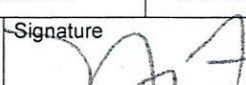


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* Do not use this form for asbestos licensure exempted activities.

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

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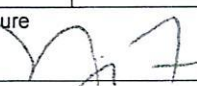
Date of Notification (1) 09 / 16 / 26		Name of Building Owner/Operator (2) Disantis Contracting, LLC							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 313 Halyard Road							
		City, State, Zip Code Ortley Beach, NJ 08751							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1216 Ocean Avenue									
City (5) Mantoloking	Square Feet 2400	# of Floors 2	Bldg. Age 100						
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) 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	License No. 00624						
Start Date (10) 09 / 28 / 26	Scheduled Completion Date (11) 10 / 09 / 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 ☐ Renovation ☒ ≥ 160 sf or ≥ 260 lf ☒ Demolition									
☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ 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	☐	☒	☐	asbestos siding	3350 sf	☒	☐	☐	☐
kitchen	☐	☒	☐	asbestos floor tile	300 sf	☐	☐	☐	☐
1st & 2nd floor-walls & ceilings	☐	☒	☐	asbestos sheetrock	2225 sf	☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
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 10/09/26	City, State Morrisville, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 			Date 9/16/26		

2210

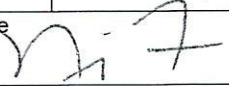
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 09/14/2026		Name of Building Owner/Operator (2) RECEIVED							
Agencies Notified	Type Notification	Street Address 28 Suburban Drive							
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code West orange, NJ 07051							
		Name of Contact	Telephone Number: TROL & LICENSING						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) residential		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 28 Suburban Drive,		Square Feet 1,400	# of Floors 1						
City (5) West Orange		Bldg. Age 68							
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) Acme Professional Services Corp						
Street Address		Street Address 170 Kinnelon Rd, Suite 32							
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm		Telephone No. 973-938-5266	License No. 02003						
Start Date (10) 09/22/2026	Scheduled Completion Date (11) 09/23/2026	Name of OSHA Monitor Arsenije Adamov							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:		Street Address 170 Kinnelon Rd, Suite 32							
		City, State, Zip Code Kinnelon, NJ 07405							
Scope of Work (Check All That Apply)									
☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf		☒ Renovation ☐ Demolition							
		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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		☒		Tile and mastic	530 SF	☒			
Name of Registered Waste Hauler Acme Professional Services Corp		NJDEP Waste Hauler ID No. 0038176	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill					
City, State Kinnelon, NJ		Disposal Date 09/23/2026		City, State Morrisville, PA					
Completed by Samantha Zamora		Title Project Coordinator	Signature <i>Samantha Zamora</i>			Date 09/14/2026			

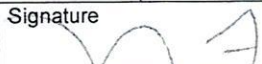
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 09 / 15 / 26		Name of Building Owner/Operator (2) Sand Castle Partners, LLC							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 8 Ocean Avenue							
		City, State, Zip Code Manasquan, NJ 08736							
		Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 75 Narrumson Road		Square Feet 1600	# of Floors 1						
City (5) Manasquan		Bldg. Age 80							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) 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) 09 / 25 / 26	Scheduled Completion Date (11) 09 / 28 / 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	☐	☒	☐	asbestos siding	1600 sf	☒	☐	☐	☐
exterior	☐	☒	☐	tar around chimney	5 sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill					
City, State Toms River, New Jersey			Disposal Date 09/28/26	City, State Morrisville, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 9/15/26			

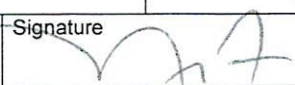
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 09 / 15 / 26		Name of Building Owner/Operator (2) 50632							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 2260 NJ-33, Suite 1 City, State, Zip Code Neptune, NJ 07753 Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1414 Rogers Road		Square Feet 600							
City (5) Wall		# of Floors 1	Bldg. Age 80						
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 09 / 25 / 26	Scheduled Completion Date (11) 09 / 28 / 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) <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-garage	☐	☒	☐	asbestos siding	600 sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill					
City, State Toms River, New Jersey		Disposal Date 09/28/26	City, State Morrisville, Pennsylvania						
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 				Date 9/15/26			

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

Date of Notification (1) 09 / 21 / 26			Name of Building Owner/Operator (2) 50645						
Agencies Notified ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)		Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		Street Address 8 Buena Vista Drive City, State, Zip Code Brick, NJ 08723 Name of Contact _____ Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence Street Address 844 Marbro Avenue City (5) Brick				Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.) Square Feet 1200 # of Floors 1 Bldg. Age 60					
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 1889 Route 9, Unit 61 City, State, Zip Code Toms River, New Jersey 08755					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 732-349-9932		License No. 00624			
Start Date (10) 10 / 01 / 26		Scheduled Completion Date (11) 10 / 02 / 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) <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	☐	☒	☐	asbestos siding	1200 sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill				
City, State Toms River, New Jersey				Disposal Date 10/02/26	City, State Morrisville, Pennsylvania				
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 9/21/26			

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

Date of Notification (1) 09 / 21 / 26		Name of Building Owner/Operator (2) Vercelli Construction							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	Street Address 608 Chicago Blvd.							
		City, State, Zip Code Sea Girt, NJ 08750							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 109 12th Avenue		Square Feet 1000	# of Floors 1						
City (5) Belmar		Bldg. Age 75							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 09 / 22 / 26	Scheduled Completion Date (11) 09 / 24 / 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) <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	☐	☒	☐	asbestos siding	500 sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill					
City, State Toms River, New Jersey		Disposal Date 09/24/26	City, State Morrisville, Pennsylvania						
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 				Date 9/21/26			

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

RECEIVED

Date of Notification (1) 08 / 19 / 26		Name of Building Owner/Operator (2)							
Agencies Notified ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 1 Avon Ave City, State, Zip Code Livingston NJ 07039 Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1 Avon Ave		Square Feet 2000	# of Floors 2						
City (5) Livingston		Bldg. Age 40							
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) cvk contracting LLC						
Street Address		Street Address 269 Walker ST apt 6							
City, State, Zip Code		City, State, Zip Code Fairview NJ 07022							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973 641 5400	License No. 02044						
Start Date (10) 08 / 28 / 26	Scheduled Completion Date (11) 09 / 02 / 26	Name of OSHA Monitor Emsl Anatical INC							
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>X</u> AM- <u>X</u> PM/ _____PM-_____AM		Street Address 1056 Stelton Rd STE 5							
		City, State, Zip Code Piscataway NJ 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) <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
siding singles	☐	☒	☐	IACM	2000 SF	☒	☐	☐	☐
Basement floor tile, mastic	☐	☐	☐	VAT/ACM	1405 F	☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Tristate Transfer INC		NJDEP Waste Hauler ID No. 19954	Cubic Yards of Waste TBT	Name of Registered Landfill Minerva Enterprises					
City, State Bronx, NY		Disposal Date 08/26/26		City, State Waynesburg Ohio					
Completed By (Print or Type) Gustavo Ordon		Title owner		Signature 			Date 08/19/26		

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

4408397 5

Date of Notification (1) 07/31/2026		Name of Building Owner/Operator (2) RECEIVED							
Agencies Notified	Type Notification	Street Address							
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	☐ Initial ☐ Amended ☐ Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	17 Shady Lane, City, State, Zip Code Morristown, NJ 07960							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) residential		Type of Facility (4)							
Street Address 17 Shady Lane,		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Morristown		Square Feet 3,000	# of Floors 3						
County (6) Morris		Bldg. Age 150							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Street Address							
City, State, Zip Code		City, State, Zip Code							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 08/03/2026		Scheduled Completion Date (11) 08/07/2026							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Arsenije Adamov							
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address 170 Kinnelon Rd, Suite 32							
		City, State, Zip Code Kinnelon, NJ 07405							
Scope of Work (Check All That Apply)									
☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf		☒ Renovation ☐ Demolition							
		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
Third Floor		✓		ACM Wall and Ceiling Plaster	500 SF	✓			
1st Floor Family Room		✓		ACM Ceiling Plaster	350 SF	✓			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill					
Acme Professional Services Corp		0038176	10	Fairless Landfill					
City, State Kinnelon, NJ		Disposal Date 08/10/2026		City, State Morrisville, PA					
Completed by Samantha Zamora		Title Project Coordinator		Signature <i>Samantha Zamora</i>			Date 07/31/2026		

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

RECHK #1963

Date of Notification (1) 9/16/2026		Name of Building Owner/Operator (2) SEP 21 2026							
Agencies Notified	Type Notification	Street Address 61 W Clay Ave.							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Roselle, Park NJ 07204							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4)							
Street Address 61 W Clay Ave.		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Roselle, Park NJ 07204		Square Feet 2,400	# of Floors 2						
		Bldg. Age 1910							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) DANVIC CONTRACTING LLC						
Street Address		Street Address 240 South 5th St.							
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07206							
Project Manager for Monitoring Firm		Telephone No. 908-906-4123	License No. 01355						
Start Date (10) 9/26/2026	Scheduled Completion Date (11) 9/29/2026	Name of OSHA Monitor Iris Environmental Laboratories, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: OCCUPIED		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition							
		☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	100 LF	X			
Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill					
City, State Elizabeth, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Jeymy Donneys		Title Owner	Signature <i>Jeymy Donneys</i>			Date 9/16/2026			

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

0642
 Ch# 0048
 SEP 21 2026
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 9/1/2026		Name of Building Owner/Operator (2) Private Property							
Agencies Notified	Type Notification	Street Address 4 E Coddington Ave							
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☒ DCA	☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Avenel NJ 07001							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4)							
Street Address 4 E Coddington Ave		☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Avenel NJ 07001		Square Feet 700SF	# of Floors 1 floors						
County (6) Middlesex County		Bldg. Age +50							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) ACM Abatement Services LLC						
Street Address N/A		Street Address 31 Turnberry Road							
City, State, Zip Code N/A		City, State, Zip Code Little Falls NJ 07424							
Project Manager for Monitoring Firm N/A		Telephone No. 201-218-4206	License No. 02150						
Start Date (10) 9/10/2026	Scheduled Completion Date (11) 9/15/2026	Name of OSHA Monitor Hillman Consulting							
Occupancy Status During Abatement (Check Only One)		Street Address 1605 Vauxhall Road #107							
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: 7:00 AM to 4:00 PM		City, State, Zip Code Union NJ 07083							
Scope of Work (Check All That Apply)									
☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf		☐ Renovation ☒ Demolition							
		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☒ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Exterior			x	Asbestos shingles	600 SF	x			
Name of Registered Waste Hauler Rovic transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste	Name of Registered Landfill Blythe Township Landfill					
City, State 60 Riverdale Rd Riverdale NJ		Disposal Date		City, State 1061 Burma Rd New Philadelphia PA					
Completed by Edwin Precilla		Title Principal	Signature <i>Edwin Precilla</i>		Date 9/1/2026				

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

Date of Notification (1) 9/10/2026		Name of Building Owner/Operator (2) Private Property /Bed and beyond		RECEIVED	
Agencies Notified		Type Notification		Street Address 650 liberty Ave	
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☒ DCA		☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		City, State, Zip Code Union NJ	
Name of Contact				Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Private Property				Type of Facility (4) ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 650 Liberty Ave				Square Feet 365000SF	
City (5) Union NJ				# of Floors 2 floors	
County (6) Union County				Bldg. Age +50	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)			
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A		Name of Abatement Contractor (9) ACM Abatement Services LLC	
Street Address N/A		Street Address 31 Turnberry Road			
City, State, Zip Code N/A		City, State, Zip Code Little Falls NJ 07424			
Project Manager for Monitoring Firm N/A		Telephone No.		Telephone No. 201-218-4206	
Start Date (10) 9/15/2026		Scheduled Completion Date (11) 9/30/2026		License No. 02150	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: 7:00 AM to 4:00 PM				Name of OSHA Monitor Hillman Consulting	
Street Address 1620 Route 22 East				City, State, Zip Code Union NJ 07803	
Scope of Work (Check All That Apply)					
☐ ≥ 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) <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)
	Yes	No	N/A		
Exterior /Pail			x	Asbestos pail demolition debris	200 Yards
Name of Registered Waste Hauler Rovic transport		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste	
City, State 60 Riverdale Rd Riverdale NJ		Disposal Date		Name of Registered Landfill Blythe Township Landfill	
City, State 1061 Burma Rd New Philadelphia NJ		Signature <i>Edwin Precilla</i>		Date 9/10/2026	
Completed by Edwin Precilla		Title Principal			

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

Date of Notification (1) 9/10/2026		Name of Building Owner/Operator (2) Private Property /Bed and beyond							
Agencies Notified	Type Notification	Street Address 650 liberty Ave							
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☒ DCA	☐ Initial ☒ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Union NJ							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4)							
Street Address 650 Liberty Ave		☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Union NJ		Square Feet 365000SF	# of Floors 2 floors						
County (6) Union County		Bldg. Age +50							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) ACM Abatement Services LLC						
Street Address N/A		Street Address 31 Turnberry Road							
City, State, Zip Code N/A		City, State, Zip Code Little Falls NJ 07424							
Project Manager for Monitoring Firm N/A		Telephone No. 201-218-4206	License No. 02150						
Start Date (10) 9/10/2026	Scheduled Completion Date (11) 10/30/2026	Name of OSHA Monitor Hillman Consulting							
Occupancy Status During Abatement (Check Only One)		Street Address 1620 Route 22 East							
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: 7:00 AM to 4:00 PM		City, State, Zip Code Union NJ 07803							
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) <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 /Pail			x	Asbestos pail demolition debris	200 Yards	x			
facade				Brick facade - tan	7500 SF	x			
Name of Registered Waste Hauler Rovic transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste	Name of Registered Landfill Blythe Township Landfill					
City, State 60 Riverdale Rd Riverdale NJ			Disposal Date	City, State 1061 Burma Rd New Philadelphia NJ					
Completed by Edwin Precilla		Title Principal	Signature Edwin Precilla			Date 9/10/2026			

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

Date of Notification (1) 9/17/2026		Name of Building Owner/Operator (2) Private Property							
Agencies Notified	Type Notification	Street Address 88 komorn Street							
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☒ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Newark NJ							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 88 Komorn Street		Square Feet 2000SF	# of Floors 2 floors						
City (5) Newark NJ		Bldg. Age +50							
County (6) Essex County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) ACM Abatement Services LLC						
Street Address N/A		Street Address 31 Turnberry Road							
City, State, Zip Code N/A		City, State, Zip Code Little Falls NJ 07424							
Project Manager for Monitoring Firm N/A		Telephone No. 201-218-4206	License No. 02150						
Start Date (10) 9/28/2026	Scheduled Completion Date (11) 9/31/2026	Name of OSHA Monitor Hillman Consulting							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: 7:00 AM to 4:00 PM		Street Address 1620 Route 22 East							
		City, State, Zip Code Union NJ							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☐ Renovation ☒ ≥160 sf or ≥260 lf ☒ 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			x	Roofing Material	400 SF	x			
Basement			x	Pipe insulation	80 LF	x			
1 floor hallway			x	linoleum	20 SF	x			
Name of Registered Waste Hauler Rovic transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste	Name of Registered Landfill Blythe Township Landfill					
City, State 60 Riverdale Rd Riverdale NJ			Disposal Date	City, State 1061 Burma Rd New Philadelphia NJ					
Completed by Edwin Precilla		Title Principal	Signature <i>Edwin Precilla</i>			Date 9/17/2026			

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

Date of Notification (1)
9/12/2026

Name of Building Owner/Operator (2)
Private Property

Agencies Notified

☒ EPA
☒ DEP
☒ DOL

☒ DOH
☒ DCA

Type Notification

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

Street Address
168 Voorhies Ave

City, State, Zip Code
New Milford NJ

Name of Contact _____ **Telephone Number** _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Private Property

Street Address
168 Voorhies Ave

City (5)
New Milford NJ

County (6)
Bergen County

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
1100SF

of Floors
2 floors

Bldg. Age
+50

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

ASCM No.
N/A

Name of Abatement Contractor (9)
ACM Abatement Services LLC

Street Address
N/A

Street Address
31 Turnberry Road

City, State, Zip Code
N/A

City, State, Zip Code
Little Falls NJ 07424

Project Manager for Monitoring Firm
N/A

Telephone No.
N/A

Telephone No.
201-218-4206

License No.
02150

Start Date (10)
9/22/2026

Scheduled Completion Date (11)
9/25/2026

Name of OSHA Monitor
Hillmann Consulting

Occupancy Status During Abatement (Check Only One)

☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☒ 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)

☐ ≥ 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			x	Asbestos shingles	1800 SF	x			

Name of Registered Waste Hauler
Rovic transport

NJDEP Waste Hauler ID No.
20785

Cubic Yards of Waste

Name of Registered Landfill
Blythe Township Landfill

City, State
60 Riverdale Rd Riverdale NJ

Disposal Date

City, State
1061 Burma Rd New Philadelphia NJ

Completed by
Edwin Precilla

Title
Principal

Signature
Edwin Precilla

Date
9/12/2026

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

RECEIVED

Date of Notification (1) 9/16/26		MS# 26-147		Name of Building Owner/Operator (2) SEP 21 2026					
Agencies Notified		Type Notification		Street Address 1120 Paliside Ave					
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		City, State, Zip Code Union City, NJ 07087					
				Name of Contact _____ Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential				Type of Facility (4)					
Street Address 1120 Paliside Ave				☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Union City, NJ				Square Feet 1,200	# of Floors 2				
				Bldg. Age 80					
County (6) Hudson		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residential					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____		Name of Abatement Contractor (9) D&S Restoration, Inc					
Street Address				Street Address 20 California Ave					
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-345-8020	License No. 01169				
Start Date (10) 09/29/26		Scheduled Completion Date (11) 10/01/26/26		Name of OSHA Monitor D&S Restoration, Inc					
Occupancy Status During Abatement (Check Only One)				Street Address 20 California Ave					
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: Regular Hours				City, State, Zip Code Paterson, NJ 07503					
Scope of Work (Check All That Apply)									
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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		Boiler Insulation	30 SF	X			
Name of Registered Waste Hauler D&S Restoration, Inc		NJDEP Waste Hauler ID No. 13506		Cubic Yards of Waste 2 CYD	Name of Registered Landfill Tullytown Recourse Recovery				
City, State 20 California Ave Paterson, NJ 07503				Disposal Date TBD	City, State Tullytown, PA				
Completed by Bogdan Joldzic		Title President		Signature <i>Bogdan Joldzic</i>		Date 09/16/2026			

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

Date of Notification (1) 9/16/26		MS# 26-141		Name of Building Owner/Operator (2)			
Agencies Notified		Type Notification		Street Address			
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		80 Hawthorne Dr			
				City, State, Zip Code New Providence, NJ 07974			
				Name of Contact		Telephone Number	
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Residential				Type of Facility (4)			
Street Address 80 Hawthorne Dr				☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)			
City (5) New Providence, NJ				Square Feet 1,000		# of Floors 2	
County (6) Essex				County Code (7) (STATE USE ONLY)		Bldg. Age 80	
Name of Monitoring Firm Hired by Building Owner (8) N/A				ASCM No.		Current Use (Prior if being demolished) Residential	
Street Address				Name of Abatement Contractor (9) D&S Restoration, Inc			
City, State, Zip Code				Street Address 20 California Ave			
Project Manager for Monitoring Firm				Telephone No.		City, State, Zip Code Paterson, NJ 07503	
Start Date (10) 09/29/26		Scheduled Completion Date (11) 10/01/26/26		Telephone No. 973-345-8020		License No. 01169	
Occupancy Status During Abatement (Check Only One)				Name of OSHA Monitor D&S Restoration, Inc			
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: Regular Hours				Street Address 20 California Ave			
Scope of Work (Check All That Apply)				City, State, Zip Code Paterson, NJ 07503			
☒ ≥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)	
		Yes No N/A					
Basement Laundry		X		VAT Only		70 SF	
Name of Registered Waste Hauler D&S Restoration, Inc		NJDEP Waste Hauler ID No. 13506		Cubic Yards of Waste 1 CYD		Name of Registered Landfill Tullytown Recource Recovery	
City, State 20 California Ave Paterson, NJ 07503				Disposal Date TBD		City, State Tullytown, PA	
Completed by Bogdan Joldzic		Title President		Signature <i>Bogdan Joldzic</i>		Date 09/16/2026	

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

RECEIVED

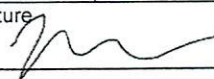
Date of Notification (1) 9/16/26		MS# 26-145		Name of Building Owner/Operator (2) SEP 21 2006					
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		Street Address 191 South Mountain Ave City, 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) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 191 South Mountain Ave				Square Feet 1,300					
City (5) Montclair, NJ				# of Floors 3					
County (6) Essex				Bldg. Age 90					
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____		Name of Abatement Contractor (9) D&S Restoration, Inc					
Street Address		Street Address 20 California Ave							
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503							
Project Manager for Monitoring Firm		Telephone No. _____		Telephone No. 973-345-8020					
Start Date (10) 09/28/26		Scheduled Completion Date (11) 09/30/26		License No. 01169					
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: Regular Hours				Name of OSHA Monitor D&S Restoration, Inc					
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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	50 LF	X			
2nd Floor		X		Pipe Insulation	10 LF	X			
Name of Registered Waste Hauler D&S Restoration, Inc		NJDEP Waste Hauler ID No. 13506		Cubic Yards of Waste 1 CYD		Name of Registered Landfill Tyllytown Recource Recovery			
City, State 20 California Ave Paterson, NJ 07503				Disposal Date TBD		City, State Tullytown, PA			
Completed by Bogdan Joldzic		Title President		Signature <i>Bogdan Joldzic</i>		Date 09/16/2026			

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

Date of Notification (1) 09/15/2026		Name of Building Owner/Operator (2)							
Agencies Notified	Type Notification	Street Address							
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	75 Deerhaven Road, City, State, Zip Code Mahwah, NJ 07430 Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) residential		Type of Facility (4)							
Street Address 75 Deerhaven Road,		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Mahwah		Square Feet 3,721	# of Floors 1						
County (6)		County Code (7) (STATE USE ONLY)	Bldg. Age 80						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Street Address							
City, State, Zip Code		City, State, Zip Code							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 09/24/2026		Scheduled Completion Date (11) 09/25/2026							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Arsenije Adamov							
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address 170 Kinnelon Rd, Suite 32							
Scope of Work (Check All That Apply)		City, State, Zip Code Kinnelon, NJ 07405							
☐ ≥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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd Floor		✓		Tile and Mastic	490 SF	✓			
Name of Registered Waste Hauler Acme Professional Services Corp		NJDEP Waste Hauler ID No. 0038176	Cubic Yards of Waste 4	Name of Registered Landfill Fairless Landfill					
City, State Kinnelon, NJ		Disposal Date 09/25/2026		City, State Morrisville, PA					
Completed by Samantha Zamora		Title Project Coordinator		Signature <i>Samantha Zamora</i>			Date 09/15/2026		

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

RECEIVED

Date of Notification (1) 9/13/2026		Name of Building Owner/Operator (2)							
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 36 Sagamore Road							
		City, State, Zip Code Maplewood NJ 07040							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Single Family		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 36 Sagamore Rd		Square Feet unknown	# of Floors 2						
City (5) Maplewood		Bldg. Age unknown							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor (9) Gold Coast Management LLC						
Street Address		Street Address 30 Sherman Ave							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07307							
Project Manager for Monitoring Firm TBD		Telephone No. 908-270-8556	License No. 02109						
Start Date (10) 9/23/2026	Scheduled Completion Date (11) 9/23/2026	Name of OSHA Monitor David Cuevas							
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: <u>Basement unoccupied</u>		Street Address 74 Franklin Ave							
		City, State, Zip Code East Orange, NJ 07017							
Scope of Work (Check All That Apply)									
☒ ≥3 sf or ≥3 lf ☐ Renovation ☐ ≥160 sf or ≥260 lf ☐ Demolition ☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☐ Glovebag Procedure ☐ 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		X	Pipe Insulation	20 LF	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 9/13/2026			

2116

RECEIVED

SEP 21 1964

Telephone Number

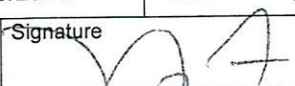
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CHK # 1962

Date of Notification (1) 9/15/2026		Name of Building Owner/Operator (2)							
Agencies Notified	Type Notification	Street Address 16 Mayfield Place Apt A							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Metuchen, NJ 08840							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 16 Mayfield Place Apt B		Square Feet 1,680	# of Floors 2						
City (5) Metuchen, NJ 08840		Bldg. Age 1937							
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) DANVIC CONTRACTING LLC						
Street Address		Street Address 240 South 5th St.							
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07206							
Project Manager for Monitoring Firm		Telephone No. 908-906-4123	License No. 01355						
Start Date (10) 9/26/2026	Scheduled Completion Date (11) 9/29/2026	Name of OSHA Monitor Iris Environmental Laboratories, Inc.							
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: OCCUPIED		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition							
		☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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	Pipe Insulation	30 LF	X			
Basement Stair Closet			X	Pipe Insulation	10 LF	X			
Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill					
City, State Elizabeth, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Jeymy Donneys		Title Owner	Signature <i>Jeymy Donneys</i>			Date 9/15/2026			

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

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Date of Notification (1) 09 / 14 / 26		Name of Building Owner/Operator (2) Blue Water Group							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 82 Bridge Avenue, Suite 137							
		City, State, Zip Code Bay Head, NJ 08742							
		Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 114 Harvard Avenue		Square Feet 2000	# of Floors 2						
City (5) Point Pleasant		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) 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) 09 / 24 / 26	Scheduled Completion Date (11) 09 / 28 / 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 ☐ Renovation ☐ Full Containment with Negative Pressure ☒ >160 sf or >260 lf ☒ Demolition ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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	☐	☒	☐	asbestos floor tile	500 sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill				
City, State Toms River, New Jersey		Disposal Date 09/28/26		City, State Morrisville, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 			Date 9/14/26		

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

RECEIVED

* Do not use this form for asbestos licensure exempted activities

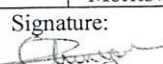
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

chk # 1960
 RECEIVED

Date of Notification (1) 9/9/2026		Name of Building Owner/Operator (2)							
Agencies Notified	Type Notification	Street Address 743 Harding St.							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Westfield, NJ 07090							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4)							
Street Address 743 Harding St.		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Westfield, NJ 07090		Square Feet 1,917	# of Floors 2						
County (6) Union		Bldg. Age 1950							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) DANVIC CONTRACTING LLC							
City, State, Zip Code		Street Address 240 South 5th St.							
Project Manager for Monitoring Firm		City, State, Zip Code Elizabeth, NJ 07206							
Telephone No.		Telephone No. 908-906-4123	License No. 01355						
Start Date (10) 9/19/2026	Scheduled Completion Date (11) 9/22/2026	Name of OSHA Monitor Iris Environmental Laboratories, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: OCCUPIED		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition							
		☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	100 LF	X			
Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill					
City, State Elizabeth, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Jeymy Donneys		Title Owner	Signature Jeymy Donneys			Date 9/9/2026			

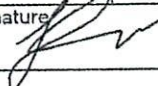
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

RECEIVED

Date of Notification (1): 9/18/2026		Name of Building Owner/Operator (2):							
Agencies Notified ☐ EPA ☐ DEP ☐ DOL ☐ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment#: _____ ☐ Emergency (including justification) ☐ Cancellation		Street Address: 130 West End Ave City, State, Zip Code: Pompton Plains, NJ 07444 Name of Contact: _____ Telephone Number: _____						
	FACILITY INFORMATION								
	Name of Facility: 130 West End Ave 130 West End Ave			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: House					
	City/ (5) Pompton Plains	County (6): Morris County	County Code (7): 07444						
Name of Monitoring Firm Hired by Building Owner: _____			ASCM No.: _____		Name of Abatement Contractor (9): Apex Development, Inc.				
Street Address: _____			Street Address: 358 Broadway						
City, State, Zip Code: _____			City, State, Zip Code: Newark, NJ 07104						
Project Manager for Monitoring Firm: _____			Telephone No.: _____		Telephone No.: (973) 350-0101 License No.: 01215				
Start Date (10): 09/28/2026		Scheduled Completion Date (11): 10/05/2026		Name of OSHA Monitor: Metro Analytical Laboratories					
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours Describe: _____ ☐ Other Describe: _____				Street Address: 255 West 36th Street, Suite 203 City, State, Zip Code: New York, New York, 10018					
Scope of Work (Check all that apply): ☐ ≥ 3 sf or ≥ 3 lf ☐ Renovation ☒ ≥ 160 sf or ≥ 260 lf ☐ 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	Encapsulat	Enclosure
BASEMENT		X		PIPE INSULATION	200 LF	*			
KITCHEN		X		LINOLEUM FLOOR	60 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: 		Date: 09/18/2026		

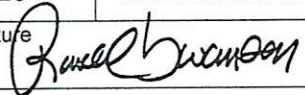
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

RECEIVED Check #5411
SEP 26 2026
SEP 25 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 09/16/2026		Name of Building Owner/Operator (2)							
Agencies Notified	Type Notification	Street Address							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	286 Avenue A							
		City, State, Zip Code Bayonne, NJ, 07002							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 286 Avenue A		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Bayonne, NJ, 07002		Square Feet 2244	# of Floors 2						
		Bldg. Age 97							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Damar Environmental		ASCM No.	Name of Abatement Contractor (9) Hazmat Diagnostic LLC						
Street Address 744 Princeton St.		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	License No. 01181						
Start Date (10) 09/26/2026	Scheduled Completion Date (11) 09/30/2026	Name of OSHA Monitor Hazmat Diagnostic LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 16 Glenwild Ave							
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		City, State, Zip Code Bloomingdale, NJ 07403							
Scope of Work (Check All That Apply)									
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition							
		☒ Wrap and cut ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☒ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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	Thermal systems insulation	117LF	x			
Name of Registered Waste Hauler Hazmat Diagnostic LLC		NJDEP Waste Hauler ID No. 0035440	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Landfill					
City, State		Disposal Date TBD		City, State Waynesburg, OH					
Completed by Deni Naumovski		Title President		Signature 		Date 09/16/2026			

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

CHECK # 2082

Date of Notification (1) 09/14/2026		Name of Building Owner/Operator (2)							
Agencies Notified	Type Notification	Street Address 212 ESTAUGH AVE.							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code HADDONFIELD NJ 08033							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL		Type of Facility (4)							
Street Address 212 ESTAUGH AVE.		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) HADDONFIELD		Square Feet 1854	# of Floors 2						
		Bldg. Age 74							
County (6) CAMDEN		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RESIDENTIAL						
Name of Monitoring Firm Hired by Building Owner (8) SEM INC.		ASCM No.	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.						
Street Address 1634 S DELAWARE STREET		Street Address 570 CLEMS RUN							
City, State, Zip Code PAULSBORO NJ 08066		City, State, Zip Code MULLICA HILL NJ 08062							
Project Manager for Monitoring Firm ED KEEGAN		Telephone No. 856-423-5711	Telephone No. 610-304-4676						
		License No. 01145							
Start Date (10) 09/23/2026	Scheduled Completion Date (11) 10/14/2026		Name of OSHA Monitor EMSL						
Occupancy Status During Abatement (Check Only One)		Street Address 200 RT. 130 NORTH							
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: RESIDENTIAL-AREA CLOSED FOR ABATEMENT		City, State, Zip Code CINNAMINSON NJ 08077							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition							
		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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	500 SF	X			
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL		NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 8	Name of Registered Landfill MINERVA LANDFILL					
City, State MULLICA HILL NJ			Disposal Date 10/14/2026	City, State WAYNESBURH OH					
Completed by RON SWANSON		Title GENERAL MANAGER	Signature 	Date 09/14/2026					

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

50641

RECEIVED
50641
SEP 27 2006
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 09 / 17 / 26		Name of Building Owner/Operator (2) Potts Excavating, Inc.	
Agencies Notified ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)		Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	
Street Address 316 Main Street		City, State, Zip Code West Creek, NJ 08092	
Name of Contact		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 345 W 7 th Street		Square Feet 1500	
City (5) Ship Bottom		# of Floors 2	
County (6) Ocean		Bldg. Age 80	
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.	
Street Address		Name of Abatement Contractor (9) Guardian Contracting, Inc.	
City, State, Zip Code		Street Address 1889 Route 9, Unit 61	
Project Manager for Monitoring Firm		City, State, Zip Code Toms River, New Jersey 08755	
Telephone No.		Telephone No. 732-349-9932	
Start Date (10) 09 / 28 / 26		License No. 00624	
Scheduled Completion Date (11) 10 / 01 / 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	
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		City, State, Zip Code Piscataway, New Jersey 08854	

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 & garage	☐	☒	☐	asbestos siding	2780 sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 5		Name of Registered Landfill Fairless Landfill	
City, State Toms River, New Jersey		Disposal Date 10/01/26		City, State Morrisville, Pennsylvania			
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 9/17/06	

ASB-41
JAN 13

* 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)

Date of Notification (1) 9 / 8 / 26		Name of Building Owner/Operator (2) Verizon Communications							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 15 East Montgomery Street							
		City, State, Zip Code Pittsburgh, PA 15212							
		Name of Contact Brian Kingsbury (Owners Rep)	Telephone Number 201-388-0620						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon East Orange Central Office		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 621 William Street		Square Feet 70,730	# of Floors 4						
City (5) East Orange		Bldg. Age +50							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental	ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC							
Street Address 1253 North Church Street		Street Address 1123 BEAVER STREET							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Kris Smith	Telephone No. 609-313-8218	Telephone No. 215-788-6040	License No. 02121						
Start Date (10) 10 / 5 / 26	Scheduled Completion Date (11) 11 / 27 / 26	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC							
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / <u>5</u> PM - <u>1</u> AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
☒ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf		☒ 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
1st Floor Generator Room	☐	☐	☒	VAT & Mastic	338 SF	☒	☐	☐	☐
1st Floor Generator Room	☐	☐	☒	Duct Insulation	600 SF	☒	☐	☐	☐
1st Floor Adjacent Gen Room	☐	☐	☒	Duct Insulation	150 SF	☒	☐	☐	☐
1st Floor Adjacent Gen Room	☐	☐	☒	VAT & Mastic	13 SF	☒	☐	☐	☐
Name of Registered Waste Hauler Freehold Cartage		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>Dellan DeCaro</i>				Date 9/8/26			

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

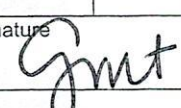
Pg. 2

check #4702

Date of Notification (1) 9 / 8 / 25		Name of Building Owner/Operator (2) Verizon Communications							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 15 East Montgomery Street							
		City, State, Zip Code Pittsburgh, PA 15212							
		Name of Contact Brian Kingsbury (Owners Rep)	Telephone Number 201-388-0620						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon East Orange Central Office		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 621 William Street		Square Feet 70,730	# of Floors 4						
City (5) East Orange		Bldg. Age +50							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental	ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC							
Street Address 1253 North Church Street		Street Address 1123 BEAVER STREET							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Kris Smith	Telephone No. 609-313-8218	Telephone No. 215-788-6040	License No. 02121						
Start Date (10) 10 / 5 / 26	Scheduled Completion Date (11) 11 / 27 / 26	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC							
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / 5PM-1AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ 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
1 st Floor Closet	☐	☐	☒	Duct Insulation	246 SF	☒	☐	☐	☐
1 st Floor Closet	☐	☐	☒	VAT & Mastic	160 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Freehold Cartage		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>Dillon DeCaro</i>				Date 9/8/26			

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

RECEIVED

Date of Notification (1) 9 / 16 / 26		Name of Building Owner/Operator (2) PSE&G / Job #2604-6562 Check #18177							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☒ Amended Amendment #5 ☐ Emergency (including justification) ☐ Cancellation	Street Address 4000 Hadley Road City, State, Zip Code South Plainfield, NJ Name of Contact Michael Bastidas Telephone Number 908-206-6947							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSEG Orange Gas HQ Main Building		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 284 North Park Street		Square Feet # of Floors Bldg. Age							
City (5) East Orange		County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Headquarters							
County (6) Essex									
Name of Monitoring Firm Hired by Building Owner (8) Matrix New World		ASCM No. 00121	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 26 Columbia Turnpike		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Florham Park, NJ 07932		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Gavin Gilmore		Telephone No. 973-240-1800	Telephone No. 609-265-2107 License No. 00529						
Start Date (10) 9 / 14 / 26	Scheduled Completion Date (11) 11 / 27 / 26	Name of OSHA Monitor IATL							
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 9000 Commerce Pkwy. Suite B City, State, Zip Code Mount Laurel, NJ 08054							
Scope of Work (Check all that apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☐ Renovation ☒ Demolition ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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	☐	☐	☒	SEE ATTACHED	SEE ATTACHED	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Veolia ES		NJDEP Waste Hauler ID No. 000151	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill					
City, State Flanders, NJ		Disposal Date 11/27/26		City, State Morrisville, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 			Date 9-16-26		



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

SCOPE OF WORK

T&M Budget Pricing

AbateTech proposes to provide the removal & packaging of the following materials utilizing full containment removal procedures inclusive of negative air filtration and a 3 Stage Decontamination Chamber.

Main Building Basement:

- 435 LF Pipe Insulation in the Men's Locker Room.
- 140 LF Pipe Insulation adjacent multi donation space.
- 50 LF Pipe Insulation spot removal for valves in the caged areas.
- 4 LF Pipe Insulation at hallway near new tile.

1ST Floor:

- 3,000 SF Floor Tile & Mastic in office areas.
- 70 LF Pipe Insulation, Men's & Women's Restrooms.

2ND Floor:

- 90 SF Vinyl Tile & Mastic, main area floor opening.

Welding Shop:

- 50 LF Asbestos Window Caulk.

Welding Shop:

- 5,000 SF Asbestos Wall Paint.

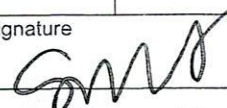
Main Building 1st Floor Storage & Office Area:

- 5,300 SF Triple Layer Floor Tile.
- 5,300 SF Mastic.

Main Building 2nd Floor:

- 2,500 SF Floor Tile & Mastic.

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

Date of Notification (1) 9 / 16 / 26		Name of Building Owner/Operator (2) PSE&G Lawrenceville HQ / Job #2509-6487 Check #18176							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☒ Amended Amendment # 16 ☐ Emergency (including justification) ☐ Cancellation	Street Address 4140 Quakerbridge Rd. City, State, Zip Code Lawrence Township, NJ 08648 Name of Contact Scott Mayes							
		Telephone Number 609-923-2075							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSEG Lawrenceville HQ ROC Project		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 4140 Quakerbridge Rd.		Square Feet							
City (5) Lawrenceville		# of Floors							
County (6) Mercer		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Facility Headquarters							
Name of Monitoring Firm Hired by Building Owner (8) Matrix New World		ASCM No. 00121	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 26 Columbia Turnpike		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Florham Park, NJ 07932		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Matt Sheldon		Telephone No. 973-240-1800	License No. 00529						
Start Date (10) 9 / 21 / 26		Scheduled Completion Date (11) 9 / 28 / 26							
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/4PM-12AM Weekends also		Name of OSHA Monitor IATL							
Street Address 9000 Commerce Pkwy. Suite B		City, State, Zip Code Mount Laurel, NJ 08054							
Scope of Work (Check all that apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition							
		☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☒ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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	☐	☐	☒	SEE ATTACHED	SEE ATTACHED	☒	☐	☐	☐
2nd Fl. Over head locker room	☐	☐	☒	Fittings	52	☒	☐	☐	☐
2nd Fl. Under ground locker room	☐	☐	☒	Fittings	28	☒	☐	☐	☐
2nd Fl. Ladies locker room	☐	☐	☒	Fitting	23	☒	☐	☐	☐
Name of Registered Waste Hauler Veolia ES		NJDEP Waste Hauler ID No. 000151	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill					
City, State Flanders, NJ		Disposal Date 9/28/26		City, State Morrisville, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 			Date 9-16-26		

Scope of Work Cont.

<u>Location of ACM</u>	<u>Used for Maint.</u>	<u>Description of ACM</u>	<u>Amount</u>	<u>Abatement Type</u>
14 Areas 2 nd Floor	NA	Fittings	47 total	Removal (GB)
Throughout	NA	Floor tile & Mastic	20,000 SF	Removal (NF)
Stage Area in Assembly Rm	NA	Floor tile & Mastic	600 SF	Removal (NF)
Stage Area in Assembly Rm	NA	Elbows	6 total	Removal (ME)

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

RECEIVED

Date of Notification (1) 9 / 11 / 26		Name of Building Owner/Operator (2) Transcontinental Gas Pipe Line		Job # 2609-6626 Check#					
Agencies Notified ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☒ Amended Amendment #1 ☐ Emergency (including justification) ☐ Cancellation		Street Address 315 Cold Soil Rd.						
			City, State, Zip Code Princeton, NJ 08540						
			Name of Contact Kevin Schmidt		Telephone Number 610-755-8956				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Williams/Transco Dig #58570, 57940, 57610			Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)						
Street Address Across from 172 Southern Blvd.									
City (5) Chatham Twp., NJ			Square Feet	# of Floors	Bldg. Age				
County (6) Morris		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Gas Pipe Line						
Name of Monitoring Firm Hired by Building Owner (8) NA		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 609-265-2107	License No. 00529					
Start Date (10) 9 / 11 / 26	Scheduled Completion Date (11) 9 / 18 / 26		Name of OSHA Monitor IATL Analytical						
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM			Street Address 9000 Commerce Parkway Suite B						
			City, State, Zip Code Mt Laurel, NJ 08054						
Scope of Work (Check all that apply)									
☒ ≥ 3 sf or ≥ 3 lf ☐ ≥ 160 sf or ≥ 260 lf		☐ Renovation ☒ Demolition		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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 #58570 Dig	☐	☐	☒	Coal Tar Wrap- 36" Line	10 LF	☒	☐	☐	☐
Exterior #57940 Dig	☐	☐	☒	Coal Tar Wrap- 36" Line	10 LF	☒	☐	☐	☐
Exterior #57610 Dig	☐	☐	☒	Coal Tar Wrap- 36" Line	10 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 12	Name of Registered Landfill Fairless Landfill					
City, State Lumberton, NJ		Disposal Date 9/18/26	City, State Morrisville, PA 19067						
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator		Signature 		Date 9-11-26				

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

18113

Date of Notification (1)
9 / 16 / 26

Name of Building Owner/Operator (2)
Hartley Dodge Memorial Building Job #2508-6484 Check #18175

Agencies Notified
☒ EPA
☒ DOLWD
☒ DHSS
☐ DCA (NJAC 5:23-8)

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

Street Address
50 Kings Road

City, State, Zip Code
Madison, NJ

Name of Contact
Tyler Merson

Telephone Number
973-593-3042

FACILITY INFORMATION

RECEIVED

SEP 27

ASBESTOS CONTROL & REMEDIATION

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

Street Address
50 Kings Road

City (5)
Madison

County (6)
Morris

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 # of Floors Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
Environmental Connection

Street Address
120 North Warren St.

City, State, Zip Code
Trenton, NJ 08608

Project Manager for Monitoring Firm
Jordan Reed

Telephone No.
609-392-4200

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
30 Maple Ave. PO Box 25

City, State, Zip Code
Lumberton, NJ 08048

Telephone No.
609-265-2107

License No.
00529

Start Date (10)
9 / 26 / 26

Scheduled Completion Date (11)
9 / 28 / 26

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: working Saturday AM- PM/ PM- AM

Name of OSHA Monitor
IATL

Street Address
9000 Commerce Parkway

City, State, Zip Code
Mount Laurel, NJ 08054

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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
Attic	☐	☐	☒	Plaster & Skew Block	5 SF	☒	☐	☐	☐
Attic	☐	☐	☒	Pipe Insulation	4 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler
AbateTech, Inc.

City, State
Lumberton, NJ

NJDEP Waste Hauler ID No.
18750

Cubic Yards of Waste
40

Disposal Date
9/28/26

Name of Registered Landfill
Fairless Landfill

City, State
Morrisville, PA

Completed By (Print or Type)
Gwen Trumbetti

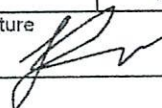
Title
Operations Coord.

Signature
Gwen Trumbetti

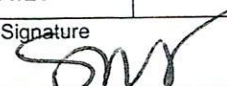
Date
9-16-26

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

Check #5412

Date of Notification (1) 9-17-2026		Name of Building Owner/Operator (2) Mediterranean Towers West							
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended ☐ Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation							
Street Address 555 North Avenue		City, State, Zip Code Fort Lee, New Jersey 07024							
Name of Contact Javier Valenzuela		Telephone Number 201-370-2047							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Mediterranean Towers West - Apt. #7K		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 555 North Avenue		Square Feet 120,000SF+	# of Floors 26						
City (5) Fort Lee, NJ		Bldg. Age 43							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Apartment Complex							
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services, LLC		ASCM No.	Name of Abatement Contractor (9) Hazmat Diagnostic, LLC						
Street Address 464 Valley Brook Ave.		Street Address 16 Glenwild Ave							
City, State, Zip Code Lyndhurst, NJ 07071		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm John H. Chiaviello		Telephone No. (800) 423-0766	License No. 01181						
Start Date (10) 9-28-2026	Scheduled Completion Date (11) 10-2-2026	Name of OSHA Monitor Hazmat Diagnostic, 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: <u>Apartment will be un-occupied during entire period of abate</u>		Street Address 16 Glenwild Ave							
		City, State, Zip Code Bloomingdale, NJ 07403							
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) <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
Apt. 7K			X	Popcorn Ceiling	620 SF	X			
Name of Registered Waste Hauler Hazmat Diagnostic, LLC		NJDEP Waste Hauler ID No. 0035440	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Landfill					
City, State Bloomingdale, NJ			Disposal Date TBD	City, State Waynesburg, OH					
Completed by Deni Naumovski		Title CEO	Signature 			Date 9-17-2026			

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

Date of Notification (1) 9 / 15 / 26		Name of Building Owner/Operator (2) PSEG / Job # 2608-6615		Check #18173					
Agencies Notified ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)		Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		Street Address 4000 Hadley Road City, State, Zip Code South Plainfield, NJ Name of Contact Douglas McGarrity					
				Telephone Number 732-832-6771					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSEG Harrison Gas Control Plannt				Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 699 Cape May Street				Square Feet # of Floors Bldg. Age					
City (5) Harrison									
County (6) Hudson		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Gas Control Plant					
Name of Monitoring Firm Hired by Building Owner (8) Matrix New World		ASCM No. 00121		Name of Abatement Contractor (9) AbateTech, Inc.					
Street Address 26 Columbia Turnpike		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Florham Park, NJ 07932		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Gavin Gilmore		Telephone No. 973-240-1800		Telephone No. 609-265-2107 License No. 00529					
Start Date (10) 9 / 28 / 26		Scheduled Completion Date (11) 11 / 6 / 26		Name of OSHA Monitor IATL					
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/ _____ PM-_____ AM				Street Address 9000 Commerce Pkwy. Suite B City, State, Zip Code Mount Laurel, NJ 08054					
Scope of Work (Check all that apply)									
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 2500 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Catwalk Platform	☐	☐	☒	asbestos containing paint		☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Veolia ES		NJDEP Waste Hauler ID No. 000151		Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill				
City, State Flanders, NJ		Disposal Date 11/6/26		City, State Morrisville, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 			Date 9-15-26		

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

Date of Notification (1) 9 / 18 / 26		Name of Building Owner/Operator (2) Verizon Communications							
Agencies Notified ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 15 East Montgomery Street							
		City, State, Zip Code Pittsburgh PA 15212							
		Name of Contact Brian Kingsbury (Owners Rep)	Telephone Number 201-388-0620						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Rahway Central Office		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 90 West Milton Avenue		Square Feet	# of Floors +60						
City (5) Rahway		Bldg. Age							
County (6) Union	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Verizon							
Name of Monitoring Firm Hired by Building Owner (8) RBS Environmental Solutions LLC		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) 10 / 12 / 26	Scheduled Completion Date (11) 10 / 14 / 26	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC							
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/ 5PM-1AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition							
		☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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 Hallway	☐	☐	☒	VAT & Mastic	70 SF	☒	☐	☐	☐
Rear Stairwell	☐	☐	☒	VAT & Mastic	8 SF	☒	☐	☐	☐
Where Loose In First Floor	☐	☐	☒	VAT ONLY	30 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Freehold Cartage		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>Delland DeCaro</i>		Date 9/18/26			

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

Check# 1359

Date of Notification (1) 09/16/2026		Name of Building Owner/Operator (2) Morris Companies, LLC							
Agencies Notified	Type Notification	Street Address							
☒ EPA ☒ DEP ☒ DOL	☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	350 Veterans Boulevard							
☒ DOH ☐ DCA		City, State, Zip Code Rutherford, NJ 07070							
		Name of Contact Dan Bayle	Telephone Number 973-219-5035						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Warehouse-Fitness Center		Type of Facility (4)							
Street Address 1291 Rahway Avenue		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Avenel, NJ 07001		Square Feet	# of Floors						
County (6) Middlesex		Bldg. Age							
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)						
Street Address		Gr Tech LLC							
City, State, Zip Code		Street Address 576 Valley Road#283							
Project Manager for Monitoring Firm		Telephone No.	City, State, Zip Code Wayne, NJ 07470						
Start Date (10) 09/25/2026		Telephone No. 973-356-3511	License No. 01127						
Scheduled Completion Date (11) 10/03/2026		Name of OSHA Monitor Envirovision Consultants, Inc							
Occupancy Status During Abatement (Check Only One)		Street Address							
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		20-21 Wagaraw Road, Bldg.# 35 E							
Scope of Work (Check All That Apply)		City, State, Zip Code Fair Lawn, NJ 07410							
☒ ≥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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			x	Transite pipe	240 SF	x			
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc					
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed by G.Ristanovic		Title Owner	Signature Gradimir Ristanovic			Date 09/16/2026			

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

RECEIVED

Date of Notification (1) 09 / 16 / 26		Name of Building Owner/Operator (2) Archdiocese of Newark Check #4922							
Agencies Notified ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 171 Clifton Avenue							
		City, State, Zip Code Newark, NJ 07104							
		Name of Contact Nassar Shabo	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) SS Peter and Paul Church		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 211 Ridley Place		Square Feet 25,000	# of Floors 1						
City (5) Elizabeth		Bldg. Age 50+							
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Church							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) EA Services Corporation						
Street Address		Street Address 530 Church Street- Suite 6							
City, State, Zip Code		City, State, Zip Code Ridgefield, NJ 07657							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-295-1700	License No. 01074						
Start Date (10) 09 / 25 / 26	Scheduled Completion Date (11) 09 / 28 / 26	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00AM- _____ PM- _____ AM		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
☒ ≥3 sf or ≥3 lf ☒ Renovation ☐ Full Containment with Negative Pressure ☐ ≥160 sf or ≥260 lf ☐ Demolition ☐ Mini-Enclosure ☒ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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	☐	☐	☒	Pipe Insulation	40 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler EA Services Corporation		NJDEP Waste Hauler ID No. 0034354	Cubic Yards of Waste tbd	Name of Registered Landfill Minerva Enterprises					
City, State Ridgefield, NJ		Disposal Date tbd		City, State Waynesburg, OH					
Completed By (Print or Type) Marisabel Toribio		Title Clerical		Signature <i>Marisabel Toribio</i>			Date 9/16/26		

CHECK # 3835

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

GAC Project # 060-26

Date of Notification (1) September 15, 2026		PAID	
Agencies Notified ☐ EPA ☐ DCA ☒ DOL ☒ DEP- No Longer REQUIRED ☒ DOH		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Notification Type ☒ Initial Notification ☐ Amended Notification # ☐ Emergency (including justification) ☐ Cancelled		Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS City, State, Zip Code PISCATAWAY, NJ 08854	
		Name of Contact MICHAEL F. SMITH, ENV. HEALTH & SAFETY	Telephone Number 848-445-2550
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) UNIVERSITY BEHAVIORAL HEALTH CTR, BLDG#3690		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 2 Bldg. Age: 80+ years	
Street Address RBHS BUSCH CAMPUS		Current Use (prior if being demolished): ACADEMIC	
City (5) PISCATAWAY	County (6) MIDDLESEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATLAS		ASCM No. 00098	
Street Address 3 TERRI LANE		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code BURLINGTON, NJ 08016		Street Address 511 MAIN STREET	
Project Manager for Monitoring Firm JOHN LUTZ		City, State, Zip Code BUTLER, NJ 07405	Telephone Number 973-492-0477
Telephone Number 609-386-8800		License Number 00840	
Scheduled Start Date (10) 09/25/2026		Scheduled Completion Date (11) 09/26/2026	
Name of OSHA Monitor ENVIROVISION, INC.		Street Address 20-21 WARGARAW ROAD, BLDG# 35E	
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours ☐ Facility Occupied During Abatement ☒ Other- Describe: Shift Schedule: 4PM FRI- 5AM DAILY (24 HRS. & WEEKENDS AS NEEDED)		City, State, Zip Code FAIRLAWN, NJ 07410	
Scope of Work (Check all that apply) ☒ ≥ 3 sf or >3 lf ☐ ≥ 160 sf or ≥ 260 lf ☒ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glove bag Procedure / Wrap & Cut ☒ Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
A233	☒	VAT	110 SF
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 5 CY
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Name of Registered Landfill Fairless Landfill / Grand Central Landfill	
Hauler #2) Century Waste Services LLC, Elizabeth, NJ 07201 NJ DEP # NJ-860		Disposal Date 09/26/2026	
		City, State FL - 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700 GCL- 1963 Pen Argyl Rd. Pan Argyl, Pa 18072	
Completed by (Print or Type) RAYMOND C. PEDALINO		Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>
		Date September 15, 2026, 2026	

Copies To: Rutgers, REHS, Attn: Mike Smith and ATLAS, Attn: John Lutz

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

RECEIVED

Date of Notification (1) 09/10/2026		Name of Building Owner/Operator (2) OV BUILDERS LLC							
Agencies Notified	Type Notification	Street Address							
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	☐ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☒ Cancellation	100 DISCO Dr City, State, Zip Code Parlin, NJ 08859 Name of Contact Omar Rodriguez							
		Telephone Number 908-413-4072							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) OV BUILDERS LLC		Type of Facility (4)							
Street Address 461 Fulton St		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Elizabeth	Square Feet 1536	# of Floors 2	Bldg. Age 1890						
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) N/A							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Abated						
Street Address		Street Address 100-178 Union St, Suite 65							
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07202							
Project Manager for Monitoring Firm		Telephone No. 908-372-8375	License No. #0209						
Start Date (10) 09/20/2026	Scheduled Completion Date (11) 10/01/2026	Name of OSHA Monitor Ryan J Passos							
Occupancy Status During Abatement (Check Only One)		Street Address 100-178 Union St, Suite 65							
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		City, State, Zip Code Elizabeth, NJ 07202							
Scope of Work (Check All That Apply)									
☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf									
☐ Renovation ☒ Demolition									
☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			X	Flat Roof	100 SF	X			
Exterior			X	Siding	2,000 SF	X			
Name of Registered Waste Hauler Abated LLC		NJDEP Waste Hauler ID No. 0038720	Cubic Yards of Waste 15	Name of Registered Landfill Fairless Hills PA (W-M)					
City, State Elizabeth NJ		Disposal Date 09/27/2026		City, State Wilmington PA					
Completed by Ryan J Passos		Title President	Signature 			Date 09/10/2026			

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

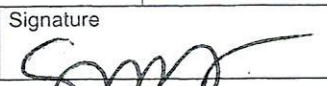
B & G Project # 2026-145

Check # **ON HOLD**

Date of Notification (1) 09/18/2026		Name of Building Owner/Operator (2) NJ SDA							
Agencies Notified	Type Notification	Street Address 32 East Front Street							
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☐ Initial ☒ Amended Amendment # On Hold ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Trenton, NJ 08625							
		Name of Contact George Kloutis, Sr. Proj. Officer	Telephone Number 609-858-5175						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Passaic High School		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 170 Paulison Avenue		Square Feet	# of Floors						
City (5) Passaic		Bldg. Age							
County (6) Passaic	County Code (7) <i>(STATE USE ONLY)</i>	Current Use (Prior if being demolished) Former Educational Facility							
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) ON HOLD ***		Scheduled Completion Date (11) 09/02/2027							
Name of OSHA Monitor B & G Restoration, Inc.									
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours Other - Describe: Unoccupied		Street Address 1234 Route 23							
		City, State, Zip Code Butler, NJ 07405							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☐ Renovation ☒ Demolition							
		☒ Wrap and Cut ☒ Full Containment with Negative Pressure ☒ Mini-Enclosure ☒ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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 list of ACM's			X			X			
Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 1,200	Name of Registered Landfill Grand Central Landfill					
City, State Butler, NJ		Disposal Date ON HOLD		City, State Pen Argyl, PA					
Completed by Gordana Luna		Title Secretary / Treasurer	Signature <i>Gordana Luna</i>			Date 09/18/2026			

See attached list of asbestos-containing materials to be removed.

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

Date of Notification (1) 9 / 11 / 26		Name of Building Owner/Operator (2) PSEG / Job #2502-6397		Check # RECEIVED					
Agencies Notified ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☒ Amended Amendment # 6 ON HOLD ☐ Emergency (including justification)	Street Address 4000 Hadley Road		City, State, Zip Code South Plainfield, NJ					
		Name of Contact Scott Penn		Telephone Number 201-638-1684					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSEG Central Avenue Substation			Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 157 S 14th Street			Square Feet		# of Floors				
City (5) Newark			Bldg. Age						
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Substation					
Name of Monitoring Firm Hired by Building Owner (8) Matrix New World		ASCM No. 00121		Name of Abatement Contractor (9) AbateTech, Inc.					
Street Address 26 Columbia Turnpike		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Florham Park, NJ 07932		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Matt Sheldon		Telephone No. 973-240-1800		License No. 00529					
Start Date (10) 9 / 10 / 26		Scheduled Completion Date (11) 9 / 11 / 26		Name of OSHA Monitor IATL					
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-9PM / PM - AM			Street Address 9000 Commerce Pkwy. Suite B						
			City, State, Zip Code Mount Laurel, NJ 08054						
Scope of Work (Check all that apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☐ Renovation ☒ Demolition		☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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
Vault Circuit 4020- CET 4016, CET 4021	☐	☒	☐	Cable Sock Insulation	2,500 LF	☒	☐	☐	☐
1st Floor	☐	☒	☐	Green Wall Paint	105 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Veolia ES		NJDEP Waste Hauler ID No. 000151		Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill				
City, State Flanders, NJ		Disposal Date 9/11/26		City, State Morrisville, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 			Date 9-11-26		

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

Check # 4710
RECEIVED

Date of Notification (1) 9 / 14 / 26		Name of Building Owner/Operator (2) Verizon Communications							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 15 East Montgomery Street							
		City, State, Zip Code Pittsburgh, PA 15212							
		Name of Contact Brian Kingsbury (Owners Rep)	Telephone Number 201-388-0620						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Prospect Plains Central Office		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 213 Cranbury Half-Acre Road		Square Feet	# of Floors +60						
City (5) Monroe Township		Bldg. Age							
County (6) Middlesex	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 Matt Chapuis	Telephone No. 609.656.8101	Telephone No. 215-788-6040	License No. 02121						
Start Date (10) 10 / 5 / 26	Scheduled Completion Date (11) 10 / 8 / 26	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC							
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM 5PM-1AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf ☒ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
Toll / Fiber Optic Aisle	☐	☐	☒	VAT ONLY	145 SF	☒	☐	☐	☐
Adjacent Framework	☐	☐	☒	VAT ONLY	5 SF	☒	☐	☐	☐
Rear Entrance	☐	☐	☒	VAT ONLY	40 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Freehold Cartage		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) Dillian DeCaro		Title Estimator		Signature <i>Dillian DeCaro</i>		Date 9/14/26			

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

Date of Notification (1) <u>9</u> / <u>11</u> / <u>26</u>		Name of Building Owner/Operator (2) Princeton University-Facilities Operations							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DHSS ☒ DCA (NJAC 5:23-8)		Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation							
Street Address MacMillan Building, Elm Drive		City, State, Zip Code Princeton, NJ 08544							
Name of Contact Eric Emery		Telephone Number 609-258-3432							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University-Guyot Hall 1909 Wing		Type of Facility (4) ☐ School (K-12) ☒ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 106A Guyot Lane		Square Feet 172968							
City (5) Princeton		# of Floors 8							
County (6) MERCER		Bldg. Age 117							
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc		ASCM No. 00003							
Street Address 1253 North Church Rd		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC							
City, State, Zip Code Moorestown, NJ 08057		Street Address 1123 BEAVER STREET							
Project Manager for Monitoring Firm Michael Keehn		City, State, Zip Code BRISTOL, PA 19007							
Telephone No. 609-386-8800		Telephone No. 215-788-6040							
Start Date (10) <u>10</u> / <u>12</u> / <u>26</u>		License No. 02121							
Scheduled Completion Date (11) <u>8</u> / <u>27</u> / <u>27</u>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC							
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00AM-3:30PM</u> / <u> </u> PM - <u> </u> AM		Street Address 1123 BEAVER STREET							
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		City, State, Zip Code BRISTOL, PA 19007							
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
1909 Wing B level though 5 th Fl	☐	☒	☐	Pipe and pipe fitting insulation	18801 LF	☒	☐	☐	☐
1909 Wing B level though 5 th Fl	☐	☒	☐	Floor tile and mastic	1363 SF	☒	☐	☐	☐
1909 Wing B level though 5 th Fl	☐	☒	☐	Mastic	11397 SF	☒	☐	☐	☐
	☐	☒	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill				
City, State Freehold, NJ		Disposal Date		City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature <i>Brian Scafiro</i>		Date <u>9/11/26</u>			

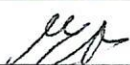
PAID
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check # **13884**

B & G Project # 2026-156

Date of Notification (1) 09/16/2026		Name of Building Owner/Operator (2) Atlantic Health System							
Agencies Notified	Type Notification	Street Address 100 Madison Avenue							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☒ DCA	☒ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Morristown, NJ 07960							
		Name of Contact James Clark	Telephone Number 973-971-5314						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Morristown Medical Center		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 100 Madison Avenue		Square Feet 50,000+	# of Floors 5						
City (5) Morristown, NJ 07960		Bldg. Age 50+							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Hospital							
Name of Monitoring Firm Hired by Building Owner (8) Partner Engineering & Science Inc.		Name of Abatement Contractor (9) B & G Restoration, Inc.							
Street Address 929 Asbury Avenue		Street Address 1234 Route 23							
City, State, Zip Code Asbury Park, NJ 07712		City, State, Zip Code Butler, NJ 07405							
Project Manager for Monitoring Firm Michelle Nagy		Telephone No. 732-320-2421	License No. 00378						
Start Date (10) 09/17/2026	Scheduled Completion Date (11) 09/18/2026	Name of OSHA Monitor B & G Restoration, Inc.							
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours Other - Describe: 7:00 am		Street Address 1234 Route 23							
		City, State, Zip Code Butler, NJ 07405							
Scope of Work (Check All That Apply)									
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition							
		☐ Wrap & Cut ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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
Mezzanine level		X		pipe insulation	25 LF	X			
Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 1/2	Name of Registered Landfill Grand Central Landfill					
City, State Butler, NJ		Disposal Date 09/19/2026		City, State Pen Argyl, PA					
Completed by Gordana Luna		Title Secretary / Treasurer		Signature <i>Gordana Luna</i>				Date 09/16/2026	

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

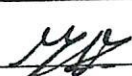
Date of Notification (1) 08 / 20 / 26		Name of Building Owner/Operator (2) RECEIVED							
Agencies Notified ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (Including justification) ☐ Cancellation	Street Address 310 Lyman Pl City, State, Zip Code Plainfield NJ 07063 Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 310 Lyman Pl		Square Feet 2000							
City (5) Plainfield		# of Floors 2							
County (6) Union		Bldg. Age 40							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) cvk contracting LLC							
Street Address		Street Address 269 Walker ST apt 6							
City, State, Zip Code		City, State, Zip Code Fairview NJ 07022							
Project Manager for Monitoring Firm		Telephone No. 973 641 5400	License No. 02044						
Start Date (10) 08 / 21 / 26	Scheduled Completion Date (11) 08 / 22 / 26	Name of OSHA Monitor Emsl Anatal INC							
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: X AM- X PM/____PM-____AM		Street Address 1056 Stelton Rd STE 5							
		City, State, Zip Code Piscataway NJ 08854							
Scope of Work (Check all that apply)									
☐ ≥3 sf or ≥3 lf ☒ Renovation ☒ Full Containment with Negative Pressure ☒ ≥160 sf or ≥260 lf ☐ Demolition ☐ Mini-Enclosure ☐ ☐ ☐ Glovebag Procedure ☐ ☐ ☒ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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 duct insulatio	☐	☒	☐	thermal systems insulation	40 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Tristate Transfer INC		NJDEP Waste Hauler ID No. 19954		Cubic Yards of Waste TBT	Name of Registered Landfill Minerva Enterprises				
City, State Bronx, NY		Disposal Date 08/26/26		City, State Waynesburg Ohio					
Completed By (Print or Type) Gustavo Ordon		Title owner		Signature 		Date 08/20/26			

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

Date of Notification (1) 08 / 25 / 26		Name of Building Owner/Operator (2) RECEIVED							
Agencies Notified ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	Street Address 247 Hazel Ave City, State, Zip Code Garwood NJ 07027 Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 247 Hazel Ave		Square Feet 2000 # of Floors 2 Bldg. Age 40							
City (5) Garwood NJ		County Code (7)(STATE USE ONLY) _____ Current Use (Prior if being demolished) _____							
County (6) union		Name of Abatement Contractor (9) cvk contracting LLC							
Name of Monitoring Firm Hired by Building Owner (8) _____		Street Address 269 Walker ST apt 6							
Street Address _____		City, State, Zip Code Fairview NJ 07022							
City, State, Zip Code _____		Telephone No. 973 641 5400 License No. 02044							
Project Manager for Monitoring Firm _____ Telephone No. _____		Name of OSHA Monitor Emsl Anatical INC							
Start Date (10) 08 / 26 / 26		Scheduled Completion Date (11) 08 / 27 / 26							
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: xAM-xPM/_____PM-_____AM		Street Address 1056 Stelton Rd STE 5							
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) 39 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement stairs Case	☐	☒	☐	VAT/ACM		☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Tristate Transfer INC		NJDEP Waste Hauler ID No. 19954		Cubic Yards of Waste TBT		Name of Registered Landfill Minerva Enterprises			
City, State Bronx, NY		Disposal Date 00/01/26		City, State Waynesburg Ohio					
Completed By (Print or Type) Gustavo Ordon		Title owner		Signature 		Date 08/25/26			

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

RECEIVED

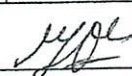
Date of Notification (1) 08 / 24 / 26		Name of Building Owner/Operator (2)							
Agencies Notified ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	Street Address 141-143 E 17th							
		City, State, Zip Code Paterson NJ 07524							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 141-143 E 17th		Square Feet 2000	# of Floors 2						
City (5) Paterson NJ		Bldg. Age 40							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) cvk contracting LLC							
Street Address		Street Address 269 Walker ST apt 6							
City, State, Zip Code		City, State, Zip Code Fairview NJ 07022							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973 641 5400	License No. 02044						
Start Date (10) 08 / 24 / 26	Scheduled Completion Date (11) 08 / 25 / 26	Name of OSHA Monitor Emsl Anatical INC							
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM- <u> </u> PM/ <u> </u> PM- <u> </u> AM		Street Address 1056 Stelton Rd STE 5							
		City, State, Zip Code Piscataway NJ 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) <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 pipe insulation	☐	☒	☐	thermal systems insulation	60 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Tristate Transfer INC		NJDEP Waste Hauler ID No. 19954	Cubic Yards of Waste TBT	Name of Registered Landfill Minerva Enterprises					
City, State Bronx, NY		Disposal Date 08/26/26		City, State Waynesburg Ohio					
Completed By (Print or Type) Gustavo Ordon		Title owner		Signature 			Date 08/24/26		

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

RECEIVED

Date of Notification (1) 09 / 04 / 26		Name of Building Owner/Operator (2) SEP 21 2020							
Agencies Notified ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	Street Address 11 Powder Horn Dr. City, State, Zip Code Morris Township, NJ 07960 Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 11 Powder Horn Dr.		Square Feet	# of Floors						
City (5) Morris Township		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)		Name of Abatement Contractor (9) CVK CONTRACTING LLC							
Street Address		Street Address 269 walker st apt 6							
City, State, Zip Code		City, State, Zip Code fairview NJ 07022							
Project Manager for Monitoring Firm		Telephone No. 973 641 5400	License No. 02044						
Start Date (10) 09 / 05 / 26	Scheduled Completion Date (11) 09 / 07 / 26	Name of OSHA Monitor Emsl Anatical INC							
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM- <u> </u> PM/ <u> </u> PM- <u> </u> AM		Street Address 1056 Stelton Rd STE 5 City, State, Zip Code Piscataway NJ 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) <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
Duct Insulation	☐	☒	☐	Thermal Systems Insulation	20 LF	☒	☐	☐	☐
Floor tile and mastic in living room	☐	☒	☐	VAT/ACM	221 SF	☒	☐	☐	☐
Floor tile in HVAC closet	☐	☒	☐	VAT	25 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Rovic trasport		NJDEP Waste Hauler ID No. 19954	Cubic Yards of Waste TBD	Name of Registered Landfill Blythe Towns LF Brans Burma Rd					
City, State Riverdale		Disposal Date 09/16/26		City, State New Philadelphia PA 17959					
Completed By (Print or Type) Gustavo Ordon		Title owner		Signature 				Date 09/09/26	

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

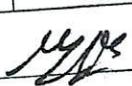
Date of Notification (1) 08 / 26 / 26		Name of Building Owner/Operator (2)							
Agencies Notified ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	Street Address 19 Jean Ct							
		City, State, Zip Code woodbridge NJ 07095							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 19 Jean Ct									
City (5) Woodbridge		Square Feet 2000	# of Floors 2						
County (6) Middlesex		Bldg. Age 40							
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) cvk contracting LLC						
Street Address		Street Address 269 Walker ST apt 6							
City, State, Zip Code		City, State, Zip Code Fairview NJ 07022							
Project Manager for Monitoring Firm		Telephone No. 973 641 5400	License No. 02044						
Start Date (10) 08 / 29 / 26	Scheduled Completion Date (11) 08 / 31 / 26	Name of OSHA Monitor Emsl Anatical INC							
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: X AM- X PM/____PM-____AM		Street Address 1056 Stelton Rd STE 5							
		City, State, Zip Code Piscataway NJ 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) <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 pipe insulatio	☐	☒	☐	termal systeams insulation	70 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Tristate Transfer INC		NJDEP Waste Hauler ID No. 19954	Cubic Yards of Waste TBT	Name of Registered Landfill Minerva Enterprises					
City, State Bronx, NY		Disposal Date 09/15/26		City, State Waynesburg Ohio					
Completed By (Print or Type) Gustavo Ordon		Title owner		Signature 				Date 08/28/26	

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

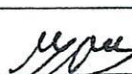
Date of Notification (1) 08 / 31 / 26		Name of Building Owner/Operator (2) RECEIVED							
Agencies Notified ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	Street Address 24 New St. City, State, Zip Code Butler, NJ 07405 Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 24 New St.		Square Feet _____ # of Floors _____ Bldg. Age _____							
City (5) Butler		County Code (7)(STATE USE ONLY) _____ Current Use (Prior if being demolished) _____							
County (6) Morris		Name of Abatement Contractor (9) CVK CONTRACTING LLC							
Name of Monitoring Firm Hired by Building Owner (8) _____		ASCM No. _____							
Street Address _____		Street Address 269 walker st apt 6							
City, State, Zip Code _____		City, State, Zip Code fairview NJ 07022							
Project Manager for Monitoring Firm _____		Telephone No. 973 641 5400	License No. 02044						
Start Date (10) 09 / 01 / 26	Scheduled Completion Date (11) 09 / 02 / 26	Name of OSHA Monitor Emsl Anatical INC							
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: xAM-xPM/_____PM-_____AM		Street Address 1056 Stelton Rd STE 5 City, State, Zip Code Piscataway NJ 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
Pipe Insulation Basement	☐	☒	☐	Thermal Systems Insulation	40 LF	☒	☐	☐	☐
Wrap the boiler	☐	☒	☐	Other miscellaneous	30 SF	☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Rovic trasport		NJDEP Waste Hauler ID No. 19954	Cubic Yards of Waste TBD	Name of Registered Landfill Blythe Towns LF Brans Burma Rd					
City, State Riverdale		Disposal Date 09/09/26		City, State New Philadelphia PA 17959					
Completed By (Print or Type) Gustavo Ordon		Title owner		Signature 			Date 08/31/26		

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

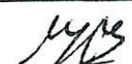
RECEIVED

Date of Notification (1) 08 / 19 / 26		Name of Building Owner/Operator (2) 26 Cornell Way							
Agencies Notified ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 26 Cornell Way							
		City, State, Zip Code Monclair NJ 07 023							
		Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 26 Cornell way		Square Feet 2000	# of Floors 2						
City (5) Montclair		Bldg. Age 40							
County (6) essex		County Code (7)(STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) essex		Name of Abatement Contractor (9) cvk contracting LLC							
Street Address 269 Walker ST apt 6		City, State, Zip Code Fairview NJ 07022							
City, State, Zip Code Fairview NJ 07022		Telephone No. 973 641 5400	License No. 02044						
Project Manager for Monitoring Firm _____ Telephone No. _____		Name of OSHA Monitor Emsl Anatalical INC							
Start Date (10) 08 / 20 / 26		Scheduled Completion Date (11) 08 / 21 / 26							
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: <u>AM</u> <u>PM</u> <u>PM</u> <u>AM</u>		Street Address 1056 Stelton Rd STE 5							
		City, State, Zip Code Piscataway NJ 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) <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 floor tile mastic	☐	☒	☐	VAT/ACM	150 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Tristate Transfer INC		NJDEP Waste Hauler ID No. 19954		Cubic Yards of Waste TBT	Name of Registered Landfill Minerva Enterprises				
City, State Bronx, NY		Disposal Date 08/26/26		City, State Waynesburg Ohio					
Completed By (Print or Type) Gustavo Ordon		Title owner		Signature 			Date 08/19/26		

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

Date of Notification (1) 08 / 26 / 26		Name of Building Owner/Operator (2) RECEIVED							
Agencies Notified ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	Street Address 2226 Murray Ave City, State, Zip Code South Plainfield NJ 07080 Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 2226 Murray Ave		Square Feet 2000							
City (5) South Plainfield NJ		# of Floors 2							
County (6) Middlesex		Bldg. Age 40							
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) cvk contracting LLC							
Street Address		Street Address 269 Walker ST apt 6							
City, State, Zip Code		City, State, Zip Code Fairview NJ 07022							
Project Manager for Monitoring Firm		Telephone No. 973 641 5400							
Telephone No.		License No. 02044							
Start Date (10) 08 / 27 / 26		Scheduled Completion Date (11) 08 / 29 / 26							
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: <u> </u> AM- <u> </u> PM/ <u> </u> PM- <u> </u> AM		Name of OSHA Monitor Emsl Anatical INC							
Street Address 1056 Stelton Rd STE 5		City, State, Zip Code Piscataway NJ 08854							
Scope of Work (Check all that apply)									
☐ ≥3 sf or ≥3 lf ☒ Renovation ☒ Full Containment with Negative Pressure ☒ ≥160 sf or ≥260 lf ☐ Demolition ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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 floor tile disposal	☐	☒	☐	VAT	350 SF	☒	☐	☐	☐
basement cleaning	☐	☐	☐		1,200 SF	☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Tristate Transfer INC		NJDEP Waste Hauler ID No. 19954		Cubic Yards of Waste TBT	Name of Registered Landfill Minerva Enterprises				
City, State Bronx, NY		Disposal Date 00/01/26		City, State Waynesburg Ohio					
Completed By (Print or Type) Gustavo Ordon		Title owner		Signature 		Date 08/26/26			

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

Date of Notification (1) 08 / 21 / 26		Name of Building Owner/Operator (2)							
Agencies Notified ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	Street Address 17 Floyd Rd City, State, Zip Code Verona NJ 07044 Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 17 Flord Rd		Square Feet 2000	# of Floors 2						
City (5) Verona		Bldg. Age 40							
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) cvk contracting LLC						
Street Address		Street Address 269 Walker ST apt 6							
City, State, Zip Code		City, State, Zip Code Fairview NJ 07022							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973 641 5400	License No. 02044						
Start Date (10) 08 / 24 / 26	Scheduled Completion Date (11) 08 / 25 / 26	Name of OSHA Monitor Emsl Anatical INC							
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: xAM-xPM/____PM-____AM		Street Address 1056 Stelton Rd STE 5 City, State, Zip Code Piscataway NJ 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) <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 pipe insulatio	☐	☒	☐	thermal systems insulation	20 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Tristate Transfer INC		NJDEP Waste Hauler ID No. 19954	Cubic Yards of Waste TBT	Name of Registered Landfill Minerva Enterprises					
City, State Bronx, NY		Disposal Date 08/26/26		City, State Waynesburg Ohio					
Completed By (Print or Type) Gustavo Ordon		Title owner		Signature 			Date 08/21/26		

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

Date of Notification (1) 09/15/2026		Name of Building Owner/Operator (2) RECEIVED	
Agencies Notified	Type Notification	Street Address	
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	☐ Initial ☐ Amended ☐ Amendment # ☒ Emergency (including justification) ☐ Cancellation	217 Elmwood Ave, City, State, Zip Code Ho Ho Kus, NJ 07423 Name of Contact _____ Telephone Number _____	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) residential		Type of Facility (4)	
Street Address 217 Elmwood Ave,		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Ho Ho Kus		Square Feet	# of Floors
County (6) Bergen		Bldg. Age	
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	
Telephone No.		License No.	
Start Date (10) 09/16/2026		Scheduled Completion Date (11) 09/16/2026	
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor	
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Arsenije Adamov Street Address 170 Kinnelon Rd, Suite 32 City, State, Zip Code Kinnelon, NJ 07405	
Scope of Work (Check All That Apply)			
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition	
☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <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)
	Yes No N/A		
Crawlspace		Pipe and Fitting Insulation	40 LF
Basement		Pipe and Fitting Insulation	54 LF
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste
Acme Professional Services Corp		0038176	2
City, State		Name of Registered Landfill	
Kinnelon, NJ		Fairless Landfill	
Disposal Date		City, State	
09/17/2026		Morrisville, PA	
Completed by	Title	Signature	Date
Samantha Zamora	Project Coordinator	<i>Samantha Zamora</i>	09/15/2026

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

RECEIVED

Date of Notification (1) 09/03/2026		Name of Building Owner/Operator (2)						
Agencies Notified	Type Notification	Street Address						
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	☐ Initial ☐ Amended ☐ Amendment # ☒ Emergency (including justification) ☐ Cancellation	877 Ridgewood Road, 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)						
Street Address 877 Ridgewood Road		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Millburn		Square Feet 2600	# of Floors 2					
County (6) Essex		Bldg. Age 96						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)						
Street Address		Street Address						
City, State, Zip Code		City, State, Zip Code						
Project Manager for Monitoring Firm		Telephone No.	License No.					
Start Date (10) 09/04/2026		Scheduled Completion Date (11) 09/04/2026						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor						
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:		Street Address						
		City, State, Zip Code						
Scope of Work (Check All That Apply)		Name of OSHA Monitor						
☐ ≥ 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) <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
First Floor Kitchen		✓	Tile and Mastic	250 SF	✓			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill				
Acme Professional Services Corp		0038176	2	Fairless Landfill				
City, State Kinnelon, NJ		Disposal Date	City, State					
		09/07/2026	Morrisville, PA					
Completed by		Title	Signature		Date			
Samantha Zamora		Project Coordinator	<i>Samantha Zamora</i>		09/03/2026			

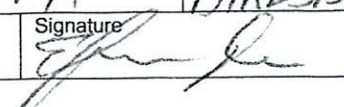
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) 09/10/2026		Name of Building Owner/Operator (2)						
Agencies Notified	Type Notification	Street Address						
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	☐ Initial ☐ Amended ☐ Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	104 W. Oak Street, City, State, Zip Code Basking Ridge, NJ 07920						
		Name of Contact	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) residential		Type of Facility (4)						
Street Address 104 W. Oak Street,		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Basking Ridge		Square Feet 1,809	# of Floors 1					
County (6) Somerset		Bldg. Age 65						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)						
Street Address		Street Address						
City, State, Zip Code		City, State, Zip Code						
Project Manager for Monitoring Firm		Telephone No.	License No.					
Start Date (10) 09/11/2026		Scheduled Completion Date (11) 09/12/2026						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor						
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address						
		City, State, Zip Code						
Scope of Work (Check All That Apply)		Name of OSHA Monitor						
☐ ≥ 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) <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
Basement		✓	Tile and Mastic	500 SF	✓			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill				
Acme Professional Services Corp		0038176	2	Fairless Landfill				
City, State Kinnelon, NJ		Disposal Date	City, State					
		09/14/2026	Morrisville, PA					
Completed by		Title	Signature		Date			
Samantha Zamora		Project Coordinator	Samantha Zamora		09/10/2026			

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

RECEIVED

Date of Notification (1) 9-16-26		Name of Building Owner/Operator (2) SEP 22 2026							
Agencies Notified	Type Notification	Street Address							
☐ EPA ☐ DEP ☒ DOL ☐ DOH ☐ DCA	☒ Initial ☐ Amended ☐ Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	535 CHESTNUT AVE City, State, Zip Code LINDENWOLD NJ 08021							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL		Type of Facility (4)							
Street Address 535 CHESTNUT AVE		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) LINDENWOLD	Square Feet 1500	# of Floors 2	Bldg. Age NA						
County (6) CAMDEN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) VACANT							
Name of Monitoring Firm Hired by Building Owner (8) ATLAS ENV. INSPECT		Name of Abatement Contractor (9) FRYMAR CONSTRUCTION							
Street Address PO BOX 11645		Street Address 103 PRESERVE LN.							
City, State, Zip Code PHILA PA 19116		City, State, Zip Code N. WALES PA 19454							
Project Manager for Monitoring Firm JASON DUA		Telephone No. 267-784-4693	License No. 01276						
Start Date (10) 9-21-26	Scheduled Completion Date (11) 9-23-26	Name of OSHA Monitor JASON DUA							
Occupancy Status During Abatement (Check Only One)		Street Address							
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		PO BOX 11645							
		City, State, Zip Code PHILA PA 19116							
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
BEDROOM				JOINT COMPOUND	100 SF	☒			
LIVING ROOM				JOINT COMPOUND	100 SF	☒			
FOYER				FLOOR TILE	10 SF	☒			
Name of Registered Waste Hauler FRYMAR CONSTRUCTION		NJDEP Waste Hauler ID No. 0037659	Cubic Yards of Waste NA	Name of Registered Landfill WESTERN BERKS					
City, State N. WALES PA		Disposal Date NA		City, State BIRDSBORO PA					
Completed by ETRAIM DUA		Title UP	Signature 			Date 9-16-26			

CH 448

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

RECEIVED

Date of Notification (1) 8/28/26		Name of Building Owner/Operator (2)							
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation							
Street Address 1032 Red Oak Drive		City, State, Zip Code Cherry Hill, NJ 08003							
Name of Contact		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private 8 commercial buildings, homes, etc.)							
Street Address 1032 Red Oak Drive		Square Feet 2100sf							
City (s) Cherry Hill, NJ 08003		# of Floors 2							
County (6) Camden		Bldg. Age 45 yrs							
County Code(7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) AEi2, LLC							
City, State, Zip Code		Street Address PO Box 499							
Project Manager for Monitoring Firm		City, State, Zip Code Hammonton, NJ 08037							
Telephone No.		Telephone No. 609-381-2990							
Start Date (10) 9/6/26		License No. 00689							
Scheduled Completion Date (11) 9/26/26		Name of OSHA Monitor AEi2, LLC							
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:		Street Address PO Box 499							
Scope of Work (Check all that apply) ☐ >3 sf or >3 lf ☒ >160 sf or >260 lf		City, State, Zip Code Hammonton, NJ 08037							
☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure		☒ Renovation ☐ 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	Enclosure
Basement			X	Floor Tile	300 sf	X			
Name of Registered Waste Hauler TBD		NJDEP Waste Hauler ID No. TBD		Cubic Yards of Waste 3		Name of Registered Landfill TBD			
City, State TBD, NJ		Disposal Date TBD		City, State NJ					
Completed By Wm. Minnick		Title Program Mgr.		Signature		Date 8/28/26			

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

1958
 CHK # 1958

Date of Notification (1) 9/2/2026		Name of Building Owner/Operator (2) Rabjee Realty LLC		RECEIVED					
Agencies Notified		Type Notification		Street Address 21 Trento St.					
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		City, State, Zip Code Iselin, NJ 08830 Name of Contact _____ Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Property				Type of Facility (4)					
Street Address 21 Trento St.				☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Iselin, NJ 08830				Square Feet 808	# of Floors 1				
County (6) Middlesex				Bldg. Age 1925					
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residential Property							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____		Name of Abatement Contractor (9) DANVIC CONTRACTING LLC					
Street Address		Street Address 240 South 5th St.							
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07206							
Project Manager for Monitoring Firm		Telephone No. _____		Telephone No. 908-906-4123	License No. 01355				
Start Date (10) 9/12/2026		Scheduled Completion Date (11) 9/16/2026		Name of OSHA Monitor Iris Environmental Laboratories, Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 2333 Route 22 West					
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____				City, State, Zip Code Union, NJ 07083					
Scope of Work (Check All That Apply)									
☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf		☐ Renovation ☐ Demolition		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			X	Exterior Transite Siding	1,500	X			
Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No. 37574		Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill				
City, State Elizabeth, NJ				Disposal Date TBD	City, State Morrisville, PA				
Completed by Jeymy Donneys		Title Owner		Signature Jeymy Donneys		Date 9/2/2026			

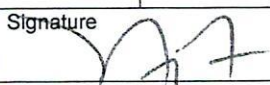
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check# 1360

Date of Notification (1) 09/18/2026		Name of Building Owner/Operator (2) RECEIVED							
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	Street Address 35 Hill Street City, State, Zip Code Haworth, NJ 07641 Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house Street Address 35 Hill Street City (5) Haworth, NJ 07641 County (6) Bergen		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.) Square Feet _____ # of Floors _____ Bldg. Age _____ County 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. _____ Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Road#283 City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm _____ Telephone No. _____		Telephone No. 973-356-3511 License No. 01127							
Start Date (10) 09/19/2026		Scheduled Completion Date (11) 09/22/2026							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Name of OSHA Monitor Envirovision Consultants, Inc Street Address 20-21 Wagaraw Road, Bldg.# 35 E City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check All That Apply) ☒ ≥3 sf or ≥3 lf ☐ Renovation ☒ ≥160 sf or ≥260 lf ☒ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			x	Transite siding	1,500 SF	x			
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD		Name of Registered Landfill T.R.R.F. Inc			
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA		Date 09/18/2026			
Completed by G.Ristanovic		Title Owner		Signature <i>Gradimir Ristanovic</i>		Date 09/18/2026			

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

RECEIVED

Date of Notification (1) 09 / 15 / 26		Name of Building Owner/Operator (2) Tradewinds Builders, LLC							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ 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) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 115 E. 30th Street									
City (5) LB Twp	Square Feet 1800	# of Floors 2	Bldg. Age 90						
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) 09 / 16 / 26	Scheduled Completion Date (11) 09 / 18 / 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 ☐ Renovation ☒ ≥ 160 sf or ≥ 260 lf ☒ 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	☐	☒	☐	asbestos siding	1800 sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill					
City, State Toms River, New Jersey		Disposal Date 09/18/26		City, State Morrisville, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 			Date 9/15/26		

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

RECEIVED

Date of Notification (1) 9/14/26		MS# 26-140		Name of Building Owner/Operator (2)					
Agencies Notified		Type Notification		Street Address					
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation		203 South Stiles St					
				City, State, Zip Code Linden, NJ 07036					
				Name of Contact		Telephone Number			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential				Type of Facility (4)					
Street Address 203 South Stiles St				☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Linden, NJ				Square Feet 1,100	# of Floors 2	Bldg. Age 90			
County (6) Union		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residential					
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.		Name of Abatement Contractor (9) D&S Restoration, Inc				
Street Address				Street Address 20 California Ave					
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503					
Project Manager for Monitoring Firm			Telephone No.		Telephone No. 973-345-8020		License No. 01169		
Start Date (10) 09/15/26		Scheduled Completion Date (11) 09/28/26		Name of OSHA Monitor D&S Restoration, Inc					
Occupancy Status During Abatement (Check Only One)				Street Address 20 California Ave					
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: Regular Hours				City, State, Zip Code Paterson, NJ 07503					
Scope of Work (Check All That Apply)									
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition		☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☒ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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	60 LF	X			
Name of Registered Waste Hauler D&S Restoration, Inc			NJDEP Waste Hauler ID No. 13506		Cubic Yards of Waste 1CYD		Name of Registered Landfill Tullytown Resource Recovery		
City, State 20 California Ave Paterson, NJ 07503					Disposal Date TBD		City, State Tullytown, PA		
Completed by Bogdan Joldzic			Title President		Signature <i>Bogdan Joldzic</i>			Date 09/14/2026	