abatement Services, LLC	
City, State & Zip Code Matawan, NJ 07747		Street Address P.O. Box 7620	
Project Manager for Monitoring Firm Tom Geiger	Telephone Number 732-290-2217	Telephone Number 732-605-9062	License Number 00714
Scheduled Start Date (10) 3/23/26	Scheduled Completion Date (11) 4/10/26	Name of OSHA Monitor Global Abatement Services, LLC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Area Isolated During Abatement Other - Describe:		Street Address P.O. Box 7620	
		City, State & Zip Code Monroe Township, NJ 08831	

Scope of Work (Check all that apply)		Full Containment with Negative Pressure	
Demolition	<input checked="" type="checkbox"/> Renovation	Mini-Enclosure	
Large Project		<input checked="" type="checkbox"/> Glovebag Procedure	
<input checked="" type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM		<input checked="" type="checkbox"/> Other:	
Quantity is ≥ 160 SF or ≥ 260 LF ACM			

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Mech. Area	N/A	Pipe insulation	40LF	Removal
2 nd Floor Windows	N/A	Window caulk	56LF	Removal
2 nd Floor	N/A	Joint compound	150SF	Removal

Name of Registered Waste Hauler Freehold Carting	NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 40	Name of Registered Landfill Fairless Hills
City, State Freehold, NJ	Disposal Date 4/10/26	City, State Fairless Hill, PA	
Completed By (Print or Type) Dominick Tringali	Title President	Signature <i>Dominick Tringali</i>	Date 3/5/26

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

PAID

RECEIVED

Date of Notification (1)
03/12/26

Name of Building Owner/Operator (2)
[REDACTED]

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

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

Street Address
23 W. CHESTNUT AVE

City, State, Zip Code
VINELAND, NJ 08360

Name of Contact _____ Telephone Number _____

MAR 16 2026

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
23 W. CHESTNUT AVE

Street Address
VINELAND NJ 08360

City (5)
GIMBERLAND

County (6)
[REDACTED]

County Code (7) (STATE USE ONLY) _____

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

Square Feet _____ # of Floors _____ Bldg. Age _____

Current Use (Prior if being demolished) _____

Name of Monitoring Firm Hired by Building Owner (8)
FR'S ENVIRONMENTAL LLC

Street Address
2333 VS-22

City, State, Zip Code
UNION NEW JERSEY 07083

Project Manager for Monitoring Firm _____ Telephone No. _____

Name of Abatement Contractor (9)
D&J ENVIRONMENTAL LLC

Street Address
338 MACARTHUR AVE

City, State, Zip Code
CARFIELD, NEW JERSEY 07026

Telephone No. _____ License No. _____
201-312-0677 09092

Start Date (10)
03/27/26

Scheduled Completion Date (11)
04/27/26

Name of OSHA Monitor
SARA ALERA CONSULTANTS

Street Address
PO BOX 385 / PH: 609-652-1833

City, State, Zip Code
OCEANVILLE NJ 08231-0385

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

Scope of Work (Check All That Apply)

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

Renovation
 Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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
TILES & MASTIC JOINT COMPOUND				VAT VAT	6 SF & 1 LF 9 SF & 1 LF				

Name of Registered Waste Hauler
CENTURY WASTE SERVICES

NJDEP Waste Hauler ID No.
32797

Cubic Yards of Waste
20 YD

Name of Registered Landfill
LEBI BETHLEHEM LAND FILL

City, State
BETHLEHEM PA

Disposal Date _____

Completed by
DAVID PALONECARE

Title
SUPERVISOR

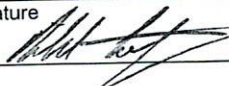
Signature
DAVID PALONECARE

Date
03/22/26

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

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

RECEIVED

Date of Notification (1) 3/27/26		Name of Building Owner/Operator (2)							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 183 Vernon Ave.		City, State, Zip Code Paterson, NJ 07503							
Name of Contact		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential 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 183 Vernon Ave.		Square Feet 1800	# of Floors 2						
City (5) Paterson		Bldg. Age 60 +/-							
County (6) Passaic		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential Home						
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement						
Street Address		Street Address 55 Cannonball Rd.							
City, State, Zip Code		City, State, Zip Code Pompton Lakes, NJ 07442							
Project Manager for Monitoring Firm		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 3/28/26	Scheduled Completion Date (11) 3/30/26	Name of OSHA Monitor Same As Above							
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: 8 A.M to 4 P.M		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Wrap	87 LF	X			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 2 YD	Name of Registered Landfill Chrin Brothers Sanitary Landfill					
City, State Pompton Lakes, NJ		Disposal Date TBD		City, State Easton, PA					
Completed by Richard Cristofol		Title President	Signature 			Date 3/27/26			

8874

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

RECEIVED
CK 8874
MAR 30 2026

Date of Notification (1) 3/23/26 Type Notification		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	Emergency Notification <input checked="" type="checkbox"/> Initial Notification Amended Notification Cancellation	Street Address 381 Stelle Avenue			
		City, State & Zip Code Milltown, NJ 08850			
		Name of Contact		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)			
Street Address 381 Stelle Ave		Square Feet 2,800	# of Floors 2	Bldg. Age 60+	
City (5) Milltown	County (6) Middlesex	County Code (7)			
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No.	Name of Abatement Contractor (9) Global Abatement Services, LLC		
Street Address 64 Broad Street		Street Address P.O. Box 7620			
City, State & Zip Code Matawan, NJ 07747		City, State & Zip Code Monroe Township, NJ 08831			
Project Manager for Monitoring Firm Tom Geiger		Telephone Number 732-290-2217	Telephone Number 732-605-9062	License Number 00714	
Scheduled Start Date (10) 4/4/26	Scheduled Completion Date (11) 4/7/26		Name of OSHA Monitor Global Abatement Services, LLC		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Area Isolated During Abatement Other - Describe:		Street Address P.O. Box 7620			
		City, State & Zip Code Monroe Township, NJ 08831			
Scope of Work (Check all that apply)					
Demolition		<input checked="" type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Full Containment with Negative Pressure	
Large Project		Quantity is \geq 3 SF or \geq 3 LF ACM		Mini-Enclosure	
<input checked="" type="checkbox"/> Quantity is \geq 160 SF or \geq 260 LF ACM				Glovebag Procedure	
				Other:	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)	
Basement	N/A	Duct insulation	300SF	Removal	
Name of Registered Waste Hauler Freehold Carting		NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 8	Name of Registered Landfill Conestoga	
City, State Freehold, NJ		Disposal Date 4/7/26		City, State Morgantown, PA	
Completed By (Print or Type) Dominick Tringali	Title President	Signature <i>Dominick Tringali</i>		Date 3/23/26	

164

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

RECEIVED

Date of Notification (1) 02 / 24 / 2026		Name of Building Owner/Operator (2) MAR 31 2026							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 435 Sussex Road City, State, Zip Code Wood Ridge, New Jersey 07075 Telephone Number ASBESTOS CONTROL & LICENSING							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 435 Sussex Road		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 435 Sussex Road		Square Feet	# of Floors						
City (5) Wood Ridge, New Jersey 07075		Bldg. Age							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Iris Environmental LLC		ASCM No.	Name of Abatement Contractor (9) D&J Environmental LLC						
Street Address 2333 US-22		Street Address 338 MacArthur Ave							
City, State, Zip Code Union, New Jersey 07083		City, State, Zip Code Garfield, New Jersey, 07026							
Project Manager for Monitoring Firm		Telephone No. 201-312-0677	License No. 02092						
Start Date (10) 02 / 26 / 26	Scheduled Completion Date (11) 03 / 26 / 26	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___ AM-___ PM/___ PM-___ AM		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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
Linoleum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT	350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tiles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT	350 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 Century waste services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 20 yd	Name of Registered Landfill IESI Bethlehem land field					
City, State Elizabeth, New Jersey		Disposal Date		City, State Bethlehem Pa					
Completed By (Print or Type) David Palomeque		Title supervisor		Signature David Palomeque			Date 02/24/2026		

4962

4347824

Print Form

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

RECEIVED
HMD 25-208

Date of Notification (1) 02-27-2026		Name of Building Owner/Operator (2) Dba:Crash Champions Ck#4959MAR - 4 2026							
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 9 Fisher Ave						
			City, State, Zip Code Neptune City, NJ 07753						
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Structure		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 9 Fisher Ave.		Square Feet 460 Sf	# of Floors 1						
City (5) Neptune City		Bldg. Age 76 Years							
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vacant House							
Name of Monitoring Firm Hired by Building Owner (8) Damar Environmental Corp		ASCM No.	Name of Abatement Contractor (9) Hazmat Diagnostic, LLC						
Street Address 744 Princeton Street		Street Address 16 Glenwild Ave.							
City, State, Zip Code New Milford, NJ 07646		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm John Aragveli		Telephone No. (718) 414-9079	Telephone No. 973-928-3995						
License No. 01181		Name of OSHA Monitor Hazmat Diagnostic, LLC							
Start Date (10) 03-11-2026	Scheduled Completion Date (11) 03-18-2026	Street Address 16 Glenwild Ave							
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 Other - Describe: _____		City, State, Zip Code Bloomingdale, NJ 07403							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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 Throughout			x	Joint Compound on Sheetrock	2000 Sf	x			
Exterior Throughout			x	Transite Siding	1200 Sf	x			
Exterior All sides			x	ACM caulking (windows)	8 Sf	x			
Exterior Front/ Rear			x	ACM caulking (doors)	2 Sf	x			
Name of Registered Waste Hauler Hazmat Diagnostic, LLC		NJDEP Waste Hauler ID No. 0035440	Cubic Yards of Waste 30 CY	Name of Registered Landfill WM Grand Central Landfill					
City, State Bloomingdale, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Deni Naumovski		Title President		Signature Deni Naumovski			Date 02-27-2026		

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

1963

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

RECEIVED
HMD 25-210

MAR 13 2026
Ck:4963

Date of Notification (1) 3-9-2026		Name of Building Owner/Operator (2) My Property Holdings LLC -								
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 checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 9 Fisher Ave								
		City, State, Zip Code Neptune City, NJ 07753								
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Residential Structure		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 9 Fisher Ave.		Square Feet 460 Sf	# of Floors 1							
City (5) Neptune City		Bldg. Age 76 Years								
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant House								
Name of Monitoring Firm Hired by Building Owner (8) Damar Environmental Corp		ASCM No.	Name of Abatement Contractor (9) Hazmat Diagnostic, LLC							
Street Address 744 Princeton Street		Street Address 16 Glenwild Ave.								
City, State, Zip Code New Milford, NJ 07646		City, State, Zip Code Bloomingdale, NJ 07403								
Project Manager for Monitoring Firm John Aragveli		Telephone No. (718) 414-9079	Telephone No. 973-928-3995							
		License No. 01181								
Start Date (10) 03-18-2026	Scheduled Completion Date (11) 03-27-2026	Name of OSHA Monitor Hazmat Diagnostic, 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 16 Glenwild Ave								
		City, State, Zip Code Bloomingdale, NJ 07403								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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 Throughout			x	Joint Compound on Sheetrock	2000 Sf	x				
Exterior Throughout			x	Transite Siding	1200 Sf	x				
Exterior All sides			x	ACM caulking (windows)	8 Sf	x				
Exterior Front/ Rear			x	ACM caulking (doors)	2 Sf	x				
Name of Registered Waste Hauler Hazmat Diagnostic, LLC		NJDEP Waste Hauler ID No. 0035440	Cubic Yards of Waste 30 CY	Name of Registered Landfill WM Grand Central Landfill						
City, State Bloomingdale, NJ		Disposal Date TBD		City, State Pen Argyl, PA						
Completed by Deni Naumovski		Title President	Signature <i>Deni Naumovski</i>				Date 3-9-2026			

NO CK required

4349859

Print Form

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

HMD 25-209

CK:4962 MAR - 9 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 3-3-2026		Name of Building Owner/Operator (2) My Property Holdings LLC		Ck:4962	
Agencies Notified		Type Notification		Street Address	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	9 Fisher Ave		City, State, Zip Code	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended	Neptune City, NJ 07753		Name of Contact	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # 1			Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)				
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation				
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Residential Structure			Type of Facility (4)		
Street Address 9 Fisher Ave.			<input type="checkbox"/> School (K-12)		
City (5) Neptune City			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
County (6) Monmouth			<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Name of Monitoring Firm Hired by Building Owner (8) Damar Environmental Corp		ASCM No.	Name of Abatement Contractor (9) Hazmat Diagnostic, LLC	Square Feet 460 Sf	# of Floors 1
Street Address 744 Princeton Street		County Code (7) (STATE USE ONLY)	Street Address 16 Glenwild Ave.	Bldg. Age 76 Years	Current Use (Prior if being demolished) Vacant House
City, State, Zip Code New Milford, NJ 07646		Telephone No. (718) 414-9079	City, State, Zip Code Bloomingdale, NJ 07403	Telephone No. 973-928-3995	License No. 01181
Project Manager for Monitoring Firm John Aragveli		Scheduled Completion Date (11) 03-18-2026	Name of OSHA Monitor Hazmat Diagnostic, LLC		
Start Date (10) 03-11-2026		Occupancy Status During Abatement (Check Only One)	Street Address 16 Glenwild Ave		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours	City, State, Zip Code Bloomingdale, NJ 07403		
<input type="checkbox"/> Other - Describe:		Scope of Work (Check All That Apply)	<input checked="" type="checkbox"/> Full Containment with Negative Pressure		
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf		<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Mini-Enclosure		
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition	<input type="checkbox"/> Glovebag Procedure		
<input type="checkbox"/> Non-Exempted (*) and Non-Friable 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)	
		Yes No N/A		Amount (Specify SF or LF)	
Interior Throughout				2000 Sf	
Exterior Throughout				1200 Sf	
Exterior All sides				8 Sf	
Exterior Front/ Rear				2 Sf	
Name of Registered Waste Hauler Hazmat Diagnostic, LLC		NJDEP Waste Hauler ID No. 0035440	Cubic Yards of Waste 30 CY	Name of Registered Landfill WM Grand Central Landfill	
City, State Bloomingdale, NJ		Disposal Date TBD	City, State Pen Argyl, PA		
Completed by Deni Naumovski		Title President	Signature Deni Naumovski		Date 3-3-2026

* 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)**

2019

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RECEIVED

MAR 20 2019 50197

Date of Notification (1) 03 / 16 / 26		Name of Building Owner/Operator (2) Tradewinds Builders, LLC	
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 2908 Baltic Avenue	
		City, State, Zip Code Beach Haven Gardens, NJ 08008-2646	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 31 W. California Avenue		Square Feet 1700	# of Floors 1
City (5) LB Twp		Bldg. Age 80	
County (6) Ocean	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-349-9932	License No. 00624

Start Date (10) 03 / 27 / 26	Scheduled Completion Date (11) 03 / 30 / 26	Name of OSHA Monitor E.M.S.L. Analytical
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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 1056 Stelton
	City, State, Zip Code Piscataway, New Jersey 08854

Scope of Work (Check all that apply)

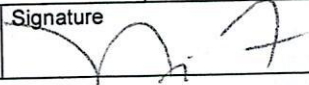
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> 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 siding	1720 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 Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill
City, State Toms River, New Jersey	Disposal Date 03/30/26	City, State Morrisville, Pennsylvania	
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 3/16/26

2/198

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

Date of Notification (1) 03 / 16 / 26		Name of Building Owner/Operator (2) Tradewinds Builders, LLC		RECEIVED 50198					
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 2908 Baltic Avenue		MAR 20 2026					
		City, State, Zip Code Beach Haven Gardens, NJ 08008-2646		ASBESTOS CONTROL & LICENSING					
		Name of Contact		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 102 E Winifred Avenue			Square Feet 1800	# of Floors 1	Bldg. Age 80				
City (5) LB Twp		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Residence					
County (6) Ocean		Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Guardian Contracting, Inc.					
Street Address		Street Address 1889 Route 9, Unit 61		City, State, Zip Code Toms River, New Jersey 08755					
City, State, Zip Code		Telephone No. 732-349-9932		License No. 00624					
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor E.M.S.L. Analytical					
Start Date (10) 03 / 27 / 26		Scheduled Completion Date (11) 03 / 30 / 26		Street Address 1056 Stelton					
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		City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
exterior-house	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1800 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
exterior-garage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	400 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 Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill					
City, State Toms River, New Jersey		Disposal Date 03/30/26	City, State Morrisville, Pennsylvania						
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager	Signature 		Date 3/16/26				

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

RECEIVED

50200

MAR 20 2006

Date of Notification (1) 03 / 16 / 26		Name of Building Owner/Operator (2) Potts Excavating, Inc.	
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 316 Main Street	
		City, State, Zip Code West Creek, NJ 08092	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <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 237 N 7th Street		Square Feet 1800	# of Floors 1
City (5) Surf City		Bldg. Age 80	
County (6) Ocean	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.
Street Address		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm		Telephone No. 732-349-9932	License No. 00624
Start Date (10) 03 / 26 / 26	Scheduled Completion Date (11) 03 / 30 / 26	Name of OSHA Monitor E.M.S.L. Analytical	
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 1056 Stelton	
		City, State, Zip Code Piscataway, New Jersey 08854	

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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1800 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
exterior-garage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	570 sf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill
City, State Toms River, New Jersey		Disposal Date 03/30/26	City, State Morrisville, Pennsylvania
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 3/16/06

8/189



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Print Form

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

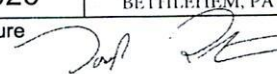
RECEIVED

MAR 16 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 03/10/2026		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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 14 Irene CT City, State, Zip Code Lakewood NJ 08701 Name of Contact _____ Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 1 TEXAS DR			Square Feet	# of Floors	Bldg. Age				
City (5) JACKSON			Current Use (Prior if being demolished)						
County (6) Ocean		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) 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) 03/20/2026		Scheduled Completion Date (11) 03/23/2026		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 type="checkbox"/> Renovation		<input checked="" 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				Siding	1500 SF	<input checked="" type="checkbox"/>			
Interior				Floor Tile	500 SF				
Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No. 35103	Cubic Yards of Waste 6	Name of Registered Landfill IESI					
City, State Lakewood, NJ		Disposal Date 03/23/2026		City, State BETHLEHEM, PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature 		Date 03/10/2026				

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

Date of Notification (1) 03/10/2026		Name of Building Owner/Operator (2) RESIDENT							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 58 AMBOY RD		City, State, Zip Code MATAWAN NJ 07747							
Name of Contact		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 58 AMBOY RD		Square Feet	# of Floors						
City (5) MATAWAN		Bldg. Age							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		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. 732-719-5649	License No. 1200						
Start Date (10) 03/19/2026	Scheduled Completion Date (11) 03/19/2026	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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input 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) 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				Siding	1500 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No. 35103	Cubic Yards of Waste 5	Name of Registered Landfill IESI					
City, State Lakewood, NJ		Disposal Date 03/19/2026		City, State BETHLEHEM, PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature 		Date 03/10/2026				

13609

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

B & G Project # 2026-42

Check # 13609

Date of Notification (1) 03/16/2026		Name of Building Owner/Operator (2)	
Agencies Notified	Type Notification	Street Address	MAR 23 2026
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	49 Hill Street City, State, Zip Code Rockaway Boro, NJ 07866	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)	
Street Address 49 Hill Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Rockaway Boro, NJ 07866		Square Feet	# of Floors
County (6) Morris		Current Use (Prior if being demolished) residential	

Name of Monitoring Firm (8)		ASCM No.	Name of Abatement Contractor (9)	
Street Address		Street Address 1234 Route 23		
City, State, Zip Code		City, State, Zip Code Butler, NJ 07405		
Project Manager for Monitoring Firm		Telephone No.	Telephone No.	License No.
			973-696-6869	00378

Start Date (10) 03/26/2026	Scheduled Completion Date (11) 03/27/2026	Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check Only One)		Street Address 1234 Route 23	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Butler, NJ 07405	

Scope of Work (Check All That Apply)				<input type="checkbox"/> Wrap and Cut <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
<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				

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	10 LF	X			
basement			X	pipe substrate	45 LF	X			

Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Landfill	
City, State Butler, NJ		Disposal Date 03/27/2026		City, State Pen Argyl, PA	
Completed by Gordana Luna		Title Secretary / Treasurer	Signature <i>Gordana Luna</i>		Date 03/16/2026

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

13617

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

Check # 13617
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B & G Project # 2026-47

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MAR 24 2026

Date of Notification (1) 03/20/2026		Name of Building Owner/Operator (2)	
Agencies Notified	Type Notification	Street Address 664 Clifton Avenue	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Clifton, NJ 07013	
		Name of Contact _____ Telephone Number _____	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 664 Clifton Avenue		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Clifton, NJ 07013		Square Feet	# of Floors
County (6) Passaic		Bldg. Age	
County Code (7) Passaic		Current Use (Prior if being demolished) residential	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address		Street Address 1234 Route 23		
City, State, Zip Code		City, State, Zip Code Butler, NJ 07405		
Project Manager for Monitoring Firm		Telephone No. 973-696-6869	License No. 00378	

Start Date (10) 03/30/2026	Scheduled Completion Date (11) 04/02/2026	Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check Only One)		Street Address 1234 Route 23	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Butler, NJ 07405	

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement hallway & main room			X	VAT & mastic	190 SF	X			

Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 3	Name of Registered Landfill Grand Central Landfill	
City, State Butler, NJ		Disposal Date 04/02/2026		City, State Pen Argyl, PA	
Completed by Gordana Luna		Title Secretary / Treasurer	Signature <i>Gordana Luna</i>		Date 03/20/2026

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

3618

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

Check # 13618

B & G Project # 2026-44

Date of Notification (1) 03/20/2026		Name of Building Owner/Operator (2) RECEIVED	
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 99 Buckingham Drive	
		City, State, Zip Code Ramsey, NJ 07446	
		Name of Contact	
		Telephone Number	

MAR 24 2026

AST... & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 99 Buckingham Drive		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 99 Buckingham Drive		Square Feet	# of Floors
City (5) Ramsey, NJ 07446		Bldg. Age	
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) residential	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address		Street Address 1234 Route 23	
City, State, Zip Code		City, State, Zip Code Butler, NJ 07405	
Project Manager for Monitoring Firm		Telephone No. 973-696-6869	License No. 00378
Start Date (10) 03/31/2026	Scheduled Completion Date (11) 04/02/2026	Name of OSHA Monitor B & G Restoration, Inc.	

Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 1234 Route 23	
		City, State, Zip Code Butler, NJ 07405	

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"/> Wrap and Cut <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
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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
lower level family room			X	VAT & mastic	325 SF	X			

Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 6	Name of Registered Landfill Grand Central Landfill	
City, State Butler, NJ		Disposal Date 04/02/2026		City, State Pen Argyl, PA	
Completed by Gordana Luna		Title Secretary / Treasurer	Signature Gordana Luna		Date 03/20/2026

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

8885

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OK 8885

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MAR 25 2026

Date of Notification (1) 3/16/26 Type Notification		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	<input type="checkbox"/> Emergency Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address 155A Chatham Drive		
		City, State & Zip Code Monroe Township, NJ 08831		
		Name of Contact		
		Telephone Number		
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 155A Chatham Drive		Square Feet 1,200	# of Floors 1	
City (5) Monroe Township	County (6) Middlesex	Bldg. Age 60+		
County Code (7)		Current Use (Prior if being demolished) Residential		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No.	Name of Abatement Contractor (9) Global Abatement Services, LLC	
Street Address 64 Broad Street		Street Address P.O. Box 7620		
City, State & Zip Code Matawan, NJ 07747		City, State & Zip Code Monroe Township, NJ 08831		
Project Manager for Monitoring Firm Tom Geiger	Telephone Number 732-290-2217	Telephone Number 732-605-9062	License Number 00714	
Scheduled Start Date (10) 4/2/26	Scheduled Completion Date (11) 4/10/26	Name of OSHA Monitor Global Abatement Services, LLC		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Area Isolated During Abatement Other - Describe:		Street Address P.O. Box 7620		
		City, State & Zip Code Monroe Township, NJ 08831		
Scope of Work (Check all that apply)				
Demolition <input type="checkbox"/>		<input checked="" type="checkbox"/> Full Containment with Negative Pressure		
<input checked="" type="checkbox"/> Renovation		Mini-Enclosure		
Large Project		Glovebag Procedure		
Quantity is ≥ 3 SF or ≥ 3 LF ACM		Other:		
<input checked="" type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM				
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
First Floor	N/A	Surfacing Paint	900SF	Removal
First Floor	N/A	Floor mastic	900SF	Removal
Name of Registered Waste Hauler Freehold Carting		NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 20	Name of Registered Landfill Conestoga
City, State Freehold, NJ		Disposal Date 4/7/26	City, State Morgantown, PA	
Completed By (Print or Type) Dominick Tringali	Title President	Signature <i>Dominick Tringali</i>		Date 3/16/26

156300611

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

PAID

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Date of Notification (1) 3/19/2026		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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 17 ANN STREET	
		City, State, Zip Code BLOOMINGDALE	
		Name of Contact	Telephone Number

MAR 27 2026

ASBESTOS ABATEMENT PROCESSING

FACILITY INFORMATION

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 17 ANN STREET		Square Feet 1,507	# of Floors 1	Bldg. Age 1954
City (5) BLOOMINGDALE	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENTIAL		

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Checkmark Industrial	
Street Address		Street Address 54 Morgan Dr		
City, State, Zip Code		City, State, Zip Code Sparta NJ 07871		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-570-2645	License No. 01334

Start Date (10) 3/20/2026	Scheduled Completion Date (11) 3/25/2026	Name of OSHA Monitor Checkmark Industrial		
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 54 Morgan Dr		
		City, State, Zip Code Sparta NJ 07871		

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input 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
KITCHEN		X		VAT	145 SF	X			

Name of Registered Waste Hauler ATLANTIC CARTING		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 2	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State WAYNE NJ		Disposal Date		City, State Pen Argyl, PA	
Completed by Corey Stankovic		Title CEO	Signature <i>Corey Stankovic</i>		Date

2104

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



RECEIVED

Date of Notification (1) 3/23/2026		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 205 Lexington Ave								
		City, State, Zip Code Westwood, NJ 07675								
		Name of Contact								
		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 205 Lexington Ave		Square Feet unknown	# of Floors 2							
City (5) Westwood		Bldg. Age unknown								
County (6) Bergen	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) 3/25/2026	Scheduled Completion Date (11) 3/25/2026	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 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	
Basement			X	Floor Tile	75 SF	X				
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. NJ860	Cubic Yards of Waste 3	Name of Registered Landfill Conestoga Landfill						
City, State Elizabeth, NJ		Disposal Date		City, State Morgantown PA						
Completed by John Kim		Title President	Signature 				Date 3/23/2026			

09773



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

RECEIVED

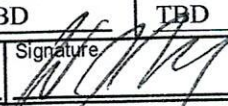
Date of Notification (1) 03/23/2026		Name of Building Owner/Operator (2) MAR 27 2026							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 326 LAUREL AVE City, State, Zip Code Lakewood NJ 08701						
			Name of Contact _____ Telephone Number _____						
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residence Street Address 326 LAUREL AVE City (5) Lakewood County (6) Ocean		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.) Square Feet _____ # of Floors _____ Bldg. Age _____ County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) _____							
Name of Monitoring Firm Hired by Building Owner (8) Street Address _____ City, State, Zip Code _____		ASCM No. _____ Telephone No. _____	Name of Abatement Contractor (9) AAA Lead Professionals Street Address 6 White Dove Court City, State, Zip Code Lakewood, NJ, 08701 Telephone No. 732-719-5649 License No. 1200						
Start Date (10) 04/01/2026		Scheduled Completion Date (11) 04/01/2026							
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 Other - Describe: _____		Name of OSHA Monitor AAA Lead Professionals 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"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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				Floor Tile	100 SF	<input checked="" type="checkbox"/>			
Exterior				Siding	1500 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No. 35103	Cubic Yards of Waste 5	Name of Registered Landfill IESI City, State BETHELEHEM, PA					
City, State Lakewood, NJ		Disposal Date 04/01/2026		Signature 		Date 03/23/2026			
Completed by JOSEPH PERLSTEIN		Title OWNER							

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

421

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

Date of Notification (1) <u>3/18/26</u>		Name of Building Owner/Operator (2) RECEIVED								
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 <u>117 Leslie Ave</u>								
		City, State, Zip Code <u>Merchantville, nj</u>								
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) <u>Residence</u>		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 8 commercial buildings, homes, etc.)								
Street Address <u>117 Leslie Ave</u>		Square Feet <u>2000 sf</u>	# of Floors <u>2</u>							
City (s) <u>Merchantville, nj</u>		Bldg. Age <u>65</u>								
County (6) <u>Camden</u>	County Code(7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Residence</u>								
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) <u>AEi2, LLC</u>								
Street Address		Street Address <u>PO Box 499</u>								
City, State, Zip Code		City, State, Zip Code <u>Hammonton, NJ 08037</u>								
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>609-481-2122</u>	License No. <u>00689</u>							
Start Date (10) <u>3/28/26</u>	Scheduled Completion Date (11) <u>4/6/26</u>	Name of OSHA Monitor <u>AEi2, LLC</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 <input type="checkbox"/> Other - Describe: _____		Street Address <u>PO Box 499</u>								
		City, State, Zip Code <u>Hammonton, NJ 08037</u>								
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"/> 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								
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition										
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) <u>70 lf</u>	Abatement Type				
	Yes	No	N/A			R	E	M	E	N
<u>Basement</u>			<u>X</u>	<u>Pipe</u>		<u>X</u>				
Name of Registered Waste Hauler <u>AEi2</u>		NJDEP Waste Hauler ID No. <u>21376</u>	Cubic Yards of Waste <u>.5</u>	Name of Registered Landfill <u>TBD</u>						
City, State <u>Hammonton, NJ</u>		Disposal Date <u>TBD</u>		City, State <u>TBD</u>						
Completed By <u>Wm. Minnick</u>	Title <u>Program Mgr.</u>	Signature 				Date <u>3/18/26</u>				

9521

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

405100

Ch# 2321

Print Form

Date of Notification (1) 3/10/2026		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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 217 Concord Ave	
		City, State, Zip Code Paramus NJ	
		Name of Contact _____ Telephone Number _____	

RECEIVED

MAR 27 2026

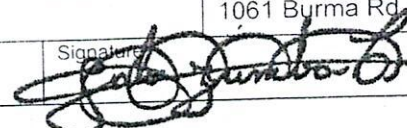
FACILITY INFORMATION

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 217 Concord Ave		Square Feet 1600 SF	# of Floors 1 floor	Bldg. Age +50
City (5) Paramus NJ		Current Use (Prior if being demolished)		
County (6) Bergen 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. N/A	Telephone No. 201-552-9685	License No. 01384
Start Date (10) 3/20/2026	Scheduled Completion Date (11) 3/24/2026		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 checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			x	Transite shingles	800 SF	x			
laundry Room			x	Floor tile	25 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 3/10/2026

* 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)

4202

Date of Notification (1) 3 / 13 / 26		Name of Building Owner/Operator (2) RECEIVED	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2498 Leamings Mill Road	
		City, State, Zip Code Millville, NJ 08332	
		Name of Contact	Telephone Number

MAR 27 2026

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 4455 S Lincoln Avenue		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
City (5) Vineland		Square Feet	# of Floors 1
		Bldg. Age 126	
County (6) Cumberland	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Home	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Brick Industries, Inc.
Street Address		Street Address PO Box 915	
City, State, Zip Code		City, State, Zip Code Brick, NJ 08723	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 7328997499	License No. 01196
Start Date (10) 3 / 16 / 26	Scheduled Completion Date (11) 3 / 17 / 26	Name of OSHA Monitor AZ Solution Consulting	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___AM-___PM/___PM-___AM		Street Address 27 Susquehanna Ave	
		City, State, Zip Code Rochelle Park, NJ 07662	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> 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 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Siding	1600SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Brick Industries, Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill	
City, State Brick, NJ		Disposal Date 3/18/26	City, State Morrisville, PA		
Completed By (Print or Type) Eric Plackis	Title President	Signature 	Date 3/13/26		

4205

PAID

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

RECEIVED

Date of Notification (1) 3 / 16 / 26		Name of Building Owner/Operator (2) 116 North 5th Avenue	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 116 North 5th Avenue	
		City, State, Zip Code Highland Park, NJ 08904	
		Name of Contact	Telephone Number

MAR 27 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 116 North 5th Avenue		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
City (5) Highland Park		Square Feet 1400	# of Floors 2
County (6) Middlesex		County Code (7)(STATE USE ONLY)	Bldg. Age 136
Name of Monitoring Firm Hired by Building Owner (8) AZ Solution Consulting		ASCM No.	Name of Abatement Contractor (9) Brick Industries, Inc.
Street Address 27 Susquehanna Ave		Street Address PO Box 915	
City, State, Zip Code Rochelle Park, NJ 07662		City, State, Zip Code Brick, NJ 08723	
Project Manager for Monitoring Firm Aleksander Zivanov		Telephone No. 347-612-1572	Telephone No. 7328997499
Start Date (10) 3 / 17 / 26		Scheduled Completion Date (11) 3 / 18 / 26	License No. 01196
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___AM-___PM/___PM-___AM		Name of OSHA Monitor AZ Solution Consulting	
		Street Address 27 Susquehanna Ave	
		City, State, Zip Code Rochelle Park, NJ 07662	

Scope of Work (Check all that apply)

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

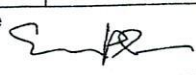
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	110LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Brick Industries, Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill	
City, State Brick, NJ		Disposal Date 3/19/26	City, State Morrisville, PA		
Completed By (Print or Type) Eric Plackis	Title President	Signature 	Date 3/16/26		

1206

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

RECEIVED

Date of Notification (1) 3 / 18 / 26		Name of Building Owner/Operator (2) The Public's Adjuster		MAR 27 2026					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 111 Howard Blvd.		ASBESTOS CONTROL & LICENSING					
		City, State, Zip Code Ledgewood, NJ 07852		Telephone Number					
Name of Contact									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 51 Hasting Lane			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
City (5) Willingboro		Square Feet 1871	# of Floors 2	Bldg. Age 63					
County (6) Burlington		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Home					
Name of Monitoring Firm Hired by Building Owner (8) AZ Solution Consulting		ASCM No.		Name of Abatement Contractor (9) Brick Industries, Inc.					
Street Address 27 Susquehanna Ave		Street Address PO Box 915							
City, State, Zip Code Rochelle Park, NJ 07662		City, State, Zip Code Brick, NJ 08723							
Project Manager for Monitoring Firm Aleksander Zivanov		Telephone No. 347-612-1572		Telephone No. 7328997499					
				License No. 01196					
Start Date (10) 3 / 19 / 26		Scheduled Completion Date (11) 3 / 23 / 26		Name of OSHA Monitor AZ Solution Consulting					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___ AM- ___ PM/ ___ PM- ___ AM			Street Address 27 Susquehanna Ave						
			City, State, Zip Code Rochelle Park, NJ 07662						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Living room/laundry room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Joint compound/drywall	4032SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout 1st fl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile	1344SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout 1st fl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mastic	1344SF	<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 Brick Industries, Inc.		NJDEP Waste Hauler ID No. 21602		Cubic Yards of Waste		Name of Registered Landfill Fairless Landfill			
City, State Brick, NJ		Disposal Date 3/25/26		City, State Morrisville, PA					
Completed By (Print or Type) Eric Plackis		Title President		Signature 		Date 3/18/26			

11945

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

Check # 11945 RECEIVED

Print Form

Date of Notification (1) MARCH 25, 2026		Name of Building Owner/Operator (2) ARMA CONTRACTING LLC		MAR 27 2026								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 222 PIERSON AVENUE City, State, Zip Code EDISON, NJ 08837 Name of Contact Telephone Number								
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) SINGLE FAMILY DWELLING			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 230 SYLVAN DELL AVENUE			Square Feet	# of Floors 2	Bldg. Age 65+-							
City (5) EDISON, NJ 08817		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) SINGLE FAMILY DWELLING								
County (6) MIDDLESEX		Name of Monitoring Firm Hired by Building Owner (8) EPC TECHNOLOGIES INC	ASCM No. N/A	Name of Abatement Contractor (9) EPC TECHNOLOGIES INC								
Street Address P.O. BOX 337			Street Address P.O. BOX 337									
City, State, Zip Code NEW EGYPT, NJ 08533			City, State, Zip Code NEW EGYPT, NJ 08533									
Project Manager for Monitoring Firm STEVE SCHENKER		Telephone No. 609-744-6384	Telephone No. 609-744-6384	License No. 00394								
Start Date (10) APRIL 4, 2026	Scheduled Completion Date (11) APRIL 10, 2026		Name of OSHA Monitor EPC TECHNOLOGIES INC									
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:			Street Address P.O. BOX 337 City, State, Zip Code NEW EGYPT, NJ 08533									
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glob. ebag 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 WALLS				XXX	CEMENT SIDING SHINGLES		1000 SF	XXXX				
Name of Registered Waste Hauler EPC TECHNOLOGIES INC		NJDEP Waste Hauler ID No. 17000		Cubic Yards of Waste 6		Name of Registered Landfill FAIRLESS LANDFILL						
City, State NEW EGYPT, NJ 08533				Disposal Date BY 4/10/26		City, State MORRISVILLE, PA						
Completed by STEVE SCHENKER			Title PRESIDENT		Signature <i>Steve Schenker</i>			Date 03/25/26				

No cl

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

B & G Project # 2026-42

Check # N/A **RECEIVED**

Date of Notification (1) 03/25/2026		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 checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 49 Hill Street City, State, Zip Code Rockaway Boro, NJ 07866 Name of Contact _____ Telephone Number _____				MAR 27 2026 ASBESTOS CONTROL & LICENSING				
	FACILITY INFORMATION										
	Name of Facility Where Abatement is Taking Place (3)				Type of Facility (4)						
	Street Address 49 Hill Street City (5) Rockaway Boro, NJ 07866				<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.)	Square Feet	# of Floors	Bldg. Age			
County (6) Morris		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) residential							
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No. _____	Name of Abatement Contractor (9) B & G Restoration, Inc.							
Street Address			Street Address 1234 Route 23								
City, State, Zip Code			City, State, Zip Code Butler, NJ 07405								
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-696-6869	License No. 00378						
Start Date (10) 03/26/2026		Scheduled Completion Date (11) 03/27/2026		Name of OSHA Monitor B & G Restoration, Inc.							
Occupancy Status During Abatement (Check Only One)				Street Address 1234 Route 23							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code Butler, NJ 07405							
Scope of Work (Check All That Apply)				<input type="checkbox"/> Wrap and Cut <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
		<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		Removal	Repair
basement		X		pipe insulation		10 LF		X			
basement		X		pipe substrate		45 LF				X	
Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563		Cubic Yards of Waste 1		Name of Registered Landfill Grand Central Landfill					
City, State Butler, NJ		Disposal Date 03/27/2026		City, State Pen Argyl, PA							
Completed by Gordana Luna		Title Secretary / Treasurer		Signature <i>Gordana Luna</i>			Date 03/25/2026				

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Print Form

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

MAR 2 2026

Date of Notification (1) 02/24/2026		Name of Building Owner/Operator (2)	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 239-A Taunton Boulevard	
		City, State, Zip Code Medford, NJ 08055	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Vacant 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 249 Elbo Lane		Square Feet 2,112	# of Floors 3
City (5) Mount Laurel		Bldg. Age 70	
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence	

Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Group, Inc.	ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address PO Box 316	Street Address 623 Cutler Avenue		
City, State, Zip Code Thorofare, NJ 08086	City, State, Zip Code Maple Shade, NJ 08052		
Project Manager for Monitoring Firm Steve Flanigan	Telephone No. 856-848-0800	Telephone No. 856-755-0099	License No. 00842

Start Date (10) 02/25/2026	Scheduled Completion Date (11) 03/09/2026	Name of OSHA Monitor EMSL Analytical, Inc.	
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Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____	Street Address 200 Route 130 North
	City, State, Zip Code Cinnaminson, NJ 08077

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input checked="" 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
2nd Floor White Bedroom		X		Sheetrock/Joint Compound	674 SF	X			
Attic & 2nd Floor Windows		X		Glazing/Glazing Putty Debris	120 LF	X			
Dining Room		X		Floor Tile	170 SF	X			

Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 7	Name of Registered Landfill Fairless Landfill
City, State Freehold, NJ	Disposal Date 03/09/2026	City, State Morrisville, PA	
Completed by Samantha Brown	Title Operations Coordinator	Signature 	Date 02/24/2026

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

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NO
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Date of Notification (1) 02/24/2026		Name of Building Owner/Operator (2) Procacci Development Company	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 239-A Taunton Boulevard	
		City, State, Zip Code Medford, NJ 08055	
		Name of Contact Michael John Procacci	Telephone Number 856-983-7160

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Vacant 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 250 Cemetery Road		Square Feet 2,000	# of Floors 3
City (5) Mount Laurel		Bldg. Age 70	
County (6) Burlington	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence	

Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Group, Inc.	ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address PO Box 316		Street Address 623 Cutler Avenue	
City, State, Zip Code Thorofare, NJ 08086		City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Steve Flanigan	Telephone No. 856-848-0800	Telephone No. 856-755-0099	License No. 00842

Start Date (10) 02/25/2026	Scheduled Completion Date (11) 03/09/2026	Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 200 Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input 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) <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
Rear Door		X		Door Caulk	20 LF	X			

Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill
City, State Freehold, NJ	Disposal Date 03/09/2026	City, State Morrisville, PA	
Completed by Samantha Brown	Title Operations Coordinator	Signature 	Date 02/24/2026

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Project #

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

Check # 5931

Date of Notification (1) 03/09/2026		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 107 N Maple Ave			
City, State, Zip Code Basking Ridge, NJ 07920			
Name of Contact		Telephone Number	

MAR 12 2026

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 107 N Maple Ave			Square Feet		
City (5) Basking Ridge, NJ 07920			# of Floors		Bldg. Age
County (6) Morris		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Nick Restoration LLC	
Street Address		Street Address 72 Brookside Rd		City, State, Zip Code Randolph, NJ 07869	
City, State, Zip Code		Telephone No. 973933-2550		License No. 01358	
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor Nick Restoration LLC	

Start Date (10) 03/21/2026		Scheduled Completion Date (11) 03/23/2026		Street Address 72 Brookside Rd	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code Randolph, NJ 07869	

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 type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
				<input type="checkbox"/> Mini-Enclosure
				<input type="checkbox"/> Glovebag Procedure
				<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

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

Name of Registered Waste Hauler Nick Restoration LLC		NJDEP Waste Hauler ID No. 0033782		Cubic Yards of Waste TBD		Name of Registered Landfill G.R.O.W.S	
City, State Randolph, NJ		Disposal Date TBD		City, State Tullytown, Pa			
Completed by Nikica Mrda		Title President		Signature 		Date 03/09/2026	

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

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Print Form

MAR 12 2026

Date of Notification (1) 03/10/2026		Name of Building Owner/Operator (2)							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 72 Northbrook Avenue City, State, Zip Code Lawrence Township, NJ 08648 Name of Contact _____ Telephone Number _____						
	FACILITY INFORMATION								
	Name of Facility Where Abatement is Taking Place (3) Longo Residence Street Address 72 Northbrook Avenue City (5) Lawrence Township County (6) Mercer			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.) Square Feet 1,794 # of Floors 2 Bldg. Age 76 County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) Management & Environmental Consulting Serv		ASCM No. _____	Name of Abatement Contractor (9) Shade Environmental, LLC Street Address 623 Cutler Avenue City, State, Zip Code Maple Shade, NJ 08052 Telephone No. 856-755-0099 License No. 00842						
Project Manager for Monitoring Firm Nora Pearse		Telephone No. 609-298-4070	Telephone No. 856-755-0099 License No. 00842						
Start Date (10) 03/18/2026		Scheduled Completion Date (11) 03/23/2026	Name of OSHA Monitor EMSL Analytical, Inc.						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥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) 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/Laundry Area			X	Floor Tile & Mastic	470 SF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 4	Name of Registered Landfill Fairless Landfill					
City, State Freehold, NJ		Disposal Date 03/23/2026	City, State Morrisville, PA						
Completed by Samantha Brown		Title Operations Coordinator	Signature <i>Samantha Brown</i>		Date 03/10/2026				

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

MAR 13 2026

Date of Notification (1) 3/10/2026		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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 886 Alpine Drive City, State, Zip Code Teaneck, NJ 07666						
			Name of Contact		Telephone Number				
	FACILITY INFORMATION								
	Name of Facility Where Abatement is Taking Place (3) Residence Street Address 886 Alpine Drive			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)					
City (5) Teaneck		Square Foot 1,600	# of Floors 2	Bldg. Age 55+					
County (6) Bergen		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Unicorn Contracting Corp.						
Street Address		Street Address 14 Willow Street							
City, State, Zip Code		City, State, Zip Code Bloomfield, NJ 07003							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-333-9176	License No. 01331					
Start Date (10) 3/11/2026		Scheduled Completion Date (11) 3/11/2026		Name of OSHA Monitor Envirovision Consultants, Inc.					
Occupancy Status During Abatement (Check Only One)			Street Address						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8am-4:30pm			20-21 Wagaraw Rd., Bldg. 35-E						
			City, State, Zip Code Fair Lawn, NJ 07410						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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 boiler room		X		TSI	20 LF	X			
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844		Cubic Yards of Waste 1+		Name of Registered Landfill Fairless Hills Landfill			
City, State Bloomfield, New Jersey		Disposal Date TBD		City, State Morrisville, PA					
Completed by Blazhe Grozdanov		Title Project Manager		Signature 		Date 3/10/2026			

Check # 1421

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

1171960
RECEIVED

MAR 13 2026

Date of Notification (1) <u>03</u> / <u>09</u> / <u>26</u>		Name of Building Owner/Operator (2) Beechwood Gardens LLC	
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 71 Valley St., Suite 204	
		City, State, Zip Code South Orange, NJ 07079	
		Name of Contact Jonah Krivant	Telephone Number 973-763-8454

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Beechwood Gardens		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 120 Washington Street			
City (5) East Orange	Square Feet 50,000	# of Floors 2	Bldg. Age 70 yrs.
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Supermarket	

Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) SafeAir Solutions	
Street Address		Street Address P.O. Box 11	
City, State, Zip Code		City, State, Zip Code Cedar Grove, NJ 07009	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-868-3323	License No. 02115

Start Date (10) <u>03</u> / <u>21</u> / <u>26</u>	Scheduled Completion Date (11) <u>03</u> / <u>26</u> / <u>26</u>	Name of OSHA Monitor Same as above
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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
	City, State, Zip Code

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	120	<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"/>

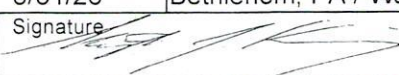
Name of Registered Waste Hauler Century Waste Services	NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill
City, State Elizabeth, NJ	Disposal Date March 2026	City, State Morrisville, PA	
Completed By (Print or Type) James E Unger	Title President	Signature 	Date 3-9-26

555

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

1177861
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555

Date of Notification (1) March 10, 2026		Name of Building Owner/Operator (2) BMW							
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 300 Chesnut Ridge						
	City, State, Zip Code Woodcliff Lake, NJ 07677			Telephone Number 973-234-7026					
	Name of Contact Project Manager								
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) BMW				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 300 Chesnut Ridge				Square Feet	# of Floors				
City (5) Woodcliff Lake				Bldg. Age					
County (6) Bergen		County Code (7) <i>(STATE USE ONLY)</i> _____		Current Use (Prior if being demolished) business					
Name of Monitoring Firm Hired by Building Owner (8) Emerald Environmental Group, LLC		ASCM No.	Name of Abatement Contractor (9) The MACK Group, LLC						
Street Address 22 Ottawa Rd N		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Morganville, NJ 07751-1346		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Joseph Rizzo, CSP, CHMM		Telephone No. 973-641-1736	Telephone No. (973) 759 - 5000	License No. 00781					
Start Date (10) 3/24/26		Scheduled Completion Date (11) 8/31/26		Name of OSHA Monitor The MACK Group, 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 1500 Kings HWY N, STE 209						
			City, State, Zip Code Cherry Hill, NJ 08034						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) 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) TBD	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Cooling Tower	<input checked="" type="checkbox"/>			ACM seam mastic	TBD	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Century Waste Services LLC		NJ DEP Waste Hauler ID No. 4509	Cubic Yards of Waste TBD	Name of Registered Landfill IESI Bethlehem landfill / Minerva Ent.					
City, State Elizabeth, NJ		Disposal Date 8/31/26	City, State Bethlehem, PA / Waynesburg, OH						
Completed by Steve King		Title V.P.	Signature 		Date 3/10/26				

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

11/18/19

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Date of Notification (1) 2/17/2026		Name of Building Owner/Operator (2) Housing Authority of the City of Bayonne					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 49 Avenue A.				
			City, State, Zip Code Bayonne NJ. 07002				
		Name of Contact John Mahon	Telephone Number 201 988-5146				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) 535 Avenue A		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Bayonne	County (6) Hudson	County Code (7) (STATE USE ONLY)	Square Feet # of Floors Bldg. Age				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) NorthEast Management LLC				
Street Address		Street Address 41 Madison Avenue					
City, State, Zip Code		City, State, Zip Code Rochelle Park, NJ 07662					
Project Manager for Monitoring Firm		Telephone No.	Telephone No. License No. 201-655-4267 02008				
Start Date (10) 2/27/2026	Scheduled Completion Date (11) 3/30/2026		Name of OSHA Monitor NorthEast Management LLC				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 41 Madison Avenue City, State, Zip Code Rochelle Park, NJ 07662					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
Throughout	Yes No N/A	Floor Tiles	1,400SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill			
City, State Elizabeth, NJ		Disposal Date	City, State Morrisville, PA				
Completed by Sonja Dimovska		Title Owner	Signature 	Date 3/13/2026			

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Print Form

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

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MAR 16 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 03/11/2026		Name of Building Owner/Operator (2) Bridgeton Housing Authority	
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 110 E. Commerce Street	
		City, State, Zip Code Bridgeton, NJ 08302	
		Name of Contact Donny Brown	Telephone Number 856-451-4454 x 202

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Maplewood Gardens		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 52 Birch Street		Square Feet 2,000	# of Floors 2
City (5) Bridgeton		Bldg. Age 70	
County (6) Cumberland	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Apartment	

Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Group, Inc.		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address PO Box 316		Street Address 623 Cutler Avenue		
City, State, Zip Code Thorofare, NJ 08086		City, State, Zip Code Maple Shade, NJ 08052		
Project Manager for Monitoring Firm Steve Flanigan		Telephone No. 856-848-0800	Telephone No. 856-755-0099	License No. 00842

Start Date (10) 03/20/2026	Scheduled Completion Date (11) 03/24/2026	Name of OSHA Monitor EMSL Analytical, Inc.	
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Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____	Street Address 200 Route 130 North
	City, State, Zip Code Cinnaminson, NJ 08077

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input 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
Kitchen		X		Pipe Insulation	6 LF	X			

Name of Registered Waste Hauler Shade Environmental, LLC		NJDEP Waste Hauler ID No. 32426	Cubic Yards of Waste 1	Name of Registered Landfill Cumberland County Landfill	
City, State Maple Shade, NJ		Disposal Date 03/24/2026		City, State Millville, NJ	
Completed by Samantha Brown		Title Operations Coordinator	Signature 	Date 03/11/2026	

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

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MAR 16 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 03/12/2026		Name of Building Owner/Operator (2) Bridgeton Housing Authority	
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 # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 110 E. Commerce Street	
		City, State, Zip Code Bridgeton, NJ 08302	
		Name of Contact Elba Vera	Telephone Number 609-451-4454

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Maplewood Gardens		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 136 S. East Avenue		Square Feet 2,000	# of Floors 2
City (5) Bridgeton		Bldg. Age 70	
County (6) Cumberland	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Apartment	

Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Group, Inc.		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address PO Box 316		Street Address 623 Cutler Avenue		
City, State, Zip Code Thorofare, NJ 08086		City, State, Zip Code Maple Shade, NJ 08052		
Project Manager for Monitoring Firm Steve Flanigan		Telephone No. 856-848-0800	Telephone No. 856-755-0099	License No. 00842

Start Date (10) 02/27/2026	Scheduled Completion Date (11) 03/02/2026	Name of OSHA Monitor EMSL Analytical, Inc.		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 200 Route 130 North		
		City, State, Zip Code Cinnaminson, NJ 08077		

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input 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
Kitchen		X		Pipe Insulation	8 LF	X			

Name of Registered Waste Hauler Shade Environmental, LLC		NJDEP Waste Hauler ID No. 32426	Cubic Yards of Waste 1	Name of Registered Landfill Cumberland County Improvement Authority	
City, State Maple Shade, NJ		Disposal Date 03/20/2026		City, State Millville, NJ	
Completed by Shannon Thomson		Title Operations Manager	Signature <i>Shannon Thomson</i>		Date 03/12/2026

10451
1 of 3

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

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MAR 12 2026

Date of Notification (1) 3/10/26		Name of Building Owner/Operator (2) City of Ocean City	
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 861 Asbury Avenue	
		City, State, Zip Code Ocean City NJ 08226	
		Name of Contact Michael Rossbach	Telephone Number 609-525-9283

Name of Facility Where Abatement is Taking Place (3) Demolition (Neris Demolition)		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 844 Central Ave		Square Feet 1000+	# of Floors 2
City (5) Ocean City NJ		Bldg. Age 50+	
County (6) Cap May	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House/Store	

Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.	
Street Address N/A		Street Address PO Box 329	
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091	
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727

Start Date (10) 3/23/26	Scheduled Completion Date (11) 4/3/26	Name of OSHA Monitor Same	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
RMS 301,301A,303,304,304A,H301			x	Floor Tile Only	471 SF	x			
Rms 301,303,304 same rms above			x	Interior Window Glazing	32 LF	x			
Room 101,202,			x	Brown Adhesive On Sheet Rock	780 SF	x			
Room 302			x	Brown Adhesive On Paneling	210 SF	x			

Name of Registered Waste Hauler Pernaco Inc	NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste 30	Name of Registered Landfill Cape May County 08270	
City, State West Berlin NJ		Disposal Date 4/3/26	City, State Woodbine NJ 08270	
Completed by Anthony T Perna	Title President	Signature 		Date 3/10/26

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

243

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

Date of Notification (1)
 3/10/26

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

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

Name of Building Owner/Operator (2)
 City of Ocean City

Street Address
 861 Asbury Avenue

City, State, Zip Code
 Ocean City NJ 08226

Name of Contact
 Michael Rossbach

Telephone Number
 609-525-9283

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
 Demolition (Neris Demolition)

Street Address
 844 Central Ave

City (5)
 Ocean City NJ

County (6)
 Cap May

County Code (7)
 (STATE USE ONLY)

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

Square Feet
 1000+

of Floors
 2

Bldg. Age
 50+

Current Use (Prior if being demolished)
 House/Store

Name of Abatement Contractor (9)
 Pernaco Inc.

Street Address
 PO Box 329

City, State, Zip Code
 West Berlin NJ 08091

Telephone No.
 856-753-9800

License No.
 00727

Name of OSHA Monitor
 Same

Street Address

City, State, Zip Code

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

ASCM No.

Project Manager for Monitoring Firm
 Telephone No.

Start Date (10)
 3/23/26

Scheduled Completion Date (11)
 4/3/26

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

Scope of Work (Check All That Apply)
 ≥3 sf or ≥3 lf
 ≥160 sf or ≥260 lf

Renovation
 Demolition

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

Location of Asbestos-Containing Material (ACM) In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 302			x	Black Tar Paper Walls	80 SF	x			
Exterior Siding			x	Exterior Siding	1640 SF	x			
Exterior			x	Window, Door, Seam Caulk	240 LF	x			
Rear Slate Over Hang			x	Tar Paper	50 SF	x			

Name of Registered Waste Hauler
 Pernaco Inc


NJDEP Waste Hauler ID No.
 21787

Cubic Yards of Waste
 30

Name of Registered Landfill
 Cape May County 08270

City, State
 Woodbine NJ 08270

Disposal Date
 4/3/26

Signature


Date
 3/10/26

Completed by
 Anthony T Perna

Title
 President

* 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)

343

Date of Notification (1) 3/10/26		Name of Building Owner/Operator (2) City of Ocean City					
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 861 Asbury Avenue					
		City, State, Zip Code Ocean City NJ 08226					
		Name of Contact Michael Rossbach	Telephone Number 609-525-9283				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Demolition (Neris Demolition)		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 844 Central Ave		Square Feet 1000+	# of Floors 2				
City (5) Ocean City NJ		Bldg. Age 50+					
County (6) Cap May	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House/Store					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.				
Street Address		Street Address PO Box 329					
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091					
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727				
Start Date (10) 3/23/26	Scheduled Completion Date (11) 4/3/26	Name of OSHA Monitor Same					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address					
		City, State, Zip Code					
Scope of Work (Check All That Apply)							
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 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)			Abatement Type			
	Yes	No	N/A	Removal	Repair	Encapsulate	Enclosure
Exterior Store Front Overhang			x	x			
Exterior Chimney			x	x			
Name of Registered Waste Hauler Pernaco Inc		NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste 30	Name of Registered Landfill Cape May County 08270			
City, State West Berlin NJ		Disposal Date 4/3/26	City, State Woodbine NJ 08270				
Completed by Anthony T Perna	Title President	Signature 	Date 3/10/26				

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

10450

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Print Form

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

MAR 12 2026

Date of Notification (1) 3/10/26		Name of Building Owner/Operator (2) City of Ocean City	
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 861 Asbury Avenue	
		City, State, Zip Code Ocean City NJ 08226	
		Name of Contact Michael Rossbach	Telephone Number 609-525-9283

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Demolition (Neris Demolition)		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 846 Central Ave		Square Feet 1000+	# of Floors 2	Bldg. Age 50+
City (5) Ocean City NJ	County (6) Cap May	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House/Store	

Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.		
Street Address		Street Address PO Box 329		
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091		
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856-753-9800	License No. 00727	

Start Date (10) 3/23/26	Scheduled Completion Date (11) 4/3/26	Name of OSHA Monitor Same		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address		
		City, State, Zip Code		

Scope of Work (Check All That Apply)

<input checked="" 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
Room 202A			x	Floor Tile & Mastic	20 SF	x			
Exterior Conduit Penetrations			x	Black Sealant	12 LF	x			
Roof Flashing Including Chimney			x	Flashing	32 LF	x			
Window Glazing Room 105			x	Window Glazing	16 LF	x			

Name of Registered Waste Hauler Pernaco Inc	NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste 15	Name of Registered Landfill Cape May County 08270
City, State West Berlin NJ	Disposal Date 4/3/26	City, State Woodbine NJ 08270	
Completed by Anthony T Perna	Title President	Signature 	Date 3/10/26

1350

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

4350 100

RECEIVED

Date of Notification (1) 3/4/2026		Name of Building Owner/Operator (2) MAR 13 2026							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 305 GETTY AVE,		ASBESTOS CONTROL & REMEDIATION					
		City, State, Zip Code PATERSON NJ. 07503.							
			Name of Contact		Telephone Number				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 305 GETTY AVENUE,			Square Feet 4,750. SF	# of Floors 3	Bldg. Age ----				
City (5) PATERSON NJ. 07503			Current Use (Prior if being demolished) YES						
County (6) PASSAIC		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC						
Street Address			Street Address 52 FIELD ROAD.						
City, State, Zip Code			City, State, Zip Code CLIFTON NJ. 07013						
Project Manager for Monitoring Firm N/A		Telephone No.	Telephone No. 201.776.0642	License No. 01300					
Start Date (10) 3/5/2026		Scheduled Completion Date (11) 3/9/2026		Name of OSHA Monitor HILLMANN CONSULTING SERVICES					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 1605 Vauxhall Rd #107, City, State, Zip Code Union, NJ 07083						
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
The entire structure is considered contaminated of ACM materials			X	-----	4,750. SF.	X			
Name of Registered Waste Hauler ROVIC TRANSPORT INC		NJDEP Waste Hauler ID No. 20745	Cubic Yards of Waste TBD	Name of Registered Landfill CONESTOGA LANDFILL					
City, State RIVERDALE NJ.		Disposal Date TBD	City, State MORTGANTOWN PA. 19543.						
Completed by Carlos Esquivel		Title President	Signature 		Date 3/4/2026				

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

104# 55102305255

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

4350252
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Date of Notification (1) 03/09/2026		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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 523 Clinton Ave	
		City, State, Zip Code Middlesex, New Jersey 08846	
		Name of Contact	Telephone Number

MAR 13 2026

ASBESTOS CONTROL BOARD

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 523 Clinton Ave		Square Feet 1,688	# of Floors 2
City (5) Middlesex		Bldg. Age 1917	
County (6) Middlesex County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) True Star Contracting	
Street Address		Street Address 54 Hedden Terrace		
City, State, Zip Code		City, State, Zip Code North Arlington, New Jersey 07031		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. (201) 790-4530	License No. 02047

Start Date (10) 03/12/2026	Scheduled Completion Date (11) 03/17/2026	Name of OSHA Monitor		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address		
		City, State, Zip Code		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <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
Living Room / Dining Room				Asbestos VAT	406SF	X			

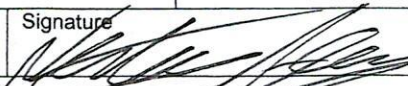
Name of Registered Waste Hauler True Star Contracting		NJDEP Waste Hauler ID No. 0041405	Cubic Yards of Waste 1 CY	Name of Registered Landfill Chrin Bro Landfill	
City, State North Arlington, New Jersey		Disposal Date TBD		City, State Easton, PA	
Completed by Nestor M. Alvez		Title Project Manager	Signature 	Date 03/09/2026	

NOT# 55102384403

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

4350929

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Date of Notification (1) 03/06/2026		Name of Building Owner/Operator (2) <div style="text-align: right; color: red;">MAR 13 2026</div>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 8 Cypress Rd City, State, Zip Code Franklin, New Jersey 08873 <small>ASBESTOS CONTROL & LICENSING</small>						
			Name of Contact		Telephone Number				
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)						
Street Address 8 Cypress Rd			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Franklin		Square Feet 1,575 SF	# of Floors 1	Bldg. Age 1965					
County (6) Somerset County		County Code (7) <small>(STATE USE ONLY)</small> _____	Current Use (Prior if being demolished) Residence						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____	Name of Abatement Contractor (9) True Star Contracting LLC						
Street Address		Street Address 54 Hedden Terrace							
City, State, Zip Code		City, State, Zip Code North Arlington, New Jersey 07031							
Project Manager for Monitoring Firm		Telephone No. _____	Telephone No. (201) 790-4530	License No. 02047					
Start Date (10) 03/17/2026		Scheduled Completion Date (11) 03/23/2026		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One)			Street Address						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Living Room / 1 Bedroom			X	Asbestos VAT	340 SF	X			
Name of Registered Waste Hauler True Star Contracting LLC		NJDEP Waste Hauler ID No. 0041405		Cubic Yards of Waste 1	Name of Registered Landfill Chrin Brothers Landfill				
City, State North Arlington, New Jersey				Disposal Date TBD	City, State Easton, PA				
Completed by Nestor M Alvez		Title Project Manager		Signature 		Date 03/06/2026			

AMENDMENT # 1

1063

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

RECEIVED

Date of Notification (1) 03/12/2026		Name of Building Owner/Operator (2) Housing Authority of the City of Bayonne		MAR 18 2026					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 49 Avenue A.		Telephone Number 201 988-5146					
		City, State, Zip Code Bayonne NJ. 07002		Name of Contact John Mahon					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 535 Avenue A			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Bayonne		Square Feet	# of Floors	Bldg. Age					
County (6) Hudson	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) NorthEast Management LLC						
Street Address		Street Address 41 Madison Avenue							
City, State, Zip Code		City, State, Zip Code Rochelle Park, NJ 07662							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-655-4267	License No. 02008					
Start Date (10) 2/27/2026		Scheduled Completion Date (11) 3/30/2026		Name of OSHA Monitor NorthEast Management LLC					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 41 Madison Avenue City, State, Zip Code Rochelle Park, NJ 07662						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout			X	Floor Tiles	1,000SF	X			
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill				
City, State Elizabeth, NJ				Disposal Date	City, State Morrisville, PA				
Completed by Sonja Dimovska			Title Owner	Signature 		Date 3/12/2026			

B38

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

PAID

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JAN 13 2026

Date of Notification (1) 1/8/2026		Name of Building Owner/Operator (2) Harrison Ave Redevelopment, LLC.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 160 Hopper Avenue	
		City, State, Zip Code Waldwick, NJ 07463	
		Name of Contact Alex Kaslander	Telephone Number 973. 610-8797

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 47 Harrison Avenue,		Square Feet 1,667 SF	# of Floors 2
City (5) Waldwick NJ. 07463.		Bldg. Age 190	
County (6) BERGEN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) YES	

Name of Monitoring Firm Hired by Building Owner (8) EMPIRE ENVIRONMENTAL LTD		ASCM No.	Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC	
Street Address 150 RIVER ROAD. SUITE # F-4		Street Address 52 FIELD ROAD,		
City, State, Zip Code MONTVILLE NJ. 07045		City, State, Zip Code CLIFTON NJ. 07013		
Project Manager for Monitoring Firm MICHAEL BOGGI		Telephone No. 973.334.5641	Telephone No. 201-776-0642	License No. 01300

Start Date (10) 1/12/2026	Scheduled Completion Date (11) 1/13/2026	Name of OSHA Monitor ASBESTOS ANALYTICAL LAB		
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 51 GAGE ROAD,		
		City, State, Zip Code EAST BRUNSWICK NJ. 08816		

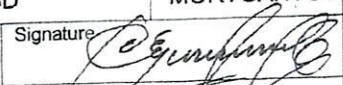
Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input 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
2ND. FLOOR		X		Floor Tile	528. SF.	X			

Name of Registered Waste Hauler ROVIC - TRANSPORT		NJDEP Waste Hauler ID No. 20745	Cubic Yards of Waste 30C/Y	Name of Registered Landfill CONESTOGA LANDFILL	
City, State RIVERDALE NEW JERSEY			Disposal Date TBD	City, State MORTGANTOWN PA. 19543	
Completed by CARLOS ESQUIVEL		Title PRESIDENT	Signature 	Date 1/8/2026	

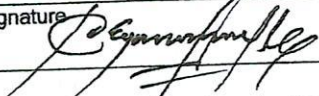
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**

Date of Notification (1) 1/8/2026		Name of Building Owner/Operator (2) Harrison Ave Redevelopment, LLC.										
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 160 Hopper Avenue										
		City, State, Zip Code Waldwick, NJ 07463										
		Name of Contact Alex Kaslander	Telephone Number 973. 610-8797									
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)										
Street Address 47 Harrison Avenue,		Square Feet 1,667.50	# of Floors 2									
City (5) Waldwick NJ. 07463.		Bldg. Age 190										
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) YES										
Name of Monitoring Firm Hired by Building Owner (8) EMPIRE ENVIRONMENTAL LTD		ASCM No.	Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC									
Street Address 150 RIVER ROAD, SUITE # F-4		Street Address 52 FIELD ROAD,										
City, State, Zip Code MONTVILLE NJ. 07045		City, State, Zip Code CLIFTON NJ. 07013										
Project Manager for Monitoring Firm MICHAEL BOGGI		Telephone No. 973.334.5641	Telephone No. 201-776-0642									
		License No. 01300										
Start Date (10) 01-22-2026	Scheduled Completion Date (11) 01-23-2026	Name of OSHA Monitor ASBESTOS ANALYTICAL LAB										
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 51 GAGE ROAD, City, State, Zip Code EAST BRUNSWICK NJ. 08816										
Scope of Work (Check All That Apply)												
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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	2ND. FLOOR	Floor Tile	528. SF.	X		Removal	Repair	Encapsulate	Enclosure
Name of Registered Waste Hauler ROVIC - TRANSPORT		NJDEP Waste Hauler ID No. 20745	Cubic Yards of Waste 30C/Y	Name of Registered Landfill CONESTOGA LANDFILL								
City, State RIVERDALE NEW JERSEY		Disposal Date TBD	City, State MORTGANTOWN PA. 19543									
Completed by CARLOS ESQUIVEL		Title PRESIDENT	Signature 				Date 1/8/2026					

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

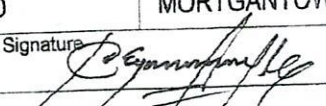
RECEIVED

JAN 13 2026

Date of Notification (1) 1/8/2026		Name of Building Owner/Operator (2) Harrison Ave Redevelopment, LLC.								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 160 Hopper Avenue								
		City, State, Zip Code Waldwick, NJ 07463								
		Name of Contact Alex Kaslander	Telephone Number 973.610-8797							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 43 Harrison Avenue,		Square Feet 1,322. SF.	# of Floors 2							
City (5) Waldwick NJ. 07463.		Bldg. Age 91								
County (6) BERGEN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) YES								
Name of Monitoring Firm Hired by Building Owner (8) EMPIRE ENVIRONMENTAL LTD		ASCM No.	Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC							
Street Address 150 RIVER ROAD. SUITE # F-4		Street Address 52 FIELD ROAD,								
City, State, Zip Code MONTVILLE NJ. 07045		City, State, Zip Code CLIFTON NJ. 07013								
Project Manager for Monitoring Firm MICHAEL BOGGI		Telephone No. 973.334.5641	Telephone No. 201-776-0642							
			License No. 01300							
Start Date (10) 1/9/2026	Scheduled Completion Date (11) 1/10/2026	Name of OSHA Monitor ASBESTOS ANALYTICAL LAB								
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 51 GAGE ROAD,								
		City, State, Zip Code EAST BRUNSWICK NJ. 08816								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
2ND. FLOOR		X		FLOOR TILE	462. SF.	X				
Name of Registered Waste Hauler ROVIC- TRANSPORT		NJDEP Waste Hauler ID No. 20745	Cubic Yards of Waste 30C/Y	Name of Registered Landfill CONESTOGA LANDFILL						
City, State RIVERDALE NEW JERSEY		Disposal Date TBD	City, State MORTGANTOWN PA. 19543.							
Completed by CARLOS ESQUIVEL		Title PRESIDENT	Signature 				Date 1/8/2026			

* 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)**

Date of Notification (1) 1/8/2026		Name of Building Owner/Operator (2) Harrison Ave Redevelopment, 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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 160 Hopper Avenue								
		City, State, Zip Code Waldwick, NJ 07463								
		Name of Contact Alex Kaslander	Telephone Number 973. 610-8797							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 43 Harrison Avenue,		Square Feet 1,322. SF.	# of Floors 2							
City (5) Waldwick NJ. 07463.		Bldg. Age 91								
County (6) BERGEN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) YES								
Name of Monitoring Firm Hired by Building Owner (8) EMPIRE ENVIRONMENTAL LTD		ASCM No.	Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC							
Street Address 150 RIVER ROAD. SUITE # F-4		Street Address 52 FIELD ROAD,								
City, State, Zip Code MONTVILLE NJ. 07045		City, State, Zip Code CLIFTON NJ. 07013								
Project Manager for Monitoring Firm MICHAEL BOGGI		Telephone No. 973.334.5641	Telephone No. 201-776-0642							
Start Date (10) 01-17-2026		Scheduled Completion Date (11) 01-19-2026								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor ASBESTOS ANALYTICAL LAB								
		Street Address 51 GAGE ROAD,								
		City, State, Zip Code EAST BRUNSWICK NJ. 08816								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
2ND. FLOOR		X		FLOOR TILE	462. SF.	X				
Name of Registered Waste Hauler ROVIC- TRANSPORT		NJDEP Waste Hauler ID No. 20745	Cubic Yards of Waste 30CY	Name of Registered Landfill CONESTOGA LANDFILL						
City, State RIVERDALE NEW JERSEY		Disposal Date TBD	City, State MORTGANTOWN PA. 19543.							
Completed by CARLOS ESQUIVEL		Title PRESIDENT	Signature 				Date 1/8/2026			

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

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

FEB 20 2026

Date of Notification (1) 2/18/2026		Name of Building Owner/Operator (2) Marz Golf Holdings, LLC dba Forest Hill Field Club								
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 #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 9 Belleville Avenue								
		City, State, Zip Code Bloomfield, NJ 07003								
		Name of Contact Jay Daly	Telephone Number 973-868-9498							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Forest Hill Field Club		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 9 Belleville Avenue		Square Feet 20,000	# of Floors 2							
City (5) Bloomfield		Bldg. Age 130								
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Golf & Country Club								
Name of Monitoring Firm Hired by Building Owner (8) Iris Environmental		ASCM No.	Name of Abatement Contractor (9) United Safety LLC							
Street Address 2333 US-22		Street Address 101 Alexander Avenue Unit 4								
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Pompton Plains, NJ 07444								
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 866-311-1534	Telephone No. 973-276-0099							
		License No. 01317								
Start Date (10) 2/23/26	Scheduled Completion Date (11) 2/27/26	Name of OSHA Monitor United Safety LLC								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 am - 3:30 pm		Street Address 101 Alexander Avenue Unit 4								
		City, State, Zip Code Pompton Plains, NJ 07444								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Boiler Room	X			Pipe Insulation	4 LF	X				
Boiler Room Crawl Space	X			Pipe Insulation/Debris	10 SF	X				
Name of Registered Waste Hauler RED Technologies LLC		NJDEP Waste Hauler ID No. 0036163	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Landfill						
City, State Bloomfield, CT		Disposal Date TBD		City, State Waynesburg, OH						
Completed by Vanco Petkov		Title Project Manager		Signature 				Date 2/18/2026		

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

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Date of Notification (1) <u>03</u> / <u>12</u> / <u>26</u>		Name of Building Owner/Operator (2) Camden County Improvement Authority													
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 520 Market Street													
		City, State, Zip Code Camden, NJ 08102													
		Name of Contact Mike D'Astuto	Telephone Number 856-831-6218												
FACILITY INFORMATION															
Name of Facility Where Abatement is Taking Place (3) Ablett Village - Building 13		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 307 Ablett Village		Square Feet 6500	# of Floors 2												
City (5) Camden		Bldg. Age +/- 90													
County (6) Camden		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) County Offices-Vacant - being Demolished												
Name of Monitoring Firm Hired by Building Owner (8) Remington & Vernick Engineers		ASCM No.	Name of Abatement Contractor (9) USA Environmental Management, Inc.												
Street Address 2059 Springdale Road		Street Address 8436 Enterprise Avenue													
City, State, Zip Code Cherry Hill, NJ 08003		City, State, Zip Code Philadelphia, PA 19153													
Project Manager for Monitoring Firm MARCO CARULLI		Telephone No. 856-795-9595	Telephone No. 215-365-5810												
			License No. 1156												
Start Date (10) <u>03</u> / <u>23</u> / <u>26</u>	Scheduled Completion Date (11) <u>06</u> / <u>30</u> / <u>26</u>	Name of OSHA Monitor USA Environmental Management, Inc													
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00 AM - 11:30 PM		Street Address 8436 Enterprise Avenue													
		City, State, Zip Code Philadelphia, PA 19153													
Scope of Work (Check all that apply)															
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure													
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)				Amount (Specify SF or LF)				Abatement Type			
	Yes	No	N/A									Removal	Repair	Encapsulate	Enclosure
Exterior Roofing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof				6,500 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 Winzinger, Inc.		NJDEP Waste Hauler ID No. 0039122		Cubic Yards of Waste 1,500 +/-		Name of Registered Landfill Cumberland County Landfill									
City, State Hainesport, NJ		Disposal Date 06/30/2026		City, State Newburg, PA											
Completed By (Print or Type) Tracy Smith		Title President		Signature <i>For: T. Smith</i>				Date 3-12-26							

2026

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

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Date of Notification (1) <u>03</u> / <u>12</u> / <u>26</u>		Name of Building Owner/Operator (2) Camden County Improvement Authority							
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 520 Market Street							
		City, State, Zip Code Camden, NJ 08102							
		Name of Contact Mike D'Astuto	Telephone Number 856-831-6218						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ablett Village - Building 16		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 307 Ablett Village		Square Feet 6500	# of Floors 2						
City (5) Camden		Bldg. Age +/- 90							
County (6) Camden	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) County Offices-Vacant - being Demolished							
Name of Monitoring Firm Hired by Building Owner (8) Remington & Vernick Engineers		ASCM No.	Name of Abatement Contractor (9) USA Environmental Management, Inc.						
Street Address 2059 Springdale Road		Street Address 8436 Enterprise Avenue							
City, State, Zip Code Cherry Hill, NJ 08003		City, State, Zip Code Philadelphia, PA 19153							
Project Manager for Monitoring Firm MARCO CARULLI		Telephone No. 856-795-9595	Telephone No. 215-365-5810						
License No. 1156		Name of OSHA Monitor USA Environmental Management, Inc							
Start Date (10) <u>03</u> / <u>23</u> / <u>26</u>	Scheduled Completion Date (11) <u>06</u> / <u>30</u> / <u>26</u>	Name of OSHA Monitor USA Environmental Management, Inc							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00</u> AM- <u>11:30</u> PM- <u>11:30</u> AM		Street Address 8436 Enterprise Avenue							
		City, State, Zip Code Philadelphia, PA 19153							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input 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 Roofing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof	6,500 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 Winzinger, Inc.		NJDEP Waste Hauler ID No. 0039122	Cubic Yards of Waste 1,500 +/-	Name of Registered Landfill Cumberland County Landfill					
City, State Hainesport, NJ		Disposal Date 06/30/2026		City, State Newburg, PA					
Completed By (Print or Type) Tracy Smith		Title President	Signature <i>For: T. Smith</i>			Date 3-12-26			

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

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

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Date of Notification (1) <u>03</u> / <u>12</u> / <u>26</u>		Name of Building Owner/Operator (2) Camden County Improvement Authority							
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 520 Market Street							
		City, State, Zip Code Camden, NJ 08102							
		Name of Contact Mike D'Astuto	Telephone Number 856-831-6218						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ablett Village - Building 14		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 307 Ablett Village		Square Feet 6500	# of Floors 2						
City (5) Camden		Bldg. Age +/- 90							
County (6) Camden		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) County Offices-Vacant - being Demolished						
Name of Monitoring Firm Hired by Building Owner (8) Remington & Vernick Engineers		ASCM No.	Name of Abatement Contractor (9) USA Environmental Management, Inc.						
Street Address 2059 Springdale Road		Street Address 8436 Enterprise Avenue							
City, State, Zip Code Cherry Hill, NJ 08003		City, State, Zip Code Philadelphia, PA 19153							
Project Manager for Monitoring Firm MARCO Carulli		Telephone No. 856-795-9595	Telephone No. 215-365-5810						
		License No. 1156							
Start Date (10) <u>03</u> / <u>23</u> / <u>26</u>	Scheduled Completion Date (11) <u>06</u> / <u>30</u> / <u>26</u>	Name of OSHA Monitor USA Environmental Management, Inc							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00 AM-11:30PM -AM		Street Address 8436 Enterprise Avenue							
		City, State, Zip Code Philadelphia, PA 19153							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input 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) IN Facility (13) TO BE ABATED	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) 6,500 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Roofing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof		<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 Winzinger, Inc.		NJDEP Waste Hauler ID No. 0039122	Cubic Yards of Waste 1,500 +/-	Name of Registered Landfill Cumberland County Landfill					
City, State Hainesport, NJ		Disposal Date 06/30/2026	City, State Newburg, PA						
Completed By (Print or Type) Tracy Smith		Title President	Signature <i>For: T-Smith</i>		Date 3-12-26				

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

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MAR 16 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>03</u> / <u>12</u> / <u>26</u>		Name of Building Owner/Operator (2) Camden County Improvement Authority	
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 520 Market Street	
		City, State, Zip Code Camden, NJ 08102	
		Name of Contact Mike D'Astuto	Telephone Number 856-831-6218

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Ablett Village - Building 15		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 307 Ablett Village		Square Feet 6500	# of Floors 2
City (5) Camden		Bldg. Age +/- 90	
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) County Offices-Vacant - being Demolished	

Name of Monitoring Firm Hired by Building Owner (8) Remington & Vernick Engineers		ASCM No.	Name of Abatement Contractor (9) USA Environmental Management, Inc.	
Street Address 2059 Springdale Road		Street Address 8436 Enterprise Avenue		
City, State, Zip Code Cherry Hill, NJ 08003		City, State, Zip Code Philadelphia, PA 19153		
Project Manager for Monitoring Firm MARCO CARULLI	Telephone No. 856-795-9595	Telephone No. 215-365-5810	License No. 1156	

Start Date (10) <u>03</u> / <u>23</u> / <u>26</u>	Scheduled Completion Date (11) <u>06</u> / <u>30</u> / <u>26</u>	Name of OSHA Monitor USA Environmental Management, Inc	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00</u> AM - <u>11:30</u> PM - <u>11:30</u> AM		Street Address 8436 Enterprise Avenue	
		City, State, Zip Code Philadelphia, PA 19153	

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 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) IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
TO BE ABATED									
Exterior Roofing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof	6,500 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 Winzinger, Inc.		NJDEP Waste Hauler ID No. 0039122	Cubic Yards of Waste 1,500 +/-	Name of Registered Landfill Cumberland County Landfill	
City, State Hainesport, NJ		Disposal Date 06/30/2026		City, State Newburg, PA	
Completed By (Print or Type) Tracy Smith	Title President	Signature <i>Tracy Smith</i>		Date 3-12-20	

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

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

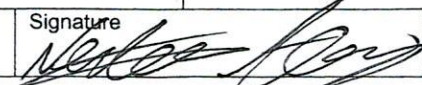
RECEIVED

Date of Notification (1) 3/5/2026		Name of Building Owner/Operator (2) Westfield YMCA		Check# 4036					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # ___ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 220 Clark Street		MAR 13 2026 ASBESTOS CONTROL & LICENSING				
			City, State, Zip Code Westfield, New Jersey 07090						
			Name of Contact Andy Ng, VP of Facilities	Telephone Number 98-223-8820					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Westfield YMCA			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 220 Clark Street									
City (5) Westfield, New Jersey			Square Feet 15,000	# of Floors 2	Bldg. Age 50+				
County (6) Union		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Recreational Center					
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc.		ASCM No.		Name of Abatement Contractor (9) Lilich Corporation					
Street Address 560 Sylvan Ave, Suite 3065			Street Address 246 Union Blvd						
City, State, Zip Code Englewood Cliffs, New Jersey 07632			City, State, Zip Code Totowa, New Jersey						
Project Manager for Monitoring Firm Stephen A. Jaraczewski		Telephone No 201-569-6708		Telephone No. 973-225-8400	License No. 01104				
Start Date (10) 3/16/2026		Scheduled Completion Date (11) 3/19/2026		Name of OSHA Monitor Iris Environmental Laboratories, 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 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 type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) BLDG 1	Is Location Normally Used Solely by Maintenance/Custodial			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
Landry Room		X		Elbow insulation	2 LF	X			
Boiler Rm with Utility Closet		X		Elbow Insulation (Wrap & Cut)	26 each.	X			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Landfill				
City, State Elizabeth, New Jersey				Disposal Date March/2026	City, State Pen Argyl, PA				
Completed by Adriana Olejarova			Title President		Signature 			Date 3/5/2026	

LC# 55102315200

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

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Date of Notification (1) 03/06/2026		Name of Building Owner/Operator (2) MAR 17 2026							
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 58 Cambridge Rd City, State, Zip Code Montclair, New Jersey 07042						
			Name of Contact		Telephone Number				
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 58 Cambridge Rd			Square Feet 2,800 SF	# of Floors 2	Bldg. Age 1921				
City (5) Montclair		County (6) Essex County		County Code (7) (STATE USE ONLY) _____					
				Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) True Star Contracting					
Street Address				Street Address 54 Hedden Terrace					
City, State, Zip Code				City, State, Zip Code North Arlington, New Jersey 07031					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. (201) 790-4530	License No. 02047				
Start Date (10) 03/16/2026		Scheduled Completion Date (11) 03/20/2026		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address						
			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Garage Siding			X	Asbestos Siding	250SF	X			
Name of Registered Waste Hauler True Star Contracting		NJDEP Waste Hauler ID No. 0041405		Cubic Yards of Waste 1 CY	Name of Registered Landfill Chrin Bro Landfill				
City, State North Arlington, New Jersey				Disposal Date TBD	City, State Easton, PA				
Completed by Nestor M. Alvez		Title Project Manager		Signature 		Date 03/06/2026			

3593

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

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MAR 23 2026

Date of Notification (1) 03/13/2026		Name of Building Owner/Operator (2) Mark Snowden, CEFM, Director of Operations								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 108 Stirling Rd								
		City, State, Zip Code Warren, NJ 07059								
		Name of Contact Jonathan Fonseca, First Onsite	Telephone Number (908) 647-4800 ext. 4810							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Watchung Hills Regional High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 108 Stirling Rd		Square Feet TBD	# of Floors 1							
City (5) Warren, NJ 07059		Bldg. Age TBD								
County (6) Somerset	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC							
Street Address		Street Address 75 Voorhis Place								
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456								
Project Manager for Monitoring Firm		Telephone No. 201- 466-0166	License No. 02126							
Start Date (10) 03/14/2026	Scheduled Completion Date (11) 03/15/2026	Name of OSHA Monitor								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Room 6		X		carpet, floor tile & mastic	150 SF	X				
Room 7		X		carpet, floor tile & mastic	150 SF	X				
Room 8		X		carpet, floor tile & mastic	250 SF	X				
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill						
City, State Elizabeth, NJ		Disposal Date 03/15/2026		City, State Pen Argyl, PA						
Completed by Lubica Perez		Title Owner	Signature Lubica Perez				Date 03/13/2026			

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

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MAR 23 2026

Date of Notification (1) 03/12/2026		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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 63 New York Ave							
		City, State, Zip Code Bergenfield, NJ 07621							
		Name of Contact		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4)						
Street Address 63 New York Ave			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Bergenfield, NJ 07621		Square Feet 1,152	# of Floors 1	Bldg. Age 1949					
County (6) Bergen		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC						
Street Address		Street Address 75 Voorhis Place							
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201- 466-0166	License No. 02126					
Start Date (10) 03/13/2026		Scheduled Completion Date (11) 03/20/2026		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One)			Street Address						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement den		X		floor tile	138 SF	X			
Basement Storage		X		floor tile	106 SF	X			
Basement Closet		X		floor tile	8 SF	X			
Under the stairs		X		floor tile	24 SF	X			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Elizabeth, NJ				Disposal Date 03/20/2026	City, State Pen Argyl, PA				
Completed by Lubica Perez		Title Owner		Signature <i>Lubica Perez</i>		Date 03/12/2026			

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

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

4351621
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MAR 23 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 03/16/2026		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 1104 Sylvan Ln	
		City, State, Zip Code Mountainside, NJ 07092	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1104 Sylvan Ln		Square Feet 2,002	# of Floors 1
City (5) Mountainside, NJ 07092		Bldg. Age 1960	
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC	
Street Address		Street Address 75 Voorhis Place		
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-466-0166	License No. 02126

Start Date (10) 03/25/2026	Scheduled Completion Date (11) 04/01/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input checked="" 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 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
Den		x		floor tile & mastic	200 SF	x			
Basement		x		floor tile	600 SF	x			
Kitchen		x		floor tile	140 SF	x			

Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Elizabeth, NJ		Disposal Date 04/01/2026		City, State Pen Argyl, PA	
Completed by Lubica Perez		Title Owner	Signature <i>Lubica Perez</i>		Date 03/16/2026

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

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MAR 23 2026

Date of Notification (1) 03/16/2026		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 21 Chestnut Rd							
		City, State, Zip Code West Orange, NJ 07052							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		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 21 Chestnut Rd		Square Feet 1,224	# of Floors 1						
City (5) West Orange, NJ 07052		Bldg. Age 1967							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC						
Street Address		Street Address 75 Voorhis Place							
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456							
Project Manager for Monitoring Firm		Telephone No. 201- 466-0166	License No. 02126						
Start Date (10) 03/25/2026	Scheduled Completion Date (11) 04/01/2026	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
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
Coat Closet & closet 2		x		floor tile & mastic	116 SF	x			
Bar area		x		floor tile & mastic	151 SF	x			
Dining room/storage closet		x		floor tile & mastic	180 SF	x			
Living room		x		floor tile & mastic	379 SF	x			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Elizabeth, NJ		Disposal Date 04/01/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner	Signature <i>Lubica Perez</i>			Date 03/16/2026			

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

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MAR 23 2026

Date of Notification (1) 03/17/2026		Name of Building Owner/Operator (2) Next Generation Ministries								
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 1048 Co Rd 521								
		City, State, Zip Code Newton, NJ 07860								
		Name of Contact Mr. Wes Shelton	Telephone Number 973.903.6086							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Church - Dietz Center for Spiritual Renewal		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 1048 Co Rd 521		Square Feet TBD	# of Floors 1							
City (5) Newton, NJ 07860		Bldg. Age TBD								
County (6) Sussex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC							
Street Address		Street Address 75 Voorhis Place								
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456								
Project Manager for Monitoring Firm		Telephone No. 201- 466-0166	License No. 02126							
Start Date (10) 03/26/2026	Scheduled Completion Date (11) 04/02/2026	Name of OSHA Monitor								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) 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	
Kitchen		x		Floor material	200 SF	x				
Laundry room		x		floor tile	100 SF	x				
Back bedroom and hall		x		floor tile	200 SF	x				
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill						
City, State Elizabeth, NJ			Disposal Date 04/02/2026	City, State Pen Argyl, PA						
Completed by Lubica Perez		Title Owner	Signature <i>Lubica Perez</i>				Date 03/17/2026			

ASBESTOS CONSULTING & LICENSING

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

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MAR 23 2026

Date of Notification (1) 03/17/2026		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 121 Sagamore Rd	
		City, State, Zip Code Millburn, NJ 07041	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential		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 121 Sagamore Rd		Square Feet 2,252	# of Floors 1
City (5) Millburn, NJ 07041		Bldg. Age 1928	
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC	
Street Address		Street Address 75 Voorhis Place		
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201- 466-0166	License No. 02126

Start Date (10) 03/26/2026	Scheduled Completion Date (11) 04/02/2026	Name of OSHA Monitor		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address		
		City, State, Zip Code		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		pipe insulation	120 LF	x			
Garage		x		pipe insulation	30 LF	x			

Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Elizabeth, NJ		Disposal Date 04/02/2026	City, State Pen Argyl, PA		
Completed by Lubica Perez		Title Owner	Signature Lubica Perez	Date 03/17/2026	

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

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MAR 23 2026

Date of Notification (1) 03/17/2026		Name of Building Owner/Operator (2) MAR 23 2026	
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 2227 Lyde Pl ASBESTOS CONTROL & LICENSING	
		City, State, Zip Code Scotch Plains, NJ 07076	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <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 2227 Lyde Pl		Square Feet 1,589	# of Floors 1
City (5) Scotch Plains, NJ 07076		Bldg. Age 1959	
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC	
Street Address		Street Address 75 Voorhis Place	
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201- 466-0166	License No. 02126

Start Date (10) 03/19/2026	Scheduled Completion Date (11) 03/26/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		floor tile & mastic	483 SF	X			

Name of Registered Waste Hauler Century Waste Services	NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill
City, State Elizabeth, NJ	Disposal Date 03/26/2026	City, State Pen Argyl, PA	
Completed by Lubica Perez	Title Owner	Signature Lubica Perez	Date 03/17/2026

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

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4350 123

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

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MAR 23 2026

Date of Notification (1) 03/17/2026		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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 137 Summit Rd	
		City, State, Zip Code Florham Park, NJ 07932	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 137 Summit Rd		Square Feet 2,900	# of Floors 2
City (5) Florham Park, NJ 07932		Bldg. Age 1950	
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC	
Street Address		Street Address 75 Voorhis Place	
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201- 466-0166	License No. 02126

Start Date (10) 03/18/2026	Scheduled Completion Date (11) 03/25/2026	Name of OSHA Monitor
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Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____	Street Address
	City, State, Zip Code

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <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 & mastic	670 SF	x			
Utility room		x		floor tile & mastic	80 SF	x			

Name of Registered Waste Hauler Century Waste Services	NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill
City, State Elizabeth, NJ		Disposal Date 03/25/2026	City, State Pen Argyl, PA
Completed by Lubica Perez	Title Owner	Signature Lubica Perez	Date 03/17/2026

3584

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

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MAR 23 2026

ASBESTOS CONSULTING & ENGINEERING

Date of Notification (1) 03/12/2026		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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 412 McCabe Ave		City, State, Zip Code Bradley Beach, NJ 07720					
		Name of Contact		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 412 McCabe Ave			Square Feet 1,456	# of Floors 1	Bldg. Age 1906				
City (5) Bradley Beach, NJ 07720		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
County (6) Monmouth		Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) VEL Construction, LLC					
Street Address		ASCM No.		Street Address 75 Voorhis Place					
City, State, Zip Code		Telephone No.		City, State, Zip Code Ringwood NJ 07456					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-466-0166	License No. 02126				
Start Date (10) 03/17/2026		Scheduled Completion Date (11) 03/24/2026		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address						
			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen		x		plaster	400 SF	x			
Dining room		x		plaster	110 SF	x			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Elizabeth, NJ				Disposal Date 03/24/2026	City, State Pen Argyl, PA				
Completed by Lubica Perez		Title Owner		Signature <i>Lubica Perez</i>		Date 03/12/2026			

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

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Date of Notification (1) 03/19/2026		Name of Building Owner/Operator (2) MAR 24 2026	
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 6 Cobb Pl	
		City, State, Zip Code Landing, NJ 07850	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 6 Cobb Pl		Square Feet 2,172	# of Floors 1
City (5) Landing, NJ 07850		Bldg. Age 1973	
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC	
Street Address		Street Address 75 Voorhis Place	
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201- 466-0166	License No. 02126

Start Date (10) 03/24/2026	Scheduled Completion Date (11) 03/31/2026	Name of OSHA Monitor
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address
		City, State, Zip Code

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) 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
Living room		x		floor tile	290 SF	x			
Under stairs		x		floor tile	25 SF	x			
Den		x		floor tile	6 SF	x			
Closet 1 & 2		x		floor tile	10 SF	x			

Name of Registered Waste Hauler Century Waste Services	NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill
City, State Elizabeth, NJ		Disposal Date 03/31/2026	City, State Pen Argyl, PA
Completed by Lubica Perez	Title Owner	Signature <i>Lubica Perez</i>	Date 03/19/2026

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

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Date of Notification (1) 03/20/2026		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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 98 Barnwell Dr	
		City, State, Zip Code Willingboro, NJ 08046	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 98 Barnwell Dr		Square Feet 1,500	# of Floors 1
City (5) Willingboro, NJ 08046		Bldg. Age 1960	
County (6) Burlington	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC
Street Address		Street Address 75 Voorhis Place	
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201- 466-0166	License No. 02126
Start Date (10) 03/26/2026	Scheduled Completion Date (11) 03/31/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bedroom		x		floor tile	60 SF	x			

Name of Registered Waste Hauler Century Waste Services	NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill
City, State Elizabeth, NJ	Disposal Date 03/31/2026	City, State Pen Argyl, PA	
Completed by Lubica Perez	Title Owner	Signature <i>Lubica Perez</i>	Date 03/20/2026

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Date of Notification (1) 03/18/2026		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 6 Manor Ave	
		City, State, Zip Code Cranford, NJ 07016	
		Name of Contact	Telephone Number

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 6 Manor Ave		Square Feet 2,100	# of Floors 2	Bldg. Age 1930
City (5) Cranford, NJ 07016		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) VEL Construction, LLC	
Street Address		Street Address 75 Voorhis Place		
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201- 466-0166	License No. 02126

Start Date (10) 03/27/2026	Scheduled Completion Date (11) 04/03/2026	Name of OSHA Monitor		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address		
		City, State, Zip Code		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement storage		x		floor tile & mastic	100 SF	x			
Basement storage		x		pipe insulation	30 LF	x			

Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Elizabeth, NJ		Disposal Date 04/03/2026	City, State Pen Argyl, PA		
Completed by Lubica Perez		Title Owner	Signature Lubica Perez	Date 03/18/2026	

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

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MAR 24 2026

Date of Notification (1) 03/19/2026		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 checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 412 McCabe Ave City, State, Zip Code Bradley Beach, NJ 07720						
			Name of Contact		Telephone Number				
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 412 McCabe Ave			Square Feet 1,456	# of Floors 1	Bldg. Age 1906				
City (5) Bradley Beach, NJ 07720		County (6) Monmouth		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) VEL Construction, LLC					
Street Address		Street Address 75 Voorhis Place		City, State, Zip Code Ringwood NJ 07456					
City, State, Zip Code		Telephone No. 201- 466-0166		License No. 02126					
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor					
Start Date (10) 03/17/2026		Scheduled Completion Date (11) 03/24/2026		Current Use (Prior if being demolished)					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address						
			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen		x		plaster	400 SF	x			
Dining room		x		plaster	110 SF	x			
Kitchen		x		duct insulation	20 LF	x			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 5		Name of Registered Landfill Grand Central Sanitary Landfill			
City, State Elizabeth, NJ		Disposal Date 03/24/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner		Signature <i>Lubica Perez</i>		Date 03/19/2026			

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

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MAR 24 2026

Date of Notification (1) 03/19/2026		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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 22 Cornell Pl		<i>ASBESTOS CONTROL & LICENSING</i>					
		City, State, Zip Code Manalapan Township, NJ 07726							
		Name of Contact		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 22 Cornell Pl			Square Feet 2,160	# of Floors 2	Bldg. Age 1967				
City (5) Manalapan Township, NJ 07726			Current Use (Prior if being demolished)						
County (6) Monmouth		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC						
Street Address		Street Address 75 Voorhis Place							
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201- 466-0166	License No. 02126					
Start Date (10) 03/25/2026		Scheduled Completion Date (11) 03/30/2026		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address						
			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Laundry room		X		floor material	200 SF	X			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Elizabeth, NJ				Disposal Date 03/30/2026	City, State Pen Argyl, PA				
Completed by Lubica Perez			Title Owner	Signature <i>Lubica Perez</i>		Date 03/19/2026			

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

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MAR 24 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 03/20/2026		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 78 Clinton Ave		City, State, Zip Code Montclair, NJ 07042					
		Name of Contact		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 78 Clinton Ave		Square Feet 4,166	# of Floors 3	Bldg. Age 1897					
City (5) Montclair, NJ 07042		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) VEL Construction, LLC						
Street Address		Street Address 75 Voorhis Place							
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201- 466-0166	License No. 02126					
Start Date (10) 04/01/2026		Scheduled Completion Date (11) 04/06/2026		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address						
			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		pipe insulation	100 LF	x			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Elizabeth, NJ		Disposal Date 04/06/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner	Signature Lubica Perez		Date 03/20/2026				

10413

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

4346449

RECEIVED

FORM 1011

Date of Notification (1) 2/11/26		Name of Building Owner/Operator (2) FEB 17 2026	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 148 E Raritan	
		City, State, Zip Code Little Egg Harbor NJ 08087	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 148 E Raritan		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Little Egg Harbor NJ 08087		Square Feet 8000	# of Floors 2	Bldg. Age 50+
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.	
Street Address		Street Address PO Box 329		
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 856-753-9800	License No. 00727
Start Date (10) 2/20/26	Scheduled Completion Date (11) 2/26/26	Name of OSHA Monitor Same		

Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____	Street Address
	City, State, Zip Code

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input 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 Siding				Exterior Siding	2000 SF	X			

Name of Registered Waste Hauler Pernaco Inc		NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste 4	Name of Registered Landfill Fairless Hills	
City, State W Berlin NJ		Disposal Date 2/26/26		City, State Morrisville PA 19067	
Completed by Anthony T Perna		Title President	Signature 		Date 2/11/26

NO
CK

3937145

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

RECEIVED

Date of Notification (1)
3 / 5 /2026

Name of Building Owner/Operator (2)
HACKENSACK MERIDIAN HEALTH

Street Address
30 PROSPECT AVENUE

City, State, Zip Code
HACKENSACK, NEW JERSEY 07601

Name of Contact
BRIAN O'NEIL

Telephone Number
848-275-1901

Agencies Notified

<input checked="" type="checkbox"/>	EPA
<input type="checkbox"/>	DEP
<input checked="" type="checkbox"/>	DOL
<input checked="" type="checkbox"/>	DOH
<input type="checkbox"/>	DCA

Type Notification

<input type="checkbox"/>	Initial Notification
<input checked="" type="checkbox"/>	Amended Notification #2
<input type="checkbox"/>	Cancellation
<input type="checkbox"/>	On Hold
<input type="checkbox"/>	EMERGENCY NOTIFICATION

MAR 13 2026

ASBESTOS CONTROL & TESTING INC

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
JERSEY SHORE UNIVERSITY MEDICAL CENTER

Type of Facility (4)

<input type="checkbox"/>	School (K-12)
<input type="checkbox"/>	Subchapter 8 (Other than K-12)
<input checked="" type="checkbox"/>	Other (ie. private & commcl. bldgs., homes, etc.)

Street Address
1945 STATE HWY 33

Square Feet
1,000,000

of Floors
6

Bldg. Age
89

City (5)
NEPTUNE

County (6)
MONMOUTH

County Code (7)
(STATE USE ONLY)

Current Use (Prior if being demolished)
COMMERCIAL

Name of Monitoring Firm Hired by Building Owner (8)
ENVIRONMENTAL TACTICS INC.

ASCM No.
64

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
64 BROAD STREET

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
MATAWAN, NJ

City, State, Zip Code
SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm
THOMAS GEIGER

Telephone Number
732-290-2217

Telephone Number
845-369-7500

License Number
1101

Expected State Date (10)
1 / 12 /2026

Sched. Completion Date (11)
12 / 30 /2026

Name of OSHA Monitor
QUALITY ENVIRONMENTAL

Occupancy Status During Abatement (Check only one)

<input type="checkbox"/>	Facility Closed/Vacated During Entire Period of Abatement
<input type="checkbox"/>	Abatement Performed Outside of Normal Facility Hours - Describe:
<input checked="" type="checkbox"/>	Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM

Street Address
1376 ROUTE 9

City, State, Zip Code
WAPPINGER FALLS, NY 12590

Scope of Work (Check all that apply)

<input type="checkbox"/>	Demolition	<input checked="" type="checkbox"/>	Renovation	<input checked="" type="checkbox"/>	Full Containment
<input type="checkbox"/>	>3SF OR LF			<input type="checkbox"/>	Mini-Encl.
<input checked="" type="checkbox"/>	>160 SF OR 260 LF			<input type="checkbox"/>	Glovebag Procedure
				<input type="checkbox"/>	Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
2ND FLOOR MEHANDRU WING			X	FLOOR TILE MASTIC	5,785 SF	X			

Name of Registered Waste Hauler
NEWARK CARTING
369 RAYMOND BLVD.

NJDEP Waste Hauler ID No.
913

Cubic Yards of Waste
20

Name of Registered Landfill
GRAND CENTRAL SANITARY LANDFILL


City, State
NEWARK, NEW JERSEY 07105

Disposal Date
1/12/2026-12/30/2026

City, State
PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Signature


Date
3-5-26

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


Date of Notification (1) 1 / 5 /2026		Name of Building Owner/Operator (2) HACKENSACK MERIDIAN HEALTH	
Agencies Notified		Street Address 30 PROSPECT AVENUE	
Type Notification		City, State, Zip Code HACKENSACK, NEW JERSEY 07601	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	Name of Contact BRIAN O'NEIL	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended Notification #1	Telephone Number 848-275-1901	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> On Hold		
<input type="checkbox"/> DCA	<input type="checkbox"/> EMERGENCY NOTIFICATION		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) JERSEY SHORE UNIVERSITY MEDICAL CENTER			Type of Facility (4)		
			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
			<input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 1945 STATE HWY. 33			Square Feet 1,000,000	# of Floors 6	Bldg. Age 89
City (5) NEPTUNE	County (6) MONMOUTH	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL		
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS INC.		ASCM No. 64	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION		
Street Address 64 BROAD STREET			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code MATAWAN, NJ			City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm THOMAS GEIGER		Telephone Number 732-290-2217	Telephone Number 845-369-7500	License Number 1101	
Expected State Date (10) 1 / 12 /2026		Sched. Completion Date (11) 12 / 30 /2026		Name of OSHA Monitor QUALITY ENVIRONMENTAL	

Occupancy Status During Abatement (Check only one)			Street Address 1376 ROUTE 9		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement					
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe:					
<input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM			City, State, Zip Code WAPPINGER FALLS, NY 12590		
Scope of Work (Check all that apply)			<input checked="" type="checkbox"/> Full Containment		
<input type="checkbox"/> Demolition			<input type="checkbox"/> Mini-Encllo ,		
<input type="checkbox"/> >3SF OR LF			<input type="checkbox"/> Glovebag Procedure		
<input checked="" type="checkbox"/> >160 SF OR 260 LF			<input type="checkbox"/> Non-Friable Procedure		
<input checked="" type="checkbox"/> Renovation					

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
2ND FLOOR MEHANDRU WING			X	FLOOR TILE MASTIC	5,785 SF	X			

Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.		NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 20	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL	
City, State NEWARK, NEW JERSEY 07105		Disposal Date 1/12/2026-12/30/2026		City, State PLAINFIELD TOWNSHIP, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature 		Date 1-5-26

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

Date of Notification (1) 12 / 30 /2025		Name of Building Owner/Operator (2) HACKENSACK MERIDIAN HEALTH	
Agencies Notified		Street Address 30 PROSPECT AVENUE	
Type Notification		City, State, Zip Code HACKENSACK, NEW JERSEY 07601	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	Name of Contact BRIAN O'NEIL	
		Telephone Number 848-275-1901	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) JERSEY SHORE UNIVERSITY MEDICAL CENTER		Type of Facility (4)		
		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 1945 STATE HWY. 33		Square Feet 1,000,000	# of Floors 6	Bldg. Age 89

City (5) NEPTUNE	County (6) MONMOUTH	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL
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Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS INC.	ASCM No. 64	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
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Street Address 64 BROAD STREET		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code MATAWAN, NJ		City, State, Zip Code SUFFERN, NEW YORK 10901	

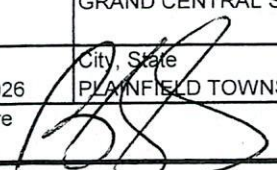
Project Manager for Monitoring Firm THOMAS GEIGER	Telephone Number 732-290-2217	Telephone Number 845-369-7500	License Number 1101
--	----------------------------------	----------------------------------	------------------------

Expected State Date (10) 1 / 12 /2026 Month Day Year	Sched. Completion Date (11) 12 / 30 /2026 Month Day Year	Name of OSHA Monitor QUALITY ENVIRONMENTAL
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Occupancy Status During Abatement (Check only one)	Street Address 1376 ROUTE 9
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM	City, State, Zip Code WAPPINGER FALLS, NY 12590

Scope of Work (Check all that apply)	<input checked="" type="checkbox"/> Full Containment
<input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF	<input type="checkbox"/> Mini-Enclo. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure
<input checked="" type="checkbox"/> Renovation	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
2ND FLOOR MEHANDRU WING			X	FLOOR TILE MASTIC	5,785 SF	X			

Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 20	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
City, State NEWARK, NEW JERSEY 07105		Disposal Date 1/12/2026-12/30/2026	City, State PLAINFIELD TOWNSHIP, PA
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 12-30-25

1757

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

4342596

ASBESTOS CONTROL & LICENSING

PAID

Date of Notification (1) 2/19/2026		Name of Building Owner/Operator (2) MAR 16 2026	
Agencies Notified	Type Notification	Street Address	Telephone Number
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended New finish date & waste transporter Amendment # 3/10/2026 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	433 Park Street City, State, Zip Code Montclair, NJ 07043	RECEIVED
		Name of Contact	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private Residential		Type of Facility (4)	
Street Address 433 Park St		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Montclair NJ	Square Feet 3500	# of Floors 3	Bldg. Age 1954
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) MKD Property Maintenance LLC	
Street Address		Street Address 105 Van Riper Avenue	
City, State, Zip Code		City, State, Zip Code Clifton NJ 07011	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201/899/9008	License No. 01336

Start Date (10) 1/22/2026	Scheduled Completion Date (11) 3/10/2026	Name of OSHA Monitor Empire Environmental LLC	
Occupancy Status During Abatement (Check Only One)		Street Address 150 River Rd, F4	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Montville NJ	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) In Facility (13) TO BE ABATED	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 below
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Name of Registered Waste Hauler Century Waste services LLC	NJDEP Waste Hauler ID No. 33797	Cubic Yards of Waste N/A	Name of Registered Landfill Fairless Landfill
City, State 623 Dowd Ave, Elizabeth NJ 07201		Disposal Date N/A	City, State Morrisville PA 19067
Completed by Darko Raloski	Title Owner	Signature 	Date 2/19//2026

Floor Level	Room / Area Description	Ceiling SF	Wall SF	Total SF
Basement	Rear Side Basement	380	—	380
1st Floor	Living Room	110	180	290
	Family Room	110	180	290
	Dining Room	90	140	230
	Kitchen	80	120	200
	Hallway	40	80	120
2nd Floor	Master Bedroom	110	180	290
	Bedroom 1	80	120	200
	Bedroom 2	80	120	200
	Bedroom 4	70	100	170
	Hallway	30	60	90
3rd Floor	Kitchenette	30	40	70
	Bathroom	25	35	60
Additional	Sunroom	40	70	110
	Stairwell (Add-on)	40	220	260
TOTAL SCOPE		1,215 SF	1,545 SF	2,760 SF

3370

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

RECEIVED

435000

MAR 16 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 3/12/26		Name of Building Owner/Operator (2) City of Atlantic City	
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 1301 Bacharach Blvd City, State, Zip Code Atlantic City, NJ 08401 Name of Contact Ed Perkins Telephone Number 609.785.7942

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Vacant SFD		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 618 Caspian Avenue		Square Feet	# of Floors
City (5) Atlantic City		Bldg. Age	
County (6) Atlantic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) SFD	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ricco Construction Corp
Street Address		Street Address 282 Creek Road	
City, State, Zip Code		City, State, Zip Code Bellmawr, NJ 08031	
Project Manager for Monitoring Firm		Telephone No. 856.931.3366	License No. 01339
Start Date (10) 3/22/26	Scheduled Completion Date (11) 9/30/26	Name of OSHA Monitor Andrew Ricco	
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 282 Creek Road City, State, Zip Code Bellmawr, NJ 08031	

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 checked="" type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glovebag Procedure |
| | | <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |

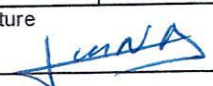
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Interior Basement			X	Gray Aircell Pipe Insulation	175 LF	X			
Interior Basement			X	Gray Pipe Fitting Insulation	20 Fittings	X			

Name of Registered Waste Hauler Ricco Construction Corp		NJDEP Waste Hauler ID No. 28909	Cubic Yards of Waste TBD	Name of Registered Landfill Atlantic County Utilities Authority	
City, State Bellmawr, NJ		Disposal Date TBD		City, State Egg Harbor Township, NJ	
Completed by Andrew Ricco		Title President	Signature <i>Andrew Ricco</i>		Date 3/12/26

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8.60 and 12:120)

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RECEIVED

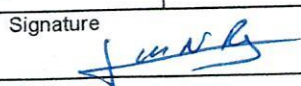
Date of Notification (1) 03/04/2026		Name of Building Owner/Operator (2) 1036-38 Cross Ave LLC								
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 837 Van Buren Ave City, State, Zip Code Elizabeth NJ 07201		ASBESTOS CONTROL & LICENSING MAR 10 2026					
			Name of Contact Ricardo Sum	Telephone Number 347-731-0330						
	FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential 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 1069 Fanny St			Square Feet	# of Floors	Bldg. Age +50					
City (5) Elizabeth		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) United Demo LLC							
Street Address		City, State, Zip Code	Street Address 143 Acme St City, State, Zip Code Elizabeth NJ 07202							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 862-218-3930	License No. 02045						
Start Date (10) 03/14/2026		Scheduled Completion Date (11) 03/15/2026		Name of OSHA Monitor United Demo 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 143 Acme St City, State, Zip Code Elizabeth NJ 07202							
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Exterior Walls			X	Transite Siding	1600 SF	X				
Name of Registered Waste Hauler United Demo LLC		NJDEP Waste Hauler ID No. 0040986	Cubic Yards of Waste As Needed	Name of Registered Landfill Fairless Landfill						
City, State Elizabeth NJ		Disposal Date TBD		City, State Morrisville PA						
Completed by Jose N Rosas		Title Manager		Signature 			Date 03/04/2026			

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

000269

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

4332010
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 MAR 10 2026

Date of Notification (1) 03/04/2026		Name of Building Owner/Operator (2)				
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 55 Springbrook Rd City, State, Zip Code Livingston NJ 07039 Name of Contact _____ Telephone Number _____			
	FACILITY INFORMATION					
	Name of Facility Where Abatement is Taking Place (3) Residential Home Street Address 55 Springbrook Rd City (5) Livingston County (6) Essex		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.) Square Feet _____ # of Floors _____ Bldg. Age +50 County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) _____			
Name of Monitoring Firm Hired by Building Owner (8) DSA Environmental LLC Street Address 195 Katan Ave City, State, Zip Code Staten Island NY 10308 Project Manager for Monitoring Firm Adewale Adenuga Start Date (10) 03/16/2026		ASCM No. _____ Telephone No. 347-440-8514	Name of Abatement Contractor (9) United Demo LLC Street Address 143 Acme St City, State, Zip Code Elizabeth NJ 07202 Telephone No. 862-218-3930 License No. 02045			
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: _____		Name of OSHA Monitor United Demo LLC Street Address 143 Acme St City, State, Zip Code Elizabeth NJ 07202				
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) Living Room and Dining Room		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Parquet floor whit Mastic	Amount (Specify SF or LF) 605 SF	Abatement Type Removal Repair Encapsulate Enclosure X	
Name of Registered Waste Hauler United Demo LLC City, State Elizabeth NJ		NJDEP Waste Hauler ID No. 0040986	Cubic Yards of Waste As Needed Disposal Date TBD	Name of Registered Landfill Fairless Landfill City, State Morrisville PA		
Completed by Jose N ROSAS		Title Manager	Signature 		Date 03/04/2026	

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

6379a

CK# 6379

4350001

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

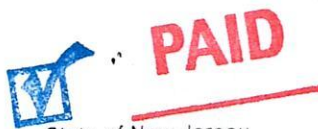
RECEIVED

MAR 16 2020

Date of Notification (1) 3-9-26		Name of Building Owner/Operator (2) PINELANDS CONSTRUCTION																	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 300 77th STREETOS CONTROL & LICENSING																	
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		City State Zip Code SEA ISLE CITY N.J. 08243																	
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Name of Contact: FRANK																	
Street Address 150 64th ST		Telephone Number																	
City (5) AVIA LOW		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.)																	
County (6) CLAREMONT		Square Feet: 1500 # of Floors: 1 Bldg Age: 50																	
Name of Monitoring Firm Hired by Building Owner (8) N/A		Current Use (Prior if being demolished) VACANT																	
Street Address		Name of Abatement Contractor (9) KLEMMCO INC																	
City, State, Zip Code		Street Address 369 S. SPRUCE AVE																	
Project Manager for Monitoring Firm		City, State, Zip Code MAPLE SHADE NJ 08052																	
Start Date (10) 3-20-26		Telephone No 856-779-0472																	
Scheduled Completion Date (14) 3-30-26		License No 01371																	
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:		Name of OSHA Monitor N/A																	
Scope of Work (Check all that apply) <input type="checkbox"/> < 3 sf or 23 ft <input checked="" type="checkbox"/> > 160 sf or 2260 ft		Street Address																	
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		City, State, Zip Code																	
<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-Frangible Procedure		<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-Frangible Procedure																	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Abatement Type																	
<table border="1"> <tr> <th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th> <th>is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th> <th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT or other miscellaneous)</th> <th>Amount (Specify SF or LF)</th> <th>Removal</th> <th>Repair</th> <th>Encapsulate</th> <th>Enclosure</th> </tr> <tr> <td>SKIRT BOARD</td> <td>Yes No N/A X</td> <td>TRAW SITE</td> <td>750 SF</td> <td>X</td> <td></td> <td></td> <td></td> </tr> </table>		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)	Removal	Repair	Encapsulate	Enclosure	SKIRT BOARD	Yes No N/A X	TRAW SITE	750 SF	X					
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)	Removal	Repair	Encapsulate	Enclosure												
SKIRT BOARD	Yes No N/A X	TRAW SITE	750 SF	X															
Name of Registered Waste Hauler KLEMMCO INC.		Cubic Yards of Waste																	
City, State MAPLE SHADE NJ 08052		Name of Registered Landfill C.M.C.M.U.A.																	
Completed By MICHAEL KLEMM		City, State WOODBRIE N.J.																	
Title SUP.		Signature <i>[Signature]</i>																	
		Date 3-9-26																	

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CK#6379



4350006

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

MAR 16 2026

Date of Notification (1) 3-9-26		Name of Building Owner/Operator (2) MITCHELL NICHOLS	
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 23 KING ST		City, State, Zip Code RIO GRANDE N.J. 08242	
Name of Contact SAME		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B Other than K-12 <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 201 PITTSBURG AVE		Square Feet: # of Floors: Bldg. Age 1500 2 50+	
City (5) WILDWOOD CREST		Current Use (Prior if being demolished) VACANT	
County (6) CAPE MAY		County Code (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	
Name of Abatement Contractor (9) KLEMCO INC		Street Address 369 S SPRUCE AVE	
Street Address		City, State, Zip Code MAPLE SHADE N.J.	
Project Manager for Monitoring Firm		Telephone No. 856 779-0472	
Telephone No.		License No. 01371	
Start Date (10) 3-19-26		Scheduled Completion Date (11) 3-29-26	
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: _____		Name of OSHA Monitor W/A	
Street Address		City, State, Zip Code	
Scope of Work (Check all that apply): <input type="checkbox"/> >3 sf or >3 ft <input checked="" type="checkbox"/> >160 sf or >260 ft <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-Enforce Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) SIDING		Is Location Normally Used Solely by Maintenance Custodial Staff? (12) Yes No N/A X	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT or other miscellaneous)		Amount (Specify SF or LF) 1000 SF	
Abatement Type		Encapsulation Removal Repair X	
Name of Registered Waste Hauler KLEMCO INC		NJDEP Waste Hauler ID No. 12904	
City, State MAPLE SHADE N.J.		Cubic Yards of Waste 3 yds	
Name of Registered Landfill C.M.C.M.U.A		Disposal Date	
City, State WOODBINE N.J.		Signature Michael X	
Completed By MICHAEL KLEMM		Title SUP.	
Date 3-9-26		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) 3-12-26		Name of Building Owner/Operator (2) OASIS PROPERTY GROUP	
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 8106 UENTWORE AVE
			City, State, Zip Code MARGATE NJ 08402
			Name of Contact SHARON
		Telephone Number _____	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 8702 MONMOUTH AVE		Square Feet 1500	# of Floors 2
City (5) MARGATE CITY		Bldg Age 50+	
County (6) ATLANTIC		Current Use (Prior if being demolished) VACANT	
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) KLEMCO INC	
Street Address _____		Street Address 369 S. SPRUCE AVE	
City, State, Zip Code _____		City, State, Zip Code MAPLE SHADE NJ 08052	
Project Manager for Monitoring Firm _____		Telephone No. 856-779-0472	License No. 1371
Start Date (10) 3-23-26		Scheduled Completion Date (11) 4-2-26	
Name of OSHA Monitor N/A		Street Address _____	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code _____	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) SIDING	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A _____ X _____		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) TRANSITE
	Amount (Specify SF or LF) 2000 SF		
		Abatement Type Removal Repair Encapsulate Enclosure X	
Name of Registered Waste Hauler KLEMCO INC		NJDEP Waste Hauler ID No. 17904	Name of Registered Landfill ACVA
City, State MAPLE SHADE N.J. 08052		Cubic Yards of Waste 5	Disposal Date PLEASANTVILLE NJ
Completed By MICHAEL KLEMM		Title PRES.	Signature [Signature]
		Date 3-12-26	

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

MAR 16 2026

Date of Notification (1) 3-12-26		Name of Building Owner/Operator (2) MITCHELL NICHOLS							
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 23 KING ST		City, State, Zip Code RIO GRANDE N.J. 08242							
Name of Contact SAME		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 401 E MAPLE AVE		Square Feet 1500	# of Floors 2						
City (5) WILDWOOD		Bldg Age 50+							
County (6) CAPE MAY		Current Use (Prior if being demolished) VACANT							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.							
Street Address		Name of Abatement Contractor (9) KLEMCO INC							
City, State, Zip Code		Street Address 369 S SPRUCE AVE							
Project Manager for Monitoring Firm		City, State, Zip Code MAPLE SHADE N.J.							
Telephone No.		Telephone No. 856 779-0472							
Start Date (10) 3-22-26		License No. 01371							
Scheduled Completion Date (11) 4-2-26		Name of OSHA Monitor W/A							
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							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 ft <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 ft <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM); (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SIDING			X	TRANSITE	1250 SF	X			
Name of Registered Waste Hauler KLEMCO INC		NJDEP Waste Hauler ID No. 12904		Cubic Yards of Waste 3 yds		Name of Registered Landfill C.M.C.M.U.A			
City, State MAPLE SHADE N.J.		Disposal Date		City, State WOODBINE N.J.					
Completed By MICHAEL KLUMM		Title SUP.		Signature <i>Michael Klumm</i>		Date			

2023

D&S Proj. #: 26-48

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

4350916

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MAR 16 2026

Date of Notification (1) 10 3 1 12 12 16		Name of Building Owner/Operator (2)	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 77 Balsam St		ASBESTOS CONTROL & LICENSING	
City, State, Zip Code Wayne, NJ 07470		Telephone Number	
Name of Contact			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Street Address 77 Balsam St		Square Feet 1,800 SF	# of Floors 02
City (5) Wayne, NJ 07470		Bldg. Age 100	
County (6) Passaic	County Code (7) (State use only)	Current Use (Prior if being demolished) Residential	

Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) KLOMAX, LLC	
Street Address		Street Address 144 US Highway 46		
City, State, Zip Code		City, State, Zip Code Budd Lake, NJ 07828		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 833-455-6629	License Number 02007
Start Date (10) 03/23/2026	Sched. Completion Date (11) 03/26/2026			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: Normal Hours				
Name of OSHA Monitor KLOMAX, LLC				
Street Address 144 US Highway 46				
City, State, Zip Code Budd Lake, NJ 07828				

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment w/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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
1st Floor Bedroom		X		Ceiling Plaster	144 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler KLOMAX, LLC	NJDEP Hauler ID# 0038241	Cubic Yards of Waste 2 CYD.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State Budd Lake, NJ 07828	Disposal Date TBD	City, State TULLYTOWN, PA		
Completed by (Print or Type) Gordana Stojanovska	Title Secretary	Signature <i>Gordana Stojanovska</i>		Date 03/12/2026

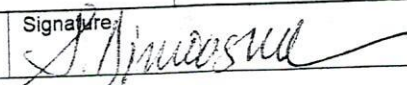
* Do not use this form for asbestos licensure exempted activities.

1061

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

RECEIVED

MAR. 17 2026

Date of Notification (1) 3/10/2026		Name of Building Owner/Operator (2) Ridgewood Public school								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 49 Cottage place								
		City, State, Zip Code Ridgewood, NJ 07450								
		Name of Contact Joe Higgins	Telephone Number (973) 632-9725							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Glen School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 865 E Glen Ave		Square Feet	# of Floors							
City (5) Ridgewood		Bldg. Age								
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants		ASCM No.	Name of Abatement Contractor (9) NorthEast Management LLC							
Street Address 21 Wagaraw Road		Street Address 41 Madison Avenue								
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Rochelle Park, NJ 07662								
Project Manager for Monitoring Firm Fred Larson		Telephone No. (973) 568-3638	Telephone No. 201-577-1381							
		License No. 02008								
Start Date (10) 3/20/2026		Scheduled Completion Date (11) 4/17/2026								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Name of OSHA Monitor NorthEast Management LLC								
		Street Address 41 Madison Avenue								
		City, State, Zip Code Rochelle Park, NJ 07662								
Scope of Work (Check All That Apply)										
<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	
Throughout			X	Caulk	1500LF	X				
Throughout			X	Windows	5200SF	X				
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill						
City, State Elizabeth, NJ		Disposal Date		City, State Morrisville, PA						
Completed by Sonja Dimovska		Title Owner	Signature 				Date 3/10/2026			

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

664

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

RECEIVED

MAR 18 2026

Date of Notification (1) 03/11/2026		Name of Building Owner / Operator (2)	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	Residential Home, 204 Arneys Mount Road, Pemberton, NJ 08068	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State & Zip Code	
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Emergency	204 Arneys Mount Road	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	Name of Contact	Telephone Number
<input type="checkbox"/> DCA			

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4)	
Street Address		<input type="checkbox"/> School (K-12)	
204 Arneys Mount Road		<input type="checkbox"/> Subchapter 8 (Other than K-12)	
City (5)	County (6)	Square Feet	# of Floors
Pemberton	Burlington	1,664	2
	County Code (7)	Bldg. Age	
		66	
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services Inc.		Current Use (Prior if being demolished) Residential Community	

Name of Abatement Contractor (9) Resource Management Group, LLC.		Name of OSHA Monitor J&S Environmental Laboratories, Inc.	
Street Address P.O. Box 365		Street Address 2115 Hamilton Avenue, Suite 202	
City, State & Zip Code Berlin, NJ 08009		City, State & Zip Code Trenton, NJ 08619	
Project Manager for Monitoring Firm Jim Proctor	Telephone Number 609-839-2432	Telephone Number 609-914-4279	License Number 01185

Scheduled Start Date (10) 03-23-2026	Scheduled Completion Date (11) 03-31-2026	Street Address 2333 Route 22 West	
Occupancy Status During Abatement (Check only one)		City, State & Zip Code Union, NJ 07083	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			
<input checked="" type="checkbox"/> Abatement Performed During Normal Hours			
Describe: 8:30am to 4:30pm			
<input type="checkbox"/> Facility Occupied During Abatement			

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 st Floor Dining & Living rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Joint Compound - Walls	2,400	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor Dining & Living rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Joint Compound - Ceilings	2,400	<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 Resource Management Group, LLC.	NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill
City, State Trenton, NJ 08619	Disposal Date TBD	City, State Morrisville, PA	
Completed By (Print or Type) Mr. Brian Haney	Title President	Signature <i>Brian Haney</i>	Date 03-11-2026

10459

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

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Date of Notification (1) 3/16/26		Name of Building Owner/Operator (2)										
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 14 W 31st Street City, State, Zip Code Beach Haven NJ 08008 Name of Contact _____ Telephone Number _____								
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) 14 W 31st Street City (5) Beach Haven NJ 08008			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.)									
County (6) Ocean		County Code (7) (STATE USE ONLY) _____		Square Feet 1000+ # of Floors 2 Bldg. Age 50+								
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____		Name of Abatement Contractor (9) Pernaco Inc.								
Street Address		Street Address PO Box 329		City, State, Zip Code West Berlin NJ 08091								
Project Manager for Monitoring Firm		Telephone No. _____		Telephone No. 856-753-9800 License No. 00727								
Start Date (10) 3/26/26		Scheduled Completion Date (11) 4/1/26		Name of OSHA Monitor Same								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address City, State, Zip Code									
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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 Siding				x	Exterior Siding		1800 SF		x			
Name of Registered Waste Hauler Pernaco Inc		NJDEP Waste Hauler ID No. 21787		Cubic Yards of Waste 30		Name of Registered Landfill Fairless Hills						
City, State West Berlin NJ		Disposal Date 4/1/26		City, State Morrisville PA 10067								
Completed by Anthony T Perna		Title President		Signature 				Date 3/16/26				

10971

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MAR 19 2026

Date of Notification (1) 03/16/2026		Name of Building Owner/Operator (2)							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 46 Watson Boulevard City, State, Zip Code Clementon, NJ 08021 Name of Contact _____ Telephone Number _____						
	FACILITY INFORMATION								
	Name of Facility Where Abatement is Taking Place (3) 46 Watson Boulevard City (5) Clementon County (6) Camden		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.) Square Feet: 1,104 # of Floors: 2 Bldg. Age: 91 Current Use (Prior if being demolished) Residence County Code (7) (STATE USE ONLY) _____						
Name of Monitoring Firm Hired by Building Owner (8) Management & Environmental Consulting Serv Street Address PO Box 341 City, State, Zip Code Chesterfield, NJ 08515		ASCM No. _____	Name of Abatement Contractor (9) Shade Environmental, LLC Street Address 623 Cutler Avenue City, State, Zip Code Maple Shade, NJ 08052						
Project Manager for Monitoring Firm Nora Pearse Telephone No. 609-298-4070		Telephone No. 856-755-0099	License No. 00842						
Start Date (10) 03/25/2026	Scheduled Completion Date (11) 03/30/2026	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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) Basement	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Floor Tile	Amount (Specify SF or LF) 760 SF	Abatement Type Removal Repair Encapsulate Enclosure X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 6	Name of Registered Landfill Conestoga Landfill					
City, State Freehold, NJ		Disposal Date 03/30/2026		City, State Morgantown, PA					
Completed by Samantha Brown		Title Operations Coordinator		Signature 				Date 03/16/2026	

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1064

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

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Date of Notification (1) 3/13/2026		Name of Building Owner/Operator (2) Ridgewood Public school	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 49 Cottage place	
		City, State, Zip Code Ridgewood, NJ 07450	
		Name of Contact Joe Higgins	Telephone Number (973) 632-9725

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Ridge Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 325 W Ridgewood Ave		Square Feet	# of Floors
City (5) Ridgewood		Bldg. Age	
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants		ASCM No.	Name of Abatement Contractor (9) NorthEast Management LLC
Street Address 21 Wagaraw Road		Street Address 41 Madison Avenue	
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Rochelle Park, NJ 07662	
Project Manager for Monitoring Firm Fred Larson		Telephone No. (973) 568-3638	Telephone No. 201-577-1381
Start Date (10) 3/23/2026		Scheduled Completion Date (11) 4/17/2026	Name of OSHA Monitor NorthEast Management LLC
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 41 Madison Avenue	
		City, State, Zip Code Rochelle Park, NJ 07662	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout			X	Caulk	1900LF	X			

Name of Registered Waste Hauler Century Waste	NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill
City, State Elizabeth, NJ	Disposal Date	City, State Morrisville, PA	
Completed by Sonja Dimovska	Title Owner	Signature 	Date 3/13/2026

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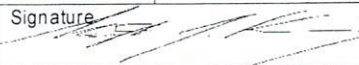
1667

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

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MAR 19 2026

Date of Notification (1) March 16, 2026		Name of Building Owner/Operator (2) MAR 19 2026						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 548 US Route 22 City, State, Zip Code North Plainfield NJ 07060 Name of Contact _____ Telephone Number _____						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) 548 US Route 22 City (5) North Plainfield		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.) Square Feet _____ # of Floors 1 Bldg. Age _____						
County (6) Somerset	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) business						
Name of Monitoring Firm Hired by Building Owner (8) Emerald Environmental Group, LLC Street Address 22 Ottawa Rd N City, State, Zip Code Morganville, NJ 07751-1346		ASCM No. _____	Name of Abatement Contractor (9) The MACK Group, LLC Street Address 1500 Kings HWY N, STE 209 City, State, Zip Code Cherry Hill, NJ 08034					
Project Manager for Monitoring Firm Joseph Rizzo, CSP, CHMM		Telephone No. 973-641-1736	Telephone No. License No. (973) 759 - 5000 00781					
Start Date (10) 3/30/26	Scheduled Completion Date (11) 6/30/26	Name of OSHA Monitor The MACK Group, LLC. Street Address 1500 Kings HWY N, STE 209 City, State, Zip Code Cherry Hill, NJ 08034						
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: _____								
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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) TO BE ABATED	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) 40 sf	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Rear Storage Room	<input checked="" type="checkbox"/>		floor tile		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Century Waste Services LLC		NJ DEP Waste Hauler ID No. 4509	Cubic Yards of Waste 0.4	Name of Registered Landfill IESI Bethlehem landfill / Minerva Ent.				
City, State Elizabeth, NJ		Disposal Date 6/30/26		City, State Bethlehem, PA / Waynesburg, OH				
Completed by Steve King		Title V.P.	Signature 		Date 3/16/26			

2041

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

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MAR 18 2026

Date of Notification (1) <u>03</u> / <u>13</u> / <u>26</u>		Name of Building Owner/Operator (2) ASBESTOS ABATEMENT & REMEDIATION	
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 317 Chelton Parkway	
		City, State, Zip Code Cherry Hill, NJ 08034	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
Street Address 317 Chelton Parkway		Square Feet 20000	# of Floors 2	Bldg. Age +/- 90
City (5) Cherry Hill	County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VAcant Residence	

Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		ASCM No.	Name of Abatement Contractor (9) USA Environmental Management, Inc.	
Street Address 301 9th Street		Street Address 8436 Enterprise Avenue		
City, State, Zip Code Deptford, NJ 08086		City, State, Zip Code Philadelphia, PA 19153		
Project Manager for Monitoring Firm Steve Flanigan	Telephone No. 856-848-0800	Telephone No. 215-365-5810	License No. 1156	

Start Date (10) <u>03</u> / <u>28</u> / <u>26</u>	Scheduled Completion Date (11) <u>03</u> / <u>30</u> / <u>26</u>	Name of OSHA Monitor USA Environmental Management, Inc		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00 AM - 11:30 PM		Street Address 8436 Enterprise Avenue		
		City, State, Zip Code Philadelphia, PA 19153		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Siding	1050 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 USA Environmental Management, Inc.		NJDEP Waste Hauler ID No. 32610	Cubic Yards of Waste 200 +/-	Name of Registered Landfill Cumberland County Landfill	
City, State Philadelphia, PA		Disposal Date 04/30/2026	City, State Newburg, PA		
Completed By (Print or Type) Tracy Smith	Title President	Signature <i>For: T. Smith</i>		Date 03-13-26	

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

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MAR 24 2026

Date of Notification (1) 03/13/2026		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 135 Orchard Ln City, State, Zip Code Berkeley Heights, NJ 07922 Name of Contact _____ Telephone Number _____						
	FACILITY INFORMATION								
	Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 135 Orchard Ln		Square Feet 1,363	# of Floors 1	Bldg. Age 1955					
City (5) Berkeley Heights, NJ 07922		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) VEL Construction, LLC						
Street Address		Street Address 75 Voorhis Place							
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-466-0166	License No. 02126					
Start Date (10) 03/23/2026		Scheduled Completion Date (11) 03/30/2026		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		pipe insulation	80 LF	x			
Basement		x		floor tile	450 SF	x			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Elizabeth, NJ		Disposal Date 03/30/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner	Signature <i>Lubica Perez</i>		Date 03/13/2026				

3578

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

Check 3578

MAR 20 2026

Date of Notification (1) 03/10/2026		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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 234 Conway Ct City, State, Zip Code South Orange Village, NJ 07079 Name of Contact _____ Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 234 Conway Ct		Square Feet 3,088	# of Floors 2
City (5) South Orange Village, NJ 07079		Bldg. Age 1924	
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____	Name of Abatement Contractor (9) VEL Construction, LLC
Street Address		Street Address 75 Voorhis Place	
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456	
Project Manager for Monitoring Firm		Telephone No. 201- 466-0166	License No. 02126
Start Date (10) 03/11/2026	Scheduled Completion Date (11) 03/14/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Elizabeth, NJ		Disposal Date 03/14/2026		City, State Pen Argyl, PA	
Completed by Lubica Perez		Title Owner	Signature Lubica Perez		Date 03/10/2026

3580

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

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Print Form

Date of Notification (1) 03/10/2026		Name of Building Owner/Operator (2) MAR 20 2026						
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 809 Woodwild Drive						
		City, State, Zip Code Point Pleasant Beach, NJ 08742						
		Name of Contact	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 809 Woodwild Drive		Square Feet 1,260	# of Floors 1					
City (5) Point Pleasant Beach, NJ 08742		Bldg. Age 1958						
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC					
Street Address		Street Address 75 Voorhis Place						
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456						
Project Manager for Monitoring Firm		Telephone No. 201-466-0166	License No. 02126					
Start Date (10) 03/11/2026	Scheduled Completion Date (11) 03/18/2026	Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address						
		City, State, Zip Code						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (?) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) 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
Garage		x	floor tile & mastic	260 SF	x			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Elizabeth, NJ		Disposal Date 03/18/2026	City, State Pen Argyl, PA					
Completed by Lubica Perez	Title Owner	Signature Lubica Perez		Date 03/10/2026				

3582

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

4350238
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Date of Notification (1) 03/11/2026		Name of Building Owner/Operator (2) MAR 20 2026	
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 19 Louis Dr	
		City, State, Zip Code Budd Lake, NJ 07828	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 19 Louis Dr		Square Feet 1,542	# of Floors 1	Bldg. Age 1973
City (5) Budd Lake, NJ 07828		Current Use (Prior if being demolished)		
County (6) Morris	County Code (7) (STATE USE ONLY)			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC	
Street Address		Street Address 75 Voorhis Place		
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456		
Project Manager for Monitoring Firm		Telephone No. 201- 466-0166	License No. 02126	
Start Date (10) 03/13/2026	Scheduled Completion Date (11) 03/20/2026	Name of OSHA Monitor		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address		
		City, State, Zip Code		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		floor tile	410 SF	X			
Basement		X		drywall and insulation	430 SF	X			

Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Elizabeth, NJ		Disposal Date 03/20/2026		City, State Pen Argyl, PA	
Completed by Lubica Perez		Title Owner	Signature <i>Lubica Perez</i>		Date 03/11/2026

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

3581

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

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MAR 20 2026

Date of Notification (1) 03/11/2026		Name of Building Owner/Operator (2)			
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 9 Richmond Rd City, State, Zip Code Edison, NJ 08817 Name of Contact _____ Telephone Number _____		
	FACILITY INFORMATION				
	Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <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 9 Richmond Rd		Square Feet 900	# of Floors 1	Bldg. Age 1952	
City (5) Edison, NJ 08817		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)	
County (6) Middlesex		Name of Monitoring Firm Hired by Building Owner (8) _____		ASCM No. _____ Name of Abatement Contractor (9) VEL Construction, LLC	
Street Address _____		Street Address 75 Voorhis Place			
City, State, Zip Code _____		City, State, Zip Code Ringwood NJ 07456			
Project Manager for Monitoring Firm _____		Telephone No. _____		Telephone No. 201-466-0166 License No. 02126	
Start Date (10) 03/12/2026		Scheduled Completion Date (11) 03/19/2026		Name of CSHA Monitor _____	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____ City, State, Zip Code _____			
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) 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)	
		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
Back Bedrooms				Amount (Specify SF or LF) 250 SF	Abatement Type <input checked="" type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 5 Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Elizabeth, NJ		Disposal Date 03/19/2026		City, State Pen Argyl, PA	
Completed by Lubica Perez		Title Owner		Signature Lubica Perez Date 03/11/2026	

3584

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

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Print Form

MAR 20 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 03/09/2026		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 876 Sunset Ridge	
		City, State, Zip Code Bridgewater, NJ 08807	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 876 Sunset Ridge		Square Feet 3,326	# of Floors 2
City (5) Bridgewater, NJ 08807		Bldg. Age 1978	
County (6) Somerset	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC
Street Address		Street Address 75 Voorhis Place	
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456	
Project Manager for Monitoring Firm		Telephone No. 201- 466-0166	License No. 02126
Start Date (10) 03/18/2026	Scheduled Completion Date (11) 03/21/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <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
Den		x		asbestos duct	5 SF				x
Basement		x		concrete duct	2 SF	x			

Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Elizabeth, NJ		Disposal Date 03/21/2026	City, State Pen Argyl, PA		
Completed by Lubica Perez		Title Owner	Signature <i>Lubica Perez</i>	Date 03/09/2026	