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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): Mattia Building Contracting RECEIVED
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☒ Cancellation
	Street Address: 515 Fischer Blvd.
	City, State, Zip Code: Toms River, NJ 08753
	Name of Contact: ASBESTOS CONTROL & LICENSING
	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residednce			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 113 Jaynes Avenue			
City (5): Island Heights		Square Feet: 2000	# of Floors: 2 / Bldg. Age: 70
County (6): Ocean	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Residence	

Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): Guardian Contracting, Inc.	
Street Address		Street Address: 1889 Route 9, Unit 61	
City, State, Zip Code		City, State, Zip Code: Toms River, New Jersey 08755	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 732-349-9932	License No.: 00624
Start Date (10): 08 / 17 / 26	Scheduled Completion Date (11): 08 / 21 / 26	Name of OSHA Monitor: E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address: 1056 Stelton	
		City, State, Zip Code: Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
exterior	☐	☒	☐	asbestos siding	3000 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: 08/21/26	City, State: Morrisville, Pennsylvania

Completed By (Print or Type): Nicholas Fernicola	Title: Project Manager	Signature	Date: 8/21/26

ASB-41
JAN 13

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

Print Form

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

RECEIVED
OCT 19 2026
LICENSING

Date of Notification (1): 10/15/26	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☒ Cancellation
Street Address: 315 Wood St.	
City, State, Zip Code: Burlington, Nj 08016	
Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 315 Wood St.			
City (5): Burlington		Square Feet: 2400	# of Floors: 3 / Bldg. Age: 50+
County (6): Burlington	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Vacant	
Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): Audubon Environmental Inc.	
Street Address:		Street Address: 449 Oak Shade Rd.	
City, State, Zip Code:		City, State, Zip Code: Shamong, Nj 08088	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: (609)859-3652	License No.: 02094
Start Date (10): !0/14/26	Scheduled Completion Date (11): 10/17/26	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

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

Name of Registered Waste Hauler: R & B Debris	NJDEP Waste Hauler ID No.: 29439	Cubic Yards of Waste: 2	Name of Registered Landfill: Fairless Hills
City, State: Hainesport, Nj		Disposal Date: TBD	City, State: Morrisvile, Pa
Completed by: Nick Smarrito	Title: Project Manager	Signature:	Date: 10/15/26

ASB-41 (R-06-08)

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Print Form

1912

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

PAID Chk# 1970 RECEIVED OCT 21 2025 ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
10/14/2026	-

Agencies Notified	Type Notification	Street Address
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	209 Midwood Pl.
		City, State, Zip Code: Westfield, NJ 07090
		Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Residential Property	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 209 Midwood Pl.	

City (5)	Square Feet	# of Floors	Bldg. Age
Westfield, NJ 07090	2,061	2	1925

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

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
		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)	Scheduled Completion Date (11)	Name of OSHA Monitor
10/15/2026	10/16/2026	Iris Environmental Laboratories, Inc.

Occupancy Status During Abatement (Check Only One)	Street Address / City, State, Zip Code
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____	2333 Route 22 West Union, NJ 07083

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

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

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Danvic Contracting LLC	37574	TBD	Fairless Landfill
City, State: Elizabeth, NJ		Disposal Date: TBD	City, State: Morrisville, PA

Completed by	Title	Signature	Date
Jeymy Donneys	Owner	Jeymy Donneys	10/14/2026

ASB-41 (R-06-08)

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

PAID

RECEIVED
OCT 21 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/14/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation
Street Address: 168 East High St Somerville, NJ 08876	
City, State, Zip Code:	
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: 168 East High St			
City (5): Somerville		Square Feet: unknown	# of Floors: 2 / Bldg. Age: unknown
County (6): Somerset	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Child Center	
Name of Monitoring Firm Hired by Building Owner (8): TBD	ASCM No.	Name of Abatement Contractor (9): Gold Coast Management LLC	
Street Address:		Street Address: 30 Sherman Ave	
City, State, Zip Code:		City, State, Zip Code: Jersey City, NJ 07307	
Project Manager for Monitoring Firm: TBD	Telephone No.	Telephone No.: 908-270-8556	License No.: 02109
Start Date (10): 10/16/26	Scheduled Completion Date (11): 10/17/2026	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: _____		Street Address: 74 Franklin Ave	
		City, State, Zip Code: East Orange, NJ 07017	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☐ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement	X		X	Pipe Insulation	2 LF	X			
Basement			X	Debris Cleanup	50 SF	X			

Name of Registered Waste Hauler: Century Waste	NJDEP Waste Hauler ID No.: NJ860	Cubic Yards of Waste: 1	Name of Registered Landfill: Conestoga Landfill
City, State: Elizabeth, NJ		Disposal Date:	City, State: Morgantown PA
Completed by: John Kim	Title: President	Signature:	Date: 10/14/2026

ASB-41 (R-06-08)

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13907

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4409648

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

B & G Project # 2026-155

Check # 13907

RECEIVED
OCT - 5 2025
ASBESTOS CONTROL & LICENSING

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

Agencies Notified	Type Notification	Street Address
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	6 Fernwood Place
		City, State, Zip Code: Montclair, NJ 07042
		Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Street Address: 6 Fernwood Place	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
City (5): Montclair, NJ 07042	Square Feet: / # of Floors: / Bldg. Age:
County (6): Essex	County Code (7) (STATE USE ONLY): / Current Use (Prior if being demolished): residential

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

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
10/12/2026	10/13/2026	B & G Restoration, Inc.

Occupancy Status During Abatement (Check Only One)	Street Address
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: occupied	1234 Route 23
	City, State, Zip Code: Butler, NJ 07405

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
basement			X	ceiling plaster	70 SF	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
B & G Restoration Inc.	19563	1	Grand Central Landfill
City, State: Butler, NJ		Disposal Date: 10/13/2026	City, State: Pen Argyl, PA

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

ASB-41 (R-06-08)

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2084

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CHECK # 2084

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

RECEIVED
OCT - 8 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/02/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☑ DOL ☑ DOH ☐ DCA	Type Notification: ☑ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: 1136 MANSION AVE.	
City, State, Zip Code: HADDON TOWNSHIP NJ 08108	
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: 1136 MANSION AVE.			
City (5): HADDON TOWNSHIP		Square Feet: 1561	# of Floors: 2 / Bldg. Age: 69
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): 10/14/2026	Scheduled Completion Date (11): 11/04/2026	Name of OSHA Monitor: EMSL	
Occupancy Status During Abatement (Check Only One): ☑ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: 200 RT. 130 NORTH / City, State, Zip Code: CINNAMINSON NJ 08077	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf

☑ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
BASEMENT			X	DUCT PAPER	2 SF	x			
LOWER LEVEL			X	FLOOR TILE	160 SF	x			
BATH ROOM/LAUNDRY			X	FLOOR TILE	148 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: 11/04/2026	City, State: WAYNESBURH OH

Completed by: RON SWANSON	Title: GENERAL MANAGER	Signature: Ronald Swanson	Date: 10/02/2026

ASB-41 (R-06-08)

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RECEIVED

OCT – 5 2026

ASBESTOS CONTROL & LICENSING

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1): 09 / 30 / 26		Name of Building Owner/Operator (2): CHECK#4927	
Agencies Notified: ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 1020 Hillside Avenue	
		City, State, Zip Code: Plainfield, NJ 07060	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 1020 Hillside Avenue			
City (5): Plainfield		Square Feet: 4,000	# of Floors: 2 / Bldg. Age: 50+
County (6): UNION	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): 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): 10 / 09 / 26	Scheduled Completion Date (11): 10 / 12 / 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/_____PM-_____AM		Street Address	
		City, State, Zip Code	

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement	☐	☒	☐	Pipe Insulation	220 lF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: EA Services Corporation	NJDEP Waste Hauler ID No.: 103879	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: Marisabel	Date: 9/30/26

ASB-41
JAN 13

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

1969

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Chk # 1968

Print Form

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

PAID

RECEIVED
OCT 13 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/6/2026	Name of Building Owner/Operator (2):	
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 153 Rock Hill Rd. City, State, Zip Code: Clifton, NJ 07013 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: 153 Rock Hill Rd.		
City (5): Clifton, NJ 07013	Square Feet: 1,150 / # of Floors: 2 / Bldg. Age: 1950	
County (6): Passaic	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): 10/17/2026	Scheduled Completion Date (11): 10/20/2026	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: _____		Street Address: 2333 Route 22 West City, State, Zip Code: Union, NJ 07083

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf

☐ Renovation ☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior Siding			X	Transite Siding	1,500 SF	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: 10/6/2026

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

ASB-41 (R-06-08)

10863

4409677

Print Form

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

RECEIVED
OCT - 5 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
09/29//26 MS# 26-155	

Agencies Notified	Type Notification	Street Address	
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	150 Berkley Ave	
		City, State, Zip Code Bloomfield, NJ 07003	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)		
Residential	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 150 Berkley Ave			
City (5) Bloomfield, NJ	Square Feet 1,000	# of Floors 2	Bldg. Age 80
County (6) Essex	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished) Residential	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)	
N/A		D&S Restoration, Inc	
Street Address		Street Address 20 California Ave	
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-345-8020	License No. 01169
Start Date (10) 10/09/26	Scheduled Completion Date (11) 10/12/26	Name of OSHA Monitor D&S Restoration, Inc	
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: Regular Hours		Street Address 20 California Ave	
		City, State, Zip Code Paterson, NJ 07503	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	72 LF	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
D&S Restoration, Inc	13506	2 CYD	Tyllytown Recource Recovery
City, State 20 California Ave Paterson, NJ 07503		Disposal Date TBD	City, State Tullytown, PA

Completed by	Title	Signature	Date
Bogdan Joldzic	President	Bogdan Joldzic	09/29/2026

ASB-41 (R-06-08)

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

13914

4409674

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

B & G Project # 2026-159

Check # 13914

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OCT 13 2026
ASBESTOS LICENSING

Date of Notification (1): 10/09/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: 121 Ridge Avenue	
City, State, Zip Code: Little Falls, NJ 07424	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 121 Ridge Avenue	
City (5): Little Falls, NJ 07424	Square Feet / # of Floors / Bldg. Age
County (6): Passaic	County Code (7) (STATE USE ONLY) _____
Current Use (Prior if being demolished): residential	
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): B & G Restoration, Inc.
Street Address	Street Address: 1234 Route 23
City, State, Zip Code	City, State, Zip Code: Butler, NJ 07405
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 973-696-6869 / License No.: 00378
Start Date (10): 10/19/2026 / Scheduled Completion Date (11): 10/22/2026	Name of OSHA Monitor: B & G Restoration, Inc.
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: occupied	Street Address: 1234 Route 23 / City, State, Zip Code: Butler, NJ 07405

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
basement			X	VAT & mastic	555 SF	X			
basement steps			X	VAT & mastic	12 steps	X			

Name of Registered Waste Hauler: B & G Restoration Inc.	NJDEP Waste Hauler ID No.: 19563	Cubic Yards of Waste: 6	Name of Registered Landfill: Grand Central Landfill
City, State: Butler, NJ		Disposal Date: 10/22/2026	City, State: Pen Argyl, PA

Completed by: Gordana Luna	Title: Secretary / Treasurer	Signature: Gordana Luna	Date: 10/09/2026

ASB-41 (R-06-08)

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

50677

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50677
OCT - 5 2026
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 10 / 01 / 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: **415 S. 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: **118 N. 7th Street**			
City (5): **Surf City**	Square Feet: **1200**	# of Floors: **1**	Bldg. Age: **80**
County (6): **Ocean**	County Code (7)(*STATE USE ONLY*)		Current Use (Prior if being demolished): **Residence**

Name of Monitoring Firm Hired by Building Owner (8): **N/A**	ASCM No.	Name of Abatement Contractor (9): **Guardian Contracting, Inc.**	
Street Address		Street Address: **1889 Route 9, Unit 61**	
City, State, Zip Code		City, State, Zip Code: **Toms River, New Jersey 08755**	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: **732-349-9932**	License No.: **00624**
Start Date (10): 10 / 12 / 26	Scheduled Completion Date (11): 10 / 14 / 26	Name of OSHA Monitor: **E.M.S.L. Analytical**	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address: **1056 Stelton** City, State, Zip Code: **Piscataway, New Jersey 08854**	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
exterior	☐	☒	☐	**asbestos siding**	**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: **10/14/26**	City, State: **Morrisville, Pennsylvania**

Completed By (Print or Type): **Nicholas Fernicola**	Title: **Project Manager**	Signature	Date: 10/1/26

ASB-41
JAN 13

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

Print Form

5175

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OCT 20

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 10-15-26	Name of Building Owner/Operator (2): Macy's Inc.
Agencies Notified: ☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 145 Progress Place City, State, Zip Code: Springdale, OH 45246 Name of Contact: Katie Sauter — Telephone Number: 513-579-7023

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Macy's Monmouth Mall	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 180 NJ-35 Ste 2000	
City (5): Eatontown	Square Feet: 990,000 — # of Floors: 2 — Bldg. Age: 1960
County (6): Monmouth — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Commercial
Name of Monitoring Firm Hired by Building Owner (8): Pennoni Associates, Inc. — ASCM No.	Name of Abatement Contractor (9): A.C.M. Consulting Corp.
Street Address: 24 Commerce Street	Street Address: 2150 Stanley Terrace
City, State, Zip Code: Newark, NJ 07102	City, State, Zip Code: Union, NJ 07083
Project Manager for Monitoring Firm: Ralph Coppola — Telephone No.: 973-265-9763	Telephone No.: 908-687-1008 — License No.: 00575
Start Date (10): 11.30.26 — Scheduled Completion Date (11): 12.31.26	Name of OSHA Monitor: EMSL Analytical, Inc.
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: M-F 9:30 PM - 6:30AM	Street Address: 307 W. 38th Street City, State, Zip Code: New York, NY 10018

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
3rd Fl Conference Room		X		VAT & Mastic	3020 SF	X			
3rd Floor Executive Breakroom		X		VAT & Mastic	1700 SF	X			

Name of Registered Waste Hauler: Tri-State Transfer Associates	NJDEP Waste Hauler ID No.: 2A456	Cubic Yards of Waste: TBD	Name of Registered Landfill: Minerva Enterprise, Inc.
City, State: Bronx, NY		Disposal Date: TBD	City, State: Waynesburg, OH

Completed by: Erik Carlson	Title: Vice President	Signature: Erik T. C	Date: 10.15.26

ASB-41 (R-06-08)

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

10403

State of New Jersey - Notification of Asbestos Abatement

PAID

Check # 104

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

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OCT 19 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1): **October 13, 2026**	Name of Building Owner/Operator (2): **Rutgers, The State University of New Jersey**
Agencies Notified: ☐ EPA ☐ DCA ☒ DOL ☒ DEP (No Longer Required) ☒ DOH	Notification Type: ☒ Initial Notification ☐ Amended Notification # ☐ Emergency (including justification) ☐ Cancelled	Street Address: **REHS 74 St 1603**
		City, State, Zip Code: **Piscataway NJ 08854**
		Name of Contact: Michael F. Smith — Telephone Number: 848.445.2550

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **George F. Smith Library, Bldg.# 7254**			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: **RBHS Newark Campus**			Sq. Feet: **Unknown** # of Floors: **3** Bldg. Age: **60 + years**
City (5): **Newark**	County (6): **Essex**	County Code (7) (State Use Only):	Current Use (prior if being demolished):
Name of Monitoring Firm Hired by Bldg. Owner (8): **Atlas Tech Services**		ASCM No.: **0098**	Name of Contractor (9): **GREENWOOD ABATEMENT CONSULTANTS, INC.**
Street Address: **3 Terri Lane**			Street Address: **511 MAIN STREET**
City, State, Zip Code: **Burlington NJ 08016**			City State, ZipCode: **Butler, NJ 07405**
Project Manager for Monitoring Firm: **John Lutz**	Telephone Number: **609-386-8800**		Telephone Number: **973-492-0477** License Number: **00840**
Scheduled Start Date (10): **10/23/2026**	Scheduled Completion Date (11): **10/26/2026**		Name of OSHA Monitor: **EMSL inc.**
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours – **3pm-5am (24 Hours & weekends as needed)** ☐ Describe Other – Describe:			Street Address: **1056 Stelton Road**
			City, State, Zip Code: **Piscataway, NJ 08854**

Source of Work (Check all that apply)

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

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by 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)	Abatement Type: Remove	Repair	Encap	Enclose
A108 MER	☒			**TSI – Pipe Fittings**	**<9 lf**	☒			

Name of Reg. Waste Hauler	NJDEP Waste Hauler ID #	Cubic Yards of Waste:	Name of Registered Landfill
See Hauler Below # 1 & 2	See Below	**5 CYD**	**Fairless Landfill/ Grand Central Landfill**

Hauler #1) Greenwood Abatement Consultants, Inc. Butler, NJ 07405 NJ DEP # 12561

Hauler #2) **Century Waste Services, LLC, 623 Dowd Avenue, Elizabeth NJ 07201 NJDEP# NJ-860**

Disposal Date: **10/26/26**

City, State: **FL**-1000 New Ford Rd, Morrisville,PA 19067 Permit#18072 **GCL**-1963 Pen Argyle Rd, Pen Argyle, PA 18072 Permit # 100265

Completed by (Print or Type)	Title	Signature	Date
Raymond Pedalino	**Sr. Project Manager**	*Raymond C. Pedalino*	**October 13, 2026**

GAC # 2026-060

Print Form

7363

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

Date of Notification (1): 10/13/2026	Name of Building Owner/Operator (2): Michelle Hannon
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA Type Notification: [✓] Initial [ ] Amended, Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 433 N 7th st City, State, Zip Code: CAMDEN NJ 08102 Name of Contact Telephone Number: 845-828-7531

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OCT 16 2026
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): COMMERCIAL		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [✓] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 433 N 7th st			
City (5): CAMDEN		Square Feet	# of Floors / Bldg. Age
County (6): CAMDEN	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): AAA Lead Professionals	
Street Address		Street Address: 6 White Dove Court	
City, State, Zip Code		City, State, Zip Code: Lakewood, NJ, 08701	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 732-719-5649	License No.: 1200
Start Date (10): 10/28/2026	Scheduled Completion Date (11): 10/28/2026	Name of OSHA Monitor: AAA Lead Professionals	
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: _____		Street Address: 6 White Dove Court City, State, Zip Code: Lakewood, NJ, 08701	

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler: Lead Professionals Inc	NJDEP Waste Hauler ID No.: 35103	Cubic Yards of Waste: 4	Name of Registered Landfill: IESI
City, State: Lakewood, NJ		Disposal Date: 10/28/2026	City, State: BETHLEHEM, PA
Completed by: JOSEPH PERLSTEIN	Title: OWNER	Signature	Date: 10/13/2026

ASB-41 (R-06-08)

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

932

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

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OCT 23 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10 / 19 / 26	Name of Building Owner/Operator (2): Holy Trinity School CHECK#4932
Agencies Notified: ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation
	Street Address: 336 First Street
	City, State, Zip Code: Westfield, NJ 07090
	Name of Contact: Rev. George Joseph — Telephone Number: 908.233.0484

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Holy Trinity School	Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 336 First Street	
City (5): Westfield	Square Feet: 56,400 — # of Floors: 2 — Bldg. Age: 73
County (6): UNION — County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): School
Name of Monitoring Firm Hired by Building Owner (8) — 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): 10 / 20 / 26 — Scheduled Completion Date (11): 10 / 21 / 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: _____AM-3:30PM/_____PM-_____AM	Street Address / City, State, Zip Code

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement	☒	☐	☐	Pipe Insulation	5 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: Marisabel Toribio	Date: 10/19/26

ASB-41
JAN 13

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Project ON HOLD as of 9/25/26

4404660

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SEP 30 2026

ASBESTOS CONTROL & LICENSING

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1): 08 / 17 / 26	Name of Building Owner/Operator (2): City of Paterson / Job #2607-3580 Chk. #N/A
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #4 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 155 Market Street 4th Floor
	City, State, Zip Code: Paterson NJ 07505
	Name of Contact: Jose Molina / Telephone Number: 973-321-1450

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): New Public Safety Dispatch Center	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 163-167 Paterson Avenue	
City (5): Paterson	Square Feet: 31000 / # of Floors: 4 / Bldg. Age: 1940
County (6): Passaic / County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): Vacant
Name of Monitoring Firm Hired by Building Owner (8): OMEGA Environmental Services Inc / ASCM No.:	Name of Abatement Contractor (9): Asbestos and Mold Services, Corp.
Street Address: 280 Huyler Street	Street Address: 70 Stacy Haines Road Suite 4
City, State, Zip Code: South Hackensack NJ 07606	City, State, Zip Code: Lumberton NJ 08048
Project Manager for Monitoring Firm: Anton Rezin / Telephone No.: 201-489-8700	Telephone No.: 609-702-0400 / License No.: 00862
Start Date (10): 08 / 26 / 26 / Scheduled Completion Date (11): 10 / 09 / 26	Name of OSHA Monitor: EMSL Analytical, Inc.
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	Street Address: 200 U.S. Route 130 North / City, State, Zip Code: Cinnaminson, NJ 08077

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

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

Name of Registered Waste Hauler: Asbestos and Mold Services Corp. / NJDEP Waste Hauler ID No.: 0035680		Cubic Yards of Waste: 5	Name of Registered Landfill: Fairless Landfill
City, State: Lumberton NJ		Disposal Date: 10/09/2026	City, State: Morrisville, PA 19067
Completed By (Print or Type): Kaysi Gruner	Title: Office Coordinator	Signature: [signature]	Date: 9/25/26

ASB-41
MAY 11

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

SCOPE OF WORK DISPATCH CENTER, PATERSON NJ

- Remove and dispose of approximately 300 SF of floor tile and mastic on wood using non friable methods.
- Encapsulate any residual material.
- Remove and dispose of approximately 260 SF of floor tile and mastic on first floor using non-friable methods.
- Remove and dispose of approximately 16 SF of mastic on cork on ceiling of walk in refrigerator using non-friable methods.
- Remove and dispose of 12 windows in openings on second floor with asbestos glazing.

1592

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

PAID

RECEIVED
OCT - 5 2026
ASBESTOS LICENSING

Date of Notification (1): 10/02/2026	Name of Building Owner/Operator (2): JCS REALTY LLC
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 146 Irving Avenue
	City, State, Zip Code: South Orange NJ 07079
	Name of Contact: James Lee — Telephone Number: 917-733-7649

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Building H	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 630 Central Ave	
City (5): East Orange	Square Feet: 5 000SF — # of Floors: 3 — Bldg. Age: 1929
County (6): Essex — County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8): IAQ Guru Inc	ASCM No.	Name of Abatement Contractor (9): GI Solution Services LLC
Street Address: 4 Beaverbrook Rd Ste 130		Street Address: 3 E Logan Rd
City, State, Zip Code: Lincoln Park, NJ 07035		City, State, Zip Code: Randolph, NJ, 07869
Project Manager for Monitoring Firm: Mark Jovic — Telephone No.: 973-650-0392		Telephone No.: 973-223-2391 — License No.: 02015
Start Date (10): 10/15/2026 — Scheduled Completion Date (11): 10/29/2026		Name of OSHA Monitor
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address / City, State, Zip Code

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
basement through third floor		x		molded duct syster	400 LF	X			
Basement through third-floor ceiling		x		walls, ceilings, pipe insulation	400 LF	X			
Basement		x		floor tile and mastic	185 SF	X			
Second Floor		x		wall adhesive	160 SF	X			

Name of Registered Waste Hauler: ROVIC TRANSPORT	NJDEP Waste Hauler ID No.: 20785	Cubic Yards of Waste: 40c/y	Name of Registered Landfill: Blythe Recycling & Demolition Landfill
City, State: Riverdale, NJ		Disposal Date: NA	City, State: New Philadelphia, PA

Completed by: William Mawyin	Title: Project Manager	Signature: William Mawyin	Date: 10/02/2026

ASB-41 (R-06-08)

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

Print Form

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

Date of Notification (1): 10/02/2026	Name of Building Owner/Operator (2):
Agencies Notified: [ ] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 146 Irving Avenue City, State, Zip Code: South Orange NJ 07079 Name of Contact: James Lee — Telephone Number: 917-733-7649

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Building H		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 630 Central Ave			
City (5): East Orange		Square Feet: 5,000SF	# of Floors: 3 — Bldg. Age: 1929
County (6): Essex	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8): IAQ Guru Inc	ASCM No.	Name of Abatement Contractor (9): GI Solution Services LLC	
Street Address: 4 Beaverbrook Rd Ste 130		Street Address: 3 E Logan Rd	
City, State, Zip Code: Lincoln Park, NJ 07035		City, State, Zip Code: Randolph, NJ, 07869	
Project Manager for Monitoring Firm: Mark Jovic	Telephone No.: 973-650-0392	Telephone No.: 973-223-2391	License No.: 02015
Start Date (10): 10/15/2026	Scheduled Completion Date (11): 10/29/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address City, State, Zip Code	

Scope of Work (Check All That Apply)

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

[ ] Renovation
[x] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Roof		x		roofing system	3,266 SF	X			

Name of Registered Waste Hauler: ROVIC TRANSPORT	NJDEP Waste Hauler ID No.: 20785	Cubic Yards of Waste: 40c/y	Name of Registered Landfill: Blythe Recycling & Demolition Landfill
City, State: Riverdale, NJ		Disposal Date: NA	City, State: New Philadelphia, PA

Completed by: William Mawyin	Title: Project Manager	Signature: William Mawyin	Date: 10/02/2026

ASB-41 (R-06-08)

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

21032

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

260760

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OCT - 1 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
9 / 28 / 26	Amazon Fulfillment Urban Renewal Stable LLC

Agencies Notified	Type Notification	Street Address	
☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	410 Terry Ave North,	
		City, State, Zip Code Seattle, WA 98109	
		Name of Contact Nick Saraniecki	Telephone Number 704-945-8000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Former Atlantic Race Track	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address 2500 Leipzig Ave	

City (5)	Square Feet	# of Floors	Bldg. Age
Mays Landing	357,850	1- 2	69

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

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
Vertex		Alliance Environmental Systems
Street Address 2501 Seaport Drive		Street Address 550 East Union St.
City, State, Zip Code Chester, PA 19013		City, State, Zip Code West Chester, PA 19382

Project Manager for Monitoring Firm	Telephone No.	Telephone No.	License No.
Dave Turotsy	610-558-8902	610-701-9000	00508

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
10 / 12 / 26	3 / 12 / 27	Vertex

Occupancy Status During Abatement (Check only one)	Street Address
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-3:30PM/_____PM-_____AM	2501 Seaport Drive City, State, Zip Code Chester, PA 19013

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Bldgs A - P	☐	☐	☒	Door Caulk	600 LF	☒	☐	☐	☐
Bldgs A - P	☐	☐	☒	Window Glazing	(185) 4 x 6	☒	☐	☐	☐
Bldgs A - P	☐	☐	☒	Transite	18,500 SF	☒	☐	☐	☐
Bldgs A - P	☐	☐	☒	Window Caulk	(185) 4 x 6	☒	☐	☐	☐

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Mazza Recycling / Mazza Waste		220	Atlantic County
City, State Tinton Falls, NJ		Disposal Date T.B.D.	City, State Egg Harbor Township, NJ

Completed By (Print or Type)	Title	Signature	Date
Mark Griffin	PM		9-28-26

ASB-41
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* Do not use this form for asbestos licensure exempted activities.

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility	YES	NO	N/A	Decription of Asbestos-Containing Material (ACM)	Amount (Specify SF or LF)	Removal	Repair
Pony Shed 2	☐	☐	☒	Transite Debris	7000 sf	☒	☐
Pony Shed	☐	☐	☒	Window Glazing	(20) 4 x 3	☒	☐
Security Guard Offices	☐	☐	☒	Linoleum/VAT/Mastic	800 SF	☒	☐
Security Guard Offices 3	☐	☐	☒	Door Caulk	(3) 7 x 3	☒	☐
Security Guard Offices	☐	☐	☒	Window Caulk	(10) 4 x 3	☒	☐
Kitchen Bldg	☐	☐	☒	VAT/Mastic	800 SF	☒	☐
Kitchen Bldg	☐	☐	☒	Tank Insulation	200 SF	☒	☐
Kitchen Bldg 4	☐	☐	☒	Pipe Insulation	400 LF	☒	☐
Kitchen Bldg	☐	☐	☒	Door Caulk	(5) 7 x 3	☒	☐
Kitchen Bldg	☐	☐	☒	Window Glazing	(22) 4 x 3	☒	☐
Blacksmith Shop 5	☐	☐	☒	Transite Debris	4542 SF	☒	☐
Blacksmith Shop	☐	☐	☒	Window Glazing	(13) 4 x 3	☒	☐
Carpenter Shop 6	☐	☐	☒	Transite	2500 SF	☒	☐
Carpenter Shop	☐	☐	☒	Window Glazing	(14) 4 x 3	☒	☐
Merchant / Rest Rooms	☐	☐	☒	Door Caulk	(16) 7 x 3	☒	☐
	☐	☐	☒			☒	☐
	☐	☐	☒			☒	☐
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11413

Check# 11413

4315702

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

PAID

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OCT 13 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/08/2026	Name of Building Owner/Operator (2): Morris Companies, LLC
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 350 Veterans Boulevard 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		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 1291 Rahway Avenue			
City (5): Avenel, NJ 07001		Square Feet	# of Floors / Bldg. Age
County (6): Middlesex	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): Gr Tech LLC	
Street Address		Street Address: 576 Valley Road#283	
City, State, Zip Code		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): 10/19/2026	Scheduled Completion Date (11): 10/30/2026	Name of OSHA Monitor: Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		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
☒ ≥160 sf or ≥260 lf
☐ Renovation
☒ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Commercial Refrigerators-storage rooms			x	Tar mastic insulation-walls and ceilings	10 Each-3700 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	Title	Signature	Date
G.Ristanovic	Owner	Gradimir Ristanovic	10/08/2026

ASB-41 (R-06-08)

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10 CK

4275224
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1): 9 / 25 / 26	Name of Building Owner/Operator (2): PSEG / Job #2502-6397 Check #
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #8 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 Subsation	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	
City (5): Newark — Square Feet: — # of Floors: — 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		Telephone No.: 609-265-2107 — License No.: 00529
Start Date (10): 9 / 23 / 26 — Scheduled Completion Date (11): 9 / 28 / 26		Name of OSHA Monitor: IATL
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address: 9000 Commerce Pkwy. Suite B City, State, Zip Code: Mount Laurel, NJ 08054

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
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: 9/28/26	City, State: Morrisville, PA	
Completed By (Print or Type): Gwendolyn Trumbetti	Title: Operations Coordinator	Signature: [signature]	Date: 9-25-26

ASB-41
MAY 11

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4349919

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OCT 13 2026

ASBESTOS CONTROL & LICENSING

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1): 10 / 9 / 26	Name of Building Owner/Operator (2): Princeton University-Facilities Operations
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☒ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #1 ☐ 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	
City (5): Princeton	Square Feet: 172968 — # of Floors: 8 — Bldg. Age: 117
County (6): MERCER — County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8): TTI Environmental Inc — ASCM No.: 00003		Name of Abatement Contractor (9): BRISTOL ENVIRONMENTAL, LLC
Street Address: 1253 North Church Rd		Street Address: 1123 BEAVER STREET
City, State, Zip Code: Moorestown, NJ 08057		City, State, Zip Code: BRISTOL, PA 19007
Project Manager for Monitoring Firm: Michael Keehn — Telephone No.: 609-386-8800		Telephone No.: 215-788-6040 — License No.: 02121
Start Date (10): 10 / 12 / 26	Scheduled Completion Date (11): ON HOLD	Name of OSHA Monitor: BRISTOL ENVIRONMENTAL, LLC
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/_____PM-_____AM		Street Address: 1123 BEAVER STREET; City, State, Zip Code: BRISTOL, PA 19007

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
1909 Wing B level though 5th Fl	☐	☒	☐	Pipe and pipe fitting insulation	18801 LF	☒	☐	☐	☐
1909 Wing B level though 5th Fl	☐	☒	☐	Floor tile and mastic	1363 SF	☒	☐	☐	☐
1909 Wing B level though 5th 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: Brian Scafiro	Date: 10/9/26

ASB-41
MAY 11

BS25023

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

Project Off hold

44046060

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

Date of Notification (1): 08 / 17 / 26	Name of Building Owner/Operator (2): City of Paterson / Job #2607-3580 Chk. #N/A
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #2 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 155 Market Street 4th Floor
	City, State, Zip Code: Paterson NJ 07505
	Name of Contact: Jose Molina / Telephone Number: 973-321-1450

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SEP 30 2026
ASBESTOS LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): New Public Safety Dispatch Center	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 163-167 Paterson Avenue	
City (5): Paterson	Square Feet: 31000 / # of Floors: 4 / Bldg. Age: 1940
County (6): Passaic / County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Vacant

Name of Monitoring Firm Hired by Building Owner (8): OMEGA Environmental Services Inc / ASCM No.		Name of Abatement Contractor (9): Asbestos and Mold Services, Corp.
Street Address: 280 Huyler Street		Street Address: 70 Stacy Haines Road Suite 4
City, State, Zip Code: South Hackensack NJ 07606		City, State, Zip Code: Lumberton NJ 08048
Project Manager for Monitoring Firm: Anton Rezin / Telephone No.: 201-489-8700		Telephone No.: 609-702-0400 / License No.: 00862
Start Date (10): 08 / 26 / 26	Scheduled Completion Date (11): 09 / 18 / 26	Name of OSHA Monitor: EMSL Analytical, Inc.
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address: 200 U.S. Route 130 North / City, State, Zip Code: Cinnaminson, NJ 08077

Scope of Work (Check all that apply)

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

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

Name of Registered Waste Hauler: Asbestos and Mold Services Corp. / NJDEP Waste Hauler ID No.: 0035680		Cubic Yards of Waste: 5	Name of Registered Landfill: Fairless Landfill
City, State: Lumberton NJ		Disposal Date: 09/18/2026	City, State: Morrisville, PA 19067
Completed By (Print or Type): Kaysi Gruner	Title: Office Coordinator	Signature:	Date: 9/10/26

ASB-41
MAY 11

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

3934729

B & G Project # 2026-154

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

Check # On Hold

Date of Notification (1): 09/11/2026	Name of Building Owner/Operator (2): Hackensack Meridian Health
Agencies Notified: ☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☐ Initial ☒ Amended Amendment # On Hold ☐ Emergency (including justification) ☐ Cancellation	Street Address: 343 Thornall Street, 8th floor City, State, Zip Code: Edison, New Jersey 08837 Name of Contact: Karen Palatella — Telephone Number: 201-321-8673

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Mountainside Medical Center (NON Sub 8)	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1 Bay Avenue	
City (5): Montclair, NJ 07042	Square Feet: 50,000+ — # of Floors: 4 — Bldg. Age: 75+
County (6): Essex — County Code (7) (STATE USE ONLY): ____	Current Use (Prior if being demolished): Hospital
Name of Monitoring Firm Hired by Building Owner (8): — ASCM No.	Name of Abatement Contractor (9): B & G Restoration, Inc.
Street Address:	Street Address: 1234 Route 23
City, State, Zip Code:	City, State, Zip Code: Butler, NJ 07405
Project Manager for Monitoring Firm: — Telephone No.	Telephone No: 973-696-6869 — License No.: 00378
Start Date (10): ON HOLD *** — Scheduled Completion Date (11): 10/31/2026	Name of OSHA Monitor: B & G Restoration, Inc.
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: occupied	Street Address: 1234 Route 23 City, State, Zip Code: Butler, NJ 07405
Scope of Work (Check All That Apply): ☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf — ☒ Renovation ☐ Demolition	☐ Wrap and Cut ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Ground floor medical records rm,			X	VAT & mastic	7,404 SF	X			
file room, EMS room, hallway 2,									
MHS1, MHS2, MHS3, MHS7,									
MHS8, MHS9, MHS10									

Name of Registered Waste Hauler: B & G Restoration Inc.	NJDEP Waste Hauler ID No.: 19563	Cubic Yards of Waste: 75	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: Gordana Luna	Date: 10/07/2026

ASB-41 (R-06-08)

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

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

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OCT 13 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/08/2026	Name of Building Owner/Operator (2): Pabst Enterprises Equipment Company	
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 57 Murray Street, Unit 101 City, State, Zip Code: Elizabeth NJ 07202 Name of Contact: Samuel Engel	Telephone Number: 908-575-6435

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Pabst Enterprises Equipment Company Street Address: 672 Pennsylvania Ave		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
City (5): Elizabeth.		Square Feet: —	# of Floors: —	Bldg. Age: 1920
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 llc	
Street Address		Street Address: 100-128 Union St, Suite 65	
City, State, Zip Code		City, State, Zip Code: Elizabeth NJ 07202	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 908-372-8375	License No.: 02019
Start Date (10): 10/08/2026	Scheduled Completion Date (11): 10/20/2026	Name of OSHA Monitor: Ryan J Passos	
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: 100-128 Union St, Suite 65 City, State, Zip Code: Elizabeth NJ 07202	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior			x	Transite Siding	1,200 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 WM
City, State: Elizabeth NJ		Disposal Date: 10/20/2026	City, State: Morrisville PA

Completed by: Ryan J Passos	Title: President	Signature	Date: 10/07/2026

ASB-41 (R-06-08)

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

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

RECEIVED

OCT - 8 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/02/2026	Name of Building Owner/Operator (2): 605 66th Street LLC
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 605 66th Street
	City, State, Zip Code: West New York, NJ 07093
	Name of Contact: Thomas Torres — Telephone Number: 646-749-1947

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Commercial	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 605 66th Street	
City (5): West New York, NJ	Square Feet: — # of Floors: — Bldg. Age: —
County (6): Hudson — County Code (7) *(STATE USE ONLY)*: _____	Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Building Owner (8): A. Seine Lighthouse Solutions	ASCM No.	Name of Abatement Contractor (9): All Pro Management, LLC	
Street Address: PO Box 354		Street Address: 27 Outwater Lane	
City, State, Zip Code: South Orange, NJ 07079		City, State, Zip Code: Garfield, NJ 07026	
Project Manager for Monitoring Firm: Sarah Calandra	Telephone No.: 201-394-2666	Telephone No.: 973-928-4888	License No.: 1188
Start Date (10): 10/13/2026	Scheduled Completion Date (11): 10/24/2026	Name of OSHA Monitor: A. Seine Lighthouse Solutions	

Occupancy Status During Abatement (Check Only One)

[x] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[ ] Other – Describe: _____

Street Address: PO Box 354
City, State, Zip Code: South Orange, NJ 07079

Scope of Work (Check All That Apply)

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

[ ] Renovation
[x] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Small Building Roof			X	Roofing	5,200 SF	X			
Small Building Roof			X	Flashing	304 SF	X			
Large Building Roof			X	Flashing	566 SF	X			

Name of Registered Waste Hauler: Century Waste LLC	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste	Name of Registered Landfill: Fairless Landfill / Blythe Landfill
City, State: Elizabeth, NJ		Disposal Date	City, State: Morrisville, PA / New Philadelphia, PA

Completed by: Zlata Veskov	Title: Office Manager	Signature: Zlata Veskov	Date: 10/02/2026

ASB-41 (R-06-08)

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B & G Project # 2026-154

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

Check # Resume

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OCT 13 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/09/2026	Name of Building Owner/Operator (2): Hackensack Meridian Health
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☒ Amended Amendment #2 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 343 Thornall Street, 8th floor
	City, State, Zip Code: Edison, New Jersey 08837
	Name of Contact: Karen Palatella
	Telephone Number: 201-321-8673

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Mountainside Medical Center (NON Sub 8)	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1 Bay Avenue	
City (5): Montclair, NJ 07042	Square Feet: 50,000+ / # of Floors: 4 / Bldg. Age: 75+
County (6): Essex / County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished): Hospital
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): B & G Restoration, Inc.
Street Address	Street Address: 1234 Route 23
City, State, Zip Code	City, State, Zip Code: Butler, NJ 07405
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 973-696-6869 / License No.: 00378
Start Date (10): 10/12/2026 *** / Scheduled Completion Date (11): 10/31/2026	Name of OSHA Monitor: B & G Restoration, Inc.
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: occupied	Street Address: 1234 Route 23 / City, State, Zip Code: Butler, NJ 07405

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Ground floor medical records rm,			X	VAT & mastic	7,404 SF	X			
file room, EMS room, hallway 2,									
MHS1, MHS2, MHS3, MHS7,									
MHS8, MHS9, MHS10									

Name of Registered Waste Hauler: B & G Restoration Inc.	NJDEP Waste Hauler ID No.: 19563	Cubic Yards of Waste: 75	Name of Registered Landfill: Grand Central Landfill
City, State: Butler, NJ		Disposal Date: 10/12/26 - 10/31/26	City, State: Pen Argyl, PA

Completed by: Gordana Luna	Title: Secretary / Treasurer	Signature: Gordana Luna	Date: 10/09/2026

ASB-41 (R-06-08)

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COURTESY

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

RECEIVED
OCT 13 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10 / 7 / 26	Name of Building Owner/Operator (2): 1500 Parkway Avenue I Urban Renewal, LLC
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 515 Marin Blvd.
	City, State, Zip Code: Jersey City, NJ 07032
	Name of Contact: Thomas N. Gough — Telephone Number: 908-360-8617

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): 1500 Parkway Ave - Open Field - Not a Facility/Structure	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 1500 Parkway Ave	
City (5): Ewing, NJ 08628	Square Feet: N/A — # of Floors: N/A — Bldg. Age: N/A
County (6): Mercer — County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): Open Field

Name of Monitoring Firm Hired by Building Owner (8): Vertex	ASCM No.	Name of Abatement Contractor (9): Alliance Environmental Systems
Street Address: 2501 Seaport Dr		Street Address: 550 East Union St.
City, State, Zip Code: Chester, PA 19013		City, State, Zip Code: West Chester, PA 19382
Project Manager for Monitoring Firm: Dave Turotsy — Telephone No.: 610-558-8902		Telephone No.: 610-701-9000 — License No.: 00508
Start Date (10): 10 / 21 / 26 — Scheduled Completion Date (11): 10 / 28 / 26		Name of OSHA Monitor: Vertex
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-3:30PM/_____PM-_____AM		Street Address: 2501 Seaport Drive; City, State, Zip Code: Chester, PA 19013

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Open Field - 1500 Parkway Ave	☐	☐	☒	Concrete Encased Transite Conduit	120 CY	☒	☐	☐	☐
	☐	☐	☒			☒	☐	☐	☐
	☐	☐	☒			☒	☐	☐	☐
	☐	☐	☒			☒	☐	☐	☐

Name of Registered Waste Hauler: Mazza Recycling	NJDEP Waste Hauler ID No.	Cubic Yards of Waste: 120	Name of Registered Landfill: Waste Management
City, State: Tinton Falls, NJ		Disposal Date: TBD	City, State: Fairless Hills, PA

Completed By (Print or Type): Mark Griffin	Title: PM	Signature: [signature]	Date: 10/7/26

ASB-41
MAY 11

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NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

RECEIVED
OCT 13 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10 / 8 / 26	Name of Building Owner/Operator (2): **Princeton University-Facilities Operations**
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☒ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #6 ☐ 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**			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**			
City (5): **Princeton**		Square Feet:	# of Floors: — Bldg. Age: **63**
County (6): **MERCER**	County Code (7)*(STATE USE ONLY)*:		Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Building Owner (8): **TTI Environmental Inc**	ASCM No.: **00003**	Name of Abatement Contractor (9): **BRISTOL ENVIRONMENTAL, LLC**	
Street Address: **1253 North Church Rd**		Street Address: **1123 BEAVER STREET**	
City, State, Zip Code: **Moorestown, NJ 08057**		City, State, Zip Code: **BRISTOL, PA 19007**	
Project Manager for Monitoring Firm: **Michael Keehn**	Telephone No.: **609-386-8800**	Telephone No.: **215-788-6040**	License No.: **02121**
Start Date (10): 4 / 6 / 26	Scheduled Completion Date (11): 10 / 8 / 26	Name of OSHA Monitor: **BRISTOL ENVIRONMENTAL, INC.**	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: **7:00**AM-**3:30**PM/_____PM-_____AM		Street Address: **1123 BEAVER STREET** City, State, Zip Code: **BRISTOL, PA 19007**	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf

☐ Renovation ☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
1963 Wing B level and mezzanine	☐	☒	☐	**Joint Compound**	**1258 SF**	☒	☐	☐	☐
1963 Wing B level thru mezzanine	☐	☒	☐	**Transite exhaust duct**	**190 LF**	☒	☐	☐	☐
1979 Wing B Level	☐	☒	☐	**Vermiculite within CMU**	**5000 SF**	☒	☐	☐	☐
1959 Exterior	☐	☒	☐	**Wall Flashing**	**130 LF**	☒	☐	☐	☐

Name of Registered Waste Hauler: **Freehold Cartage, Inc**	NJDEP Waste Hauler ID No.: **15939**	Cubic Yards of Waste	Name of Registered Landfill: **Fairless Landfill**
City, State: **Freehold, NJ**		Disposal Date	City, State: **MORRISVILLE, PA 19067**

Completed By (Print or Type): **Brian Scafiro**	Title: **Estimator**	Signature: Brian Scafiro	Date: 10/8/26

ASB-41
MAY 11 BS25023

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

RECEIVED OCT - 5 2026 ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9 / 22 / 26	Name of Building Owner/Operator (2): PSEG / Job #2502-6397 — Check # 18178

Agencies Notified	Type Notification	Street Address	
☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	☐ Initial ☒ Amended Amendment #7 ☐ Emergency (including justification) ☐ Cancellation	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 Subsation			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			
City (5): Newark	Square Feet:	# of Floors:	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	Telephone No.: 609-265-2107	License No.: 00529
Start Date (10): 9 / 23 / 26	Scheduled Completion Date (11): 9 / 28 / 26	Name of OSHA Monitor: IATL	
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address: 9000 Commerce Pkwy. Suite B City, State, Zip Code: Mount Laurel, NJ 08054	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
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: 9/28/26	City, State: Morrisville, PA

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

ASB-41
MAY 11

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

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✓#2134

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OCT 19 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
10 / 14 / 26	

Agencies Notified	Type Notification	Street Address	City, State, Zip Code	Name of Contact	Telephone Number
☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	☒ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	74 Clinton Avenue	Montclair, NJ 07042		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
House	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 74 Clinton Avene	

City (5)	Square Feet	# of Floors	Bldg. Age
Montclair, NJ 07042	5,000	2	50+

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

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
		A. Mac Contracting Inc.

Street Address	Street Address
	176 Saddle River Avenue
City, State, Zip Code	City, State, Zip Code
	South Hackensack, NJ 07606

Project Manager for Monitoring Firm	Telephone No.	Telephone No.	License No.
		201-262-5841	00156

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
10 / 15 / 26	10 / 16 / 26	Asbestos Analytical Labs

Occupancy Status During Abatement (Check only one)	Street Address
☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00 AM-_PM/4:30 PM-_____AM	51 Gage Road City, State, Zip Code: East Brunswick, NJ 08816

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

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

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Century Waste Services, LLC	32797	2 Yards	Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 10-31-2026	City, State: Pen Argyl, PA 08072

Completed By (Print or Type)	Title	Signature	Date
Ralph Barnhardt	Sr. Project Manager		10-14-2026

ASB-41
JAN 13

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Print Form

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

RECEIVED
OCT 19 2026
ASBESTOS CONTROL & LICENSING

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

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

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

Name of Building Owner (2):

Street Address: 7475 ROGERS AVE

City, State, Zip Code: PENNSAUKEN NJ 08109

Telephone Number:

FACILITY INFORMATION

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

Street Address: 7475 ROGERS AVE

City (5): PENNSAUKEN

County (6): CAMDEN

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

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

Square Feet: 1400 # of Floors: 2 Bldg. Age: N/A

Current Use (Prior if being demolished): RESIDENTIAL

Name of Monitoring Firm Hired by Building Owner (8): ATLAS ENV. INSPECTIONS

ASCM No.:

Street Address: PO BOX 11645

City, State, Zip Code: PHILA PA 19116

Project Manager for Monitoring Firm: JASON DUA

Telephone No.: 267-784-4693

Name of Abatement Contractor (9): FRYMAR CONSTRUCTION

Street Address: 103 PRESERVE LN.

City, State, Zip Code: N. WALES PA 19454

Telephone No.: 267-784-4694

License No.:

Start Date (10): 10-14-26

Scheduled Completion Date (11): 10-15-26

Name of OSHA Monitor: JASON DUA

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

Street Address: PO BOX 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 [x] Renovation [ ] Demolition [x] Full Containment with Negative Pressure [ ] Mini-Enclosure [ ] Glovebag Procedure [ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
BASEMENT			✓	FLOOR TILE	300 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 CL

City/State: N. WALES PA

Disposal Date: NA

City, State: BIRDSBORO PA

Completed by: EFRAIM DUA

Title: VP

Signature:

Date: 10-10-26

ASB-41 (R-06-08)

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

Print Form

4659

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

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OCT 20 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
10-9-2026	

Agencies Notified	Type Notification	Street Address	
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	124 Johnson Street	
		City, State, Zip Code Newark, NJ 07105	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Residential	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address 27 West 51st Street	

City (5)	Square Feet	# of Floors	Bldg. Age
Bayonne, NJ 07002	1300	2	86+

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

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
		Green Environmental Services, LLC
Street Address		Street Address 235 Virginia Avenue
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-333-8855 / License No. 01174

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
10-10-2026	10-10-2026	Green Environmental Services, LLC

Occupancy Status During Abatement (Check Only One)	Street Address
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____	235 Virginia Avenue
	City, State, Zip Code Jersey City, NJ 07304

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement		X		VAT	460 SF	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Green Environmental Services	0034889	1	Fairless Landfill
City, State Jersey City, NJ		Disposal Date 10-10-2026	City, State Morrisville PA

Completed by	Title	Signature	Date
Liliana Serrano	Office Assistant		10-9-2026

ASB-41 (R-06-08)

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

no 5538915059

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

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BUREAU OF CONTROL & LICENSING

Date of Notification (1): 10 / 15 / 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: 338 North 4th Ave City, State, Zip Code: Hawthorne NJ 07506 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: 338 North 4th Ave			
City (5): Hawthorne NJ		Square Feet: 2000	# of Floors: 1 / 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): 10 / 16 / 26	Scheduled Completion Date (11): 10 / 17 / 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) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
basement pipe insulation	☐	☒	☐	thermal system insulatin	9LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

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: 10/30/26	City, State: Waynesburg Ohio

Completed By (Print or Type): Gustavo Ordon	Title: owner	Signature	Date: 10/15/26

ASB-41
JAN 13

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

0358

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

RECEIVED

OCT 20 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09 / 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: **187 Dorcherter Dr**	
City, State, Zip Code: **East Winsor NJ 08520**	
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: **187 Dorchester Dr**			
City (5): **East Winsor NJ**		Square Feet: **2000**	# of Floors: **2** / Bldg. Age: **40**
County (6): **Mercer**	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: **Fairviwew NJ 07022**	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: **973 641 5400**	License No.: **02044**
Start Date (10): 09 / 22 / 26	Scheduled Completion Date (11): 09 / 23 / 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) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
basement floor tile bastis	☐	☒	☐	**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: **09/25/26**	City, State: **Waynesburg Ohio**

Completed By (Print or Type): **Gustavo Ordon**	Title: **owner**	Signature	Date: 09/21/26

ASB-41
JAN 13

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

0356

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

PAID RECEIVED
OCT 20 2025
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09 / 17 / 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: **15 S 19th Street**
		City, State, Zip Code: **Kenilworth , NJ 07033**
		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: **15 S 19th Street**		
City (5): **Kenilwort**	Square Feet: **2000** / # of Floors: **2** / Bldg. Age: **40**	
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): **cvk contracting LLC**
Street Address		Street Address: **269 Walker ST apt 6**
City, State, Zip Code		City, State, Zip Code: **Fairviwew NJ 07022**
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: **973 641 5400** / License No.: **02044**
Start Date (10): 09 / 18 / 26	Scheduled Completion Date (11): 09 / 19 / 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) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
attic plywood mastic whith the floor	☐	☒	☐	**VAT/ACM**	**150 SF**	☒	☐	☐	☐
tiles	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

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: **09/25/26**	City, State: **Waynesburg Ohio**

Completed By (Print or Type): **Gustavo Ordon**	Title: **owner**	Signature	Date: **09/17/26**

ASB-41
JAN 13

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0369

43B158

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

RECEIVED

OCT 20 2026

BUREAU OF CONTROL & LICENSING

Date of Notification (1): 10 / 02 / 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: 238 Elmwynd Drive
		City, State, Zip Code: City of Orange, NJ 07050
		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: 238 Elmwynd Drive		Square Feet / # of Floors / Bldg. Age
City (5): City of Orange		Current Use (Prior if being demolished)
County (6): Essex	County Code (7)(STATE USE ONLY)	
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): 10 / 02 / 26	Scheduled Completion Date (11): 10 / 09 / 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) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Plaster Debris Kicthen 1st Floor	☐	☒	☐	ACM	450 SF	☒	☐	☐	☐
Plaster Debris Kitchen 2nd Floor	☐	☒	☐	ACM	380 SF	☒	☐	☐	☐
Bathroom	☐	☒	☐	ACM	180 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Tristate Transfer INC	NJDEP Waste Hauler ID No.: 19954	Cubic Yards of Waste: TBD	Name of Registered Landfill: Minerva Enterprises
City, State: Bronx, NY		Disposal Date: 10/14/26	City, State: Waynesburg, Ohio

Completed By (Print or Type)	Title	Signature	Date
Gustavo Ordon	owner		10/2/26

ASB-41
JAN 13

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

3601

4410209

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

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OCT 20 2026
CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
09 / 23 / 26	

Agencies Notified	Type Notification	Street Address / City, State, Zip Code / Name of Contact / Telephone Number
☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	Street Address: **39 Fleetwood Rd** City, State, Zip Code: **Woodbridge NJ 07095** Name of Contact: Telephone Number:

FACILITY INFORMATION

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

City (5)	Square Feet	# of Floors	Bldg. Age
Woodbridge NJ	**2000**	**2**	**40**

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

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: **Fairviwew NJ 07022**
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: **973 641 5400** / License No.: **02044**

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
09 / 24 / 26	09 / 25 / 26	**Emsl Anatical INC**

Occupancy Status During Abatement (Check only one)	Street Address / City, State, Zip Code
☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - 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) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
ground floor family room floor tile	☐	☒	☐	**VAT**	**220 SF**	☒	☐	☐	☐
ACM, mastic non ACM	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Tristate Transfer INC	**19954**	**TBT**	**Minerva Enterprises**
City, State: **Bronx, NY**		Disposal Date: **09/28/26**	City, State: **Waynesburg Ohio**

Completed By (Print or Type)	Title	Signature	Date
Gustavo Ordon	**owner**		09/23/26

ASB-41
JAN 13

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

2364

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

PAID

RECEIVED

OCT 20 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
09 / 24 / 26	

Agencies Notified	Type Notification	Street Address	Telephone Number
☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	8 Willis Ct. City, State, Zip Code: East Brunsiwck, NJ 08816 Name of Contact:	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
House	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 7 Willis Ct.	

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

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

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): 09 / 25 / 26	Scheduled Completion Date (11): 09 / 26 / 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) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Air Duct Vents First Floor	☐	☒	☐	ACM	20 SF	☐	☐	☒	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Rovic trasport	19954	TBD	Blythe Towns LF Brans Burma Rd
City, State: Riverdale		Disposal Date: 09/30/26	City, State: New Philadelphia PA 17959

Completed By (Print or Type)	Title	Signature	Date
Gustavo Ordon	owner		09/24/26

ASB-41
JAN 13

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

0370

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

PAID

RECEIVED
OCT 20 2026
& LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
10 / 02 / 26	

Agencies Notified	Type Notification	Street Address	
☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	129 Jackson Street	
		City, State, Zip Code Passaic, NJ 07055	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
House	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 129 Jackson Street	

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

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

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)	Scheduled Completion Date (11)	Name of OSHA Monitor
10 / 03 / 26	10 / 05 / 26	Emsl Anatical 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 - Describe Time of Abatement: XAM-XPM/_____PM-_____AM	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) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Pipe Insulation in Boiler Room	☐	☒	☐	Thermal Systems Insulation	30 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Tristate Transfer INC	19954	TBD	Minerva Enterprises
City, State: Bronx, NY		Disposal Date: 10/14/26	City, State: Waynesburg, Ohio

Completed By (Print or Type)	Title	Signature	Date
Gustavo Ordon	owner		10/02/26

ASB-41
JAN 13

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

0363

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

PAID

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OCT 20
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09 / 30 / 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: **127 Berkley Ave**
		City, State, Zip Code: **Colonia, NJ 07067**
		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: **127 Berkley Ave**			
City (5): **Colonia**		Square Feet:	# of Floors: / Bldg. Age:
County (6): **Middlesex**	County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8):	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): 10 / 01 / 26	Scheduled Completion Date (11): 10 / 01 / 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) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement Floor Tile	☐	☒	☐	**VAT**	**310 SF**	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: **Tristate Transfer INC**	NJDEP Waste Hauler ID No.: **19954**	Cubic Yards of Waste: **TBD**	Name of Registered Landfill: **Minerva Enterprises**
City, State: **Bronx, NY**		Disposal Date: **10/07/26**	City, State: **Waynesburg, Ohio**

Completed By (Print or Type): **Gustavo Ordon**	Title: **owner**	Signature:	Date: 09/30/26

ASB-41
JAN 13

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

NO 55A0115882

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

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RECEIVED
OCT 20 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
09 / 25 / 26	

Agencies Notified	Type Notification	Street Address	Telephone Number
☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	☐ Initial ☐ Amended Amendment #____ ☒ Emergency (including justification) ☐ Cancellation	43 Brighton Ave City, State, Zip Code: East Orange NJ 07017 Name of Contact:	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
\house	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 43 Brighton Ave	

City (5)	Square Feet	# of Floors	Bldg. Age
East Orange NJ	2000	2	40

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

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
		cvk contracting LLC
Street Address		Street Address: 269 Walker ST apt 6
City, State, Zip Code		City, State, Zip Code: Fairviwew NJ 07022
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 973 641 5400 / License No.: 02044
Start Date (10): 09 / 26 / 26	Scheduled Completion Date (11): 09 / 27 / 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) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basememt pipe insulatio	☐	☒	☐	thermal systeam Insulatio	60 LF	☐	☐	☒	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Tristate Transfer INC	19954	TBT	Minerva Enterprises
City, State: Bronx, NY		Disposal Date: 09/28/26	City, State: Waynesburg Ohio

Completed By (Print or Type)	Title	Signature	Date
Gustavo Ordon	owner		09/25/26

ASB-41
JAN 13

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

0354

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

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OCT 20

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09 / 08 / 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: 477 Lincoln Ave
	City, State, Zip Code: Highland Park, NJ 08904
	Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): 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: 477 Lincoln Ave	
City (5): Highland Park	Square Feet / # of Floors / Bldg. Age
County (6): Middlesex / County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8) / 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): 09 / 08 / 26	Scheduled Completion Date (11): 09 / 09 / 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) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Paper Barrier/Glue in Office Room	☐	☒	☐	ACM	220 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: 09/08/26

ASB-41
JAN 13

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

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 8-19-26 10-9-26

Name of Building Owner/Operator (2):

Street Address: 303 E Jefferson Ave

City, State, Zip Code: Wildwood NJ 08260

Name of Contact:

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

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

FACILITY INFORMATION

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

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

Street Address: 303 E Jefferson Ave

Square Feet: 1600 | # of Floors: 2 | Bldg. Age: 20

City (5): Wildwood

County Code (7) (STATE USE ONLY):

Current Use (Prior if being demolished): Resident

County (6): Cape May

Name of Abatement Contractor (9): Ani Joe Abatement Demolition LLC

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

ASCP No.:

Street Address: 1212 Burlington Ave

Street Address:

City, State, Zip Code: Wildwood NJ 08260

City, State, Zip Code:

Telephone No.: 609-346-6916 | License No.: 01870

Project Manager for Monitoring Firm:

Telephone No.:

Name of OSHA Monitor: Self.

Start Date (10): Sept 2 2026 Oct 13 26

Scheduled Completion Date (11): Sept 20 2026 Oct 18. 26

Street Address:

Occupancy Status During Abatement (Check Only One)

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

City, State, Zip Code:

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
			✓	ACM Siding	2500	✓			
outside			✓	ACM	252 sqft				
Living Rm									

Name of Registered Waste Hauler: ~~Otto's~~ Emerald

NJDEP Waste Facility ID No.:

Cubic Yards of Waste:

Name of Registered Landfill:

State: Middle Twp NJ

Disposal Date: ASAP

City, State:

Hauled by: Josh T Hall

Title: V President

Signature:

Date: Aug 19, 2026 ex 10-9-26

* Do not use this form for asbestos licensure exempted activities

10-9-26

(R-05-09)

50669

4409614

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

RECEIVED

50669

ASBESTOS CONTROL & LICENSING

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Residence**	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: **104 Bergerville Road**	
City (5): **Freehold**	Square Feet: **2000** / # of Floors: **2** / Bldg. Age: **68**
County (6): **Monmouth** / County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): **Residence**

Name of Monitoring Firm Hired by Building Owner (8): **Environmental Tactics, Inc**	ASCM No.: **0045**	Name of Abatement Contractor (9): **Guardian Contracting, Inc.**
Street Address: **64 Broad Street**		Street Address: **1889 Route 9, Unit 61**
City, State, Zip Code: **Matawan, NJ 07747**		City, State, Zip Code: **Toms River, New Jersey 08755**
Project Manager for Monitoring Firm: **Tom Geiger** / Telephone No.: **732-290-2217**		Telephone No.: **732-349-9932** / License No.: **00624**
Start Date (10): 10 / 12 / 26	Scheduled Completion Date (11): 10 / 23 / 26	Name of OSHA Monitor: **E.M.S.L. Analytical**
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address: **1056 Stelton** / City, State, Zip Code: **Piscataway, New Jersey 08854**

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
1st & 2nd floor	☐	☒	☐	asbestos joint compound	8397 sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: **Guardian Contracting, Inc.**	NJDEP Waste Hauler ID No.: **20223**	Cubic Yards of Waste: **30**	Name of Registered Landfill: **Fairless Landfill**
City, State: **Toms River, New Jersey**		Disposal Date: **10/23/26**	City, State: **Morrisville, Pennsylvania**

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

ASB-41
JAN 13

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

2133

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

1193182
✓ # 2133

RECEIVED
OCT 13 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10 / 09 / 26		Name of Building Owner/Operator (2): Manchester Village
Agencies Notified: ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 100 Manchester Court City, State, Zip Code: Wayne, NJ 07470 Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Apartment Complex			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 100 Manchester Court			
City (5): Wayne, NJ 07470		Square Feet: 5,000	# of Floors: 2 / Bldg. Age: 50+
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): A. Mac Contracting Inc.	
Street Address		Street Address: 176 Saddle River Avenue	
City, State, Zip Code		City, State, Zip Code: South Hackensack, NJ 07606	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-262-5841	License No.: 00156
Start Date (10): 10 / 19 / 26	Scheduled Completion Date (11): 10 / 22 / 26	Name of OSHA Monitor: Asbestos Analytical Labs	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00 AM-_PM/4:30 PM-_____AM		Street Address: 51 Gage Road City, State, Zip Code: East Brunswick, NJ 08816	

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Crawl Space # 10	☐	☒	☐	Pipe Insulation	200 LF	☒	☐	☐	☐
Crawl Space # 11	☐	☒	☐	Pipe Insulation	220 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Century Waste Services, LLC	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: 2 Yards	Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 10-31-2026	City, State: Pen Argyl, PA 08072

Completed By (Print or Type)	Title	Signature	Date
Ralph Barnhardt	Sr. Project Manager		10-09-2026

ASB-41
JAN 13

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

S0698

4409671

PAID

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

RECEIVED
S0698
OCT 13 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10 / 08 / 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 Street Address: 18 E. South 34th Street			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
City (5): Long Beach Twp.		Square Feet: 1000	# of Floors: 1 / Bldg. Age: 80
County (6): Ocean	County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): Residence	

Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): Guardian Contracting, Inc.	
Street Address:		Street Address: 1889 Route 9, Unit 61	
City, State, Zip Code:		City, State, Zip Code: Toms River, New Jersey 08755	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 732-349-9932	License No.: 00624
Start Date (10): 10 / 20 / 26	Scheduled Completion Date (11): 10 / 22 / 26	Name of OSHA Monitor: E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address: 1056 Stelton City, State, Zip Code: Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
exterior	☐	☒	☐	asbestos siding	1000 sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

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

Completed By (Print or Type): Nicholas Fernicola	Title: Project Manager	Signature:	Date: 10/8/26

ASB-41
JAN 13

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11408

Check# 11408

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4409670

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OCT - 5 2026

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 10/03/2026	Name of Building Owner/Operator (2):

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

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

Street Address: 15 Fairview Terrace

City, State, Zip Code: Maplewood, NJ 07040

Name of Contact | Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Private house	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 15 Fairview Terrace	
City (5): Maplewood, NJ 07040	Square Feet | # of Floors | Bldg. Age
County (6): Essex; County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): Gr Tech LLC	
Street Address		Street Address: 576 Valley Road#283	
City, State, Zip Code		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): 10/12/2026	Scheduled Completion Date (11): 10/13/2026	Name of OSHA Monitor: Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		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 ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe insulation	70 LF	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: 10/03/2026

ASB-41 (R-06-08)

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4408413

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Amended
OCT 2 2026
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 09 / 29 / 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): 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 / 28 / 26	Scheduled Completion Date (11): 09 / 30 / 26	Name of OSHA Monitor: E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address: 1056 Stelton	
		City, State, Zip Code: Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
exterior	☐	☒	☐	asbestos siding	3350 sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Guardian Contracting, Inc.	NJDEP Waste Hauler ID No.: 20223	Cubic Yards of Waste: 10	Name of Registered Landfill: Fairless Landfill
City, State: Toms River, New Jersey		Disposal Date: 09/30/26	City, State: Morrisville, Pennsylvania

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

ASB-41
JAN 13

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

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OCT 19 2026
POLLUTION CONTROL & LICENSING

Date of Notification (1): 10/14/26 MS# 26-168		Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 359 Corona Pl City, State, Zip Code: Ridgewood, NJ 07450 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: 359 Corona Pl		Square Feet: 1,300 / # of Floors: 2 / Bldg. Age: 90
City (5): Ridgewood, NJ		
County (6): Bergen	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Residential
Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): D&S Restoration, Inc
Street Address:		Street Address: 20 California Ave
City, State, Zip Code:		City, State, Zip Code: Paterson, NJ 07503
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 973-345-8020 / License No.: 01169
Start Date (10): 10/27/26	Scheduled Completion Date (11): 10/28/26	Name of OSHA Monitor: D&S Restoration, Inc
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: Regular Hours		Street Address: 20 California Ave City, State, Zip Code: Paterson, NJ 07503

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement Laundry		X		VAT/Mastic	135 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: 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: Bogdan Jol	Date: 10/14/2026

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ASB-41 (R-06-08)

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

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OCT 15 2026

Date of Notification (1): 10-13-2026	Name of Building Owner/Operator (2): Private Property
Agencies Notified: [X] EPA [X] DEP [X] DOL [X] DOH [X] DCA	Type Notification: [X] Initial [ ] Amended [ ] Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 96 Hillcrest DR
	City, State, Zip Code: Denville, NJ 07834

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) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 96 Hillcrest DR	
City (5): Denville, NJ	Square Feet: 1,500 / # of Floors: 1 Floor / Bldg. Age: +50
County (6): Morris	County Code (7) (STATE USE ONLY): _____ / Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8): N/A / ASCM No.	Name of Abatement Contractor (9): GEEnvironmental Services LLC
Street Address: N/A	Street Address: 810 26th St
City, State, Zip Code: N/A	City, State, Zip Code: Union city, NJ 07087
Project Manager for Monitoring Firm: N/A / Telephone No.	Telephone No.: 5513844126 / License No.: 02151
Start Date (10): 10-23-2026 / Scheduled Completion Date (11): 10-27-2026	Name of OSHA Monitor: Hillmann Consulting LLC
Occupancy Status During Abatement (Check Only One): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____	Street Address: 1600 Route 22E. Suite 107
	City, State, Zip Code: Union, NJ 07083

Scope of Work (Check All That Apply)

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

[X] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement/Laundry RM			X	Floor tile	35 SF	X			
Basement/Family RM			X	Floor tile	250	X			

Name of Registered Waste Hauler: Tristate Transfer INC	NJDEP Waste Hauler ID No.: 2-6007	Cubic Yards of Waste	Name of Registered Landfill: Tristate Transfer INC
City, State: 1199 Randall ave Bronx, NY		Disposal Date	City, State: 1199 Randall ave Bronx NY

Completed by: Gigi Escala	Title: Principal	Signature: [signature]	Date: 10-13-2026

ASB-41 (R-06-08)

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

RECEIVED
OCT 16 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/13/2026	Name of Building Owner/Operator (2):
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [✓] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
Street Address: 2905 Appletree Dr	
City, State, Zip Code: Ocean Township NJ 07712	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [✓] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 2905 Appletree Dr	Square Feet / # of Floors / Bldg. Age
City (5): Ocean Township	
County (6): Monmouth — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) — ASCM No.	Name of Abatement Contractor (9): AAA Lead Professionals
Street Address	Street Address: 6 White Dove Court
City, State, Zip Code	City, State, Zip Code: Lakewood, NJ, 08701
Project Manager for Monitoring Firm — Telephone No.	Telephone No.: 732-719-5649 — License No.: 1200
Start Date (10): 10/26/2026 — Scheduled Completion Date (11): 10/26/2026	Name of OSHA Monitor: AAA Lead Professionals
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: _____	Street Address: 6 White Dove Court — City, State, Zip Code: Lakewood, NJ, 08701

Scope of Work (Check All That Apply)

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

[ ] Renovation
[✓] Demolition

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

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

Name of Registered Waste Hauler: Lead Professionals Inc	NJDEP Waste Hauler ID No.: 35103	Cubic Yards of Waste: 2	Name of Registered Landfill: IESI
City, State: Lakewood, NJ		Disposal Date: 10/26/2026	City, State: BETHLEHEM, PA
Completed by: JOSEPH PERLSTEIN	Title: OWNER	Signature	Date: 10/13/2026

ASB-41 (R-06-08)

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

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OCT 19 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/16/2026	Name of Building Owner/Operator (2):

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

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

Street Address: 204 Dutch lane Rd
City, State, Zip Code: Freehold NJ 07728
Name of Contact:
Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence
Street Address: 204 Dutch Lane Rd
City (5): Freehold
County (6): Monmouth
County Code (7) *(STATE USE ONLY)*: _____

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

Square Feet | # of Floors | Bldg. Age
Current Use (Prior if being demolished)

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

Name of Abatement Contractor (9): AAA Lead Professionals
Street Address: 6 White Dove Court
City, State, Zip Code: Lakewood, NJ, 08701
Telephone No.: 732-719-5649
License No.: 1200

Start Date (10): 11/1/2026
Scheduled Completion Date (11): 11/1/2026
Name of OSHA Monitor: AAA Lead Professionals
Street Address: 6 White Dove Court
City, State, Zip Code: Lakewood, NJ, 08701

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

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

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

Name of Registered Waste Hauler: Lead Professionals Inc
NJDEP Waste Hauler ID No: 35103
Cubic Yards of Waste: 2
Name of Registered Landfill: IESI
City, State: Lakewood, NJ
Disposal Date: 11/1/2026
City, State: BETHLEHEM, PA

Completed by: JOSEPH PERLSTEIN
Title: OWNER
Signature:
Date: 10/16/2026

ASB-41 (R-06-08)

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

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

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RECEIVED
OCT 16 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 10/09/26 MS# 26-163	Name of Building Owner/Operator (2)
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address 227 Kerrigan Blvd	
City, State, Zip Code Newark, NJ 07109	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 227 Kerrigan Blvd			
City (5) Newark, NJ		Square Feet 1,000	# of Floors 2
			Bldg. Age 85
County (6) Essex	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) D&S Restoration, Inc	
Street Address		Street Address 20 California Ave	
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-345-8020	License No. 01169
Start Date (10) 10/19/26	Scheduled Completion Date (11) 10/20/26	Name of OSHA Monitor D&S Restoration, Inc	
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: Regular Hours		Street Address 20 California Ave	
		City, State, Zip Code Paterson, NJ 07503	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement Boiler Room		X		Pipe Insulation	23 LF	X			

Name of Registered Waste Hauler D&S Restoration, Inc	NJDEP Waste Hauler ID No. 13506	Cubic Yards of Waste 1 CYD	Name of Registered Landfill Tyllytown Recource Recovery
City, State 20 California Ave Paterson, NJ 07503		Disposal Date TBD	City, State Tullytown, PA
Completed by Bogdan Joldzic	Title President	Signature	Date 10/09/2026

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ASB-41 (R-06-08)

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

RECEIVED
OCT 19 2026
ASBESTOS LICENSING

Date of Notification (1): 10/15/2026	Name of Building Owner/Operator (2): Optima builders
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [✓] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 25 Edgewood Ct
	City, State, Zip Code: Lakewood NJ 08701
	Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [✓] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 25 Edgewood Ct	Square Feet / # of Floors / Bldg. Age
City (5): Lakewood	
County (6): Ocean / County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): AAA Lead Professionals
Street Address	Street Address: 6 White Dove Court
City, State, Zip Code	City, State, Zip Code: Lakewood, NJ, 08701
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 732-719-5649 / License No.: 1200
Start Date (10): 10/27/2026 / Scheduled Completion Date (11): 10/27/2026	Name of OSHA Monitor: AAA Lead Professionals
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: _____	Street Address: 6 White Dove Court / City, State, Zip Code: Lakewood, NJ, 08701

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler: Lead Professionals Inc	NJDEP Waste Hauler ID No: 35103	Cubic Yards of Waste: 5	Name of Registered Landfill: IESI
City, State: Lakewood, NJ		Disposal Date: 10/27/2026	City, State: BETHLEHEM, PA
Completed by: JOSEPH PERLSTEIN	Title: OWNER	Signature	Date: 10/15/2026

ASB-41 (R-06-08)

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

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OCT 17 2026

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 10 / 12 / 26	Name of Building Owner/Operator (2): I2 Ventures
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 800 Main Street, Suite 103
	City, State, Zip Code: Belmar, NJ 07719
	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: 706 7th Avenue	
City (5): Belmar	Square Feet: 1800 / # of Floors: 2 / Bldg. Age: 80
County (6): Monmouth / County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): Residence
Name of Monitoring Firm Hired by Building Owner (8): Guardian Contracting, Inc. / ASCM No.:	Name of Abatement Contractor (9): Guardian Contracting, Inc.
Street Address: 1889 Route 9, Unit 61	Street Address: 1889 Route 9, Unit 61
City, State, Zip Code: Toms River, New Jersey 08755	City, State, Zip Code: Toms River, New Jersey 08755
Project Manager for Monitoring Firm: Nicholas Fernicola / Telephone No.: 732-349-9932	Telephone No.: 732-349-9932 / License No.: 00624
Start Date (10): 10 / 23 / 26 / Scheduled Completion Date (11): 10 / 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) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
exterior	☐	☒	☐	asbestos siding	2200 sf	☒	☐	☐	☐
basement	☐	☒	☐	asbestos pipe insulation	250 lf	☒	☐	☐	☐
basement	☐	☒	☐	asbestos boiler insulation	25 sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Guardian Contracting, Inc.	NJDEP Waste Hauler ID No.: 20223	Cubic Yards of Waste: 10	Name of Registered Landfill: Fairless Landfill
City, State: Toms River, New Jersey		Disposal Date: 10/28/26	City, State: Morrisville, Pennsylvania

Completed By (Print or Type): Nicholas Fernicola	Title: Project Manager	Signature:	Date: 10/12/26

ASB-41
JAN 13

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

50109

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

RECEIVED 50709
OCT 16 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10 / 12 / 26	Name of Building Owner/Operator (2): I2 Ventures
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 800 Main Street, Suite 103
	City, State, Zip Code: Belmar, NJ 07719
	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: 701A 7th Avenue	
City (5): Belmar	Square Feet: 1500 / # of Floors: 1 / Bldg. Age: 80
County (6): Monmouth / County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Residence
Name of Monitoring Firm Hired by Building Owner (8): Guardian Contracting, Inc. / ASCM No.	Name of Abatement Contractor (9): Guardian Contracting, Inc.
Street Address: 1889 Route 9, Unit 61	Street Address: 1889 Route 9, Unit 61
City, State, Zip Code: Toms River, New Jersey 08755	City, State, Zip Code: Toms River, New Jersey 08755
Project Manager for Monitoring Firm: Nicholas Fernicola / Telephone No.: 732-349-9932	Telephone No.: 732-349-9932 / License No.: 00624
Start Date (10): 10 / 22 / 26 / Scheduled Completion Date (11): 10 / 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) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
office & hallway	☐	☒	☐	asbestos floor tile	300 sf	☒	☐	☐	☐
interior	☐	☒	☐	asbestos containing paint	800 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: 10/28/26	City, State: Morrisville, Pennsylvania
Completed By (Print or Type): Nicholas Fernicola	Title: Project Manager	Signature	Date: 10/12/26

ASB-41
JAN 13

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

Print Form

PAID

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

Date of Notification (1): 10/15/2026	Name of Building Owner/Operator (2): RECEIVED OCT 19 2026
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [✓] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
Street Address: 729 ALBERT AVE	
City, State, Zip Code: LAKEWOOD NJ 08701	
Name of Contact: ASBESTOS UNIT	Telephone Number: NSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [✓] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 729 ALBERT AVE	Square Feet: ____ # of Floors: ____ Bldg. Age: ____
City (5): LAKEWOOD	
County (6): OCEAN	County Code (7) *(STATE USE ONLY)*: ____ Current Use (Prior if being demolished):
Name of Monitoring Firm Hired by Building Owner (8):	ASCM No.: Name of Abatement Contractor (9): AAA Lead Professionals
Street Address:	Street Address: 6 White Dove Court
City, State, Zip Code:	City, State, Zip Code: Lakewood, NJ, 08701
Project Manager for Monitoring Firm:	Telephone No.: Telephone No.: 732-719-5649 License No.: 1200
Start Date (10): 10/26/2026 Scheduled Completion Date (11): 10/26/2026	Name of OSHA Monitor: AAA Lead Professionals
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: _____	Street Address: 6 White Dove Court City, State, Zip Code: Lakewood, NJ, 08701

Scope of Work (Check All That Apply)

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

[ ] Renovation
[✓] Demolition

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

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

Name of Registered Waste Hauler: Lead Professionals Inc	NJDEP Waste Hauler ID No.: 35103	Cubic Yards of Waste: 5	Name of Registered Landfill: IESI
City, State: Lakewood, NJ		Disposal Date: 10/26/2026	City, State: BETHLEHEM, PA
Completed by: JOSEPH PERLSTEIN	Title: OWNER	Signature:	Date: 10/15/2026

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

ASB-41 (R-06-08)

455

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

PAID

RECEIVED
OCT 16 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/8/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justificaton) ☐ Cancellation
Street Address: 10 Lord Lane	
City, State, Zip Code: Cape May Court House, NJ 08210	
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: 719 San Fernando Rd	Square Feet: 1900sf; # of Floors: 2; Bldg. Age: 45 yrs
City (s): Cape May	
County (6): Cape May	County Code(7) *(STATE USE ONLY)*:
	Current Use (Prior if being demolished): Residence
Name of Monitoring Firm Hired by Building Owner (8):	ASCM No.:
Street Address:	Name of Abatement Contractor (9): AEi2, LLC
City, State, Zip Code:	Street Address: PO Box 499
Project Manager for Monitoring Firm	Telephone No.:
	City, State, Zip Code: Hammonton, NJ 08037
	Telephone No.: 609-381-2990; License No.: 00689
Start Date (10): 10/17/26	Scheduled Completion Date (11): 10/31/26
	Name of OSHA Monitor: AEi2, LLC
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:	Street Address: PO Box 499; City, State, Zip Code: Hammonton, NJ 08037

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facilily (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Siding			X	Asbestos Shingles	2100 sf	X			

Name of Registered Waste Hauler: TBD	NJDEP Waste Hauler ID No.: TBD	Cubic Yards of Waste: 5	Name of Registered Landfill: TBD
City, State: TBD, NJ		Disposal Date: TBD	City, State: NJ
Completed By: Wm. Minnick	Title: Program Mgr.	Signature:	Date: 10/8/26

ASB-41

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

50722

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

PAID

Date of Notification (1): 10 / 16 / 26	Name of Building Owner/Operator (2): Epic Developers, LLC
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8) Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 1269 Indian Hill Road City, State, Zip Code: Toms River, NJ 08753 Name of Contact / Telephone Number

RECEIVED 50722
OCT 19 2026
ASBESTOS LICENSING

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: 57 E Street Front House	Square Feet: 1550 / # of Floors: 1 / Bldg. Age: 80
City (5): Seaside Park	
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): 10 / 29 / 26 Scheduled Completion Date (11): 10 / 30 / 26	Name of OSHA Monitor: E.M.S.L. Analytical
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	Street Address: 1056 Stelton City, State, Zip Code: Piscataway, New Jersey 08854

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
exterior	☐	☒	☐	asbestos siding	1550 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: 10/30/26	City, State: Morrisville, Pennsylvania

Completed By (Print or Type): Nicholas Fernicola	Title: Project Manager	Signature: [signature]	Date: 10/16/26

ASB-41
JAN 13

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

20723

PAID

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

RECEIVED
OCT 23 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10 / 16 / 26	Name of Building Owner/Operator (2): Epic Developers, LLC
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 1269 Indian Hill Road
	City, State, Zip Code: Toms River, NJ 08753
	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: 57 E Street (back house)	Square Feet: 650 / # of Floors: 1 / Bldg. Age: 80
City (5): Seaside Park	
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): 10 / 29 / 26 — Scheduled Completion Date (11): 10 / 30 / 26	Name of OSHA Monitor: E.M.S.L. Analytical
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	Street Address: 1056 Stelton / City, State, Zip Code: Piscataway, New Jersey 08854

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
exterior	☐	☒	☐	asbestos siding	6550 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: 10/30/26	City, State: Morrisville, Pennsylvania
Completed By (Print or Type): Nicholas Fernicola	Title: Project Manager	Signature: N. F	Date: 10/16/26

ASB-41
JAN 13

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

9399

Print Form

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

RECEIVED
OCT 19 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/14/2026	Name of Building Owner/Operator (2): Atlantic Site Construction
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 688 Cross Street
	City, State, Zip Code: Lakewood, NJ 08701
	Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [✓] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 561 Herbertsville Rd	Square Feet / # of Floors / Bldg. Age
City (5): Brick	
County (6): Ocean / County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): AAA Lead Professionals
Street Address	Street Address: 6 White Dove Court
City, State, Zip Code	City, State, Zip Code: Lakewood, NJ, 08701
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 732-719-5649 / License No.: 1200
Start Date (10): 10/23/2026 / Scheduled Completion Date (11): 10/26/2026	Name of OSHA Monitor: AAA Lead Professionals
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [X] Other – Describe: _____	Street Address: 6 White Dove Court / City, State, Zip Code: Lakewood, NJ, 08701

Scope of Work (Check All That Apply)

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

[ ] Renovation
[✓] Demolition

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

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

Name of Registered Waste Hauler: Lead Professionals Inc	NJDEP Waste Hauler ID No.: 35103	Cubic Yards of Waste: 2	Name of Registered Landfill: IESI
City, State: Lakewood, NJ		Disposal Date: 10/26/2026	City, State: BETHLEHEM, PA
Completed by: JOSEPH PERLSTEIN	Title: OWNER	Signature	Date: 10/14/2026

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

ASB-41 (R-06-08)

10869

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Print Form

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

RECEIVED
OCT 19 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 10/12/26 MS# 26-166	Name of Building Owner/Operator (2)
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 513 64th St City, State, Zip Code West New York, NJ 07093 Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 513 64th St		Square Feet 1,200	# of Floors Bldg. Age 80
City (5) West New York, NJ		Current Use (Prior if being demolished) Residential	
County (6) Hudson	County Code (7) *(STATE USE ONLY)* _____		
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) D&S Restoration, Inc	
Street Address		Street Address 20 California Ave	
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-345-8020	License No. 01169
Start Date (10) 10/22/26	Scheduled Completion Date (11) 10/23/26	Name of OSHA Monitor D&S Restoration, Inc	
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: Regular Hours		Street Address 20 California Ave City, State, Zip Code Paterson, NJ 07503	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement		X		Boiler Insulation	45 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 Tyllytown Recource Recovery
City, State 20 California Ave Paterson, NJ 07503		Disposal Date TBD	City, State Tullytown, PA
Completed by Bogdan Joldzic	Title President	Signature	Date 10/12/2026

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

ASB-41 (R-06-08)

Print Form

1357

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

RECEIVED
OCT 16 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/12/2026	Name of Building Owner/Operator (2): Pine Ridge At Crestwood
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA Type Notification: [✓] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 2 Fox St City, State, Zip Code: Whiting NJ 08759 Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [✓] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 53 Eagle Court	
City (5): Whiting	Square Feet / # of Floors / Bldg. Age
County (6): Ocean County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): AAA Lead Professionals
Street Address	Street Address: 6 White Dove Court
City, State, Zip Code	City, State, Zip Code: Lakewood, NJ, 08701
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 732-719-5649 / License No.: 1200
Start Date (10): 10/21/2026 Scheduled Completion Date (11): 10/21/2026	Name of OSHA Monitor: AAA Lead Professionals
Occupancy Status During Abatement (Check Only One) [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [X] Other – Describe: _____	Street Address: 6 White Dove Court City, State, Zip Code: Lakewood, NJ, 08701

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Interior				Flooring	480 SF	✓			

Name of Registered Waste Hauler: Lead Professionals Inc	NJDEP Waste Hauler ID No.: 35103	Cubic Yards of Waste: 4	Name of Registered Landfill: IESI
City, State: Lakewood, NJ		Disposal Date: 10/21/2026	City, State: BETHLEHEM, PA

Completed by: JOSEPH PERLSTEIN	Title: OWNER	Signature	Date: 10/12/2026

ASB-41 (R-06-08)

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OCT 19 2026

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 10/14/2026	Name of Building Owner/Operator (2):
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
Street Address: 225 Stagecoach Rd	
City, State, Zip Code: Freehold NJ 08510	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [✓] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 225 Stagecoach Rd	
City (5): Freehold	Square Feet / # of Floors / Bldg. Age
County (6): Monmouth	County Code (7) *(STATE USE ONLY)* _____ / Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): AAA Lead Professionals
Street Address	Street Address: 6 White Dove Court
City, State, Zip Code	City, State, Zip Code: Lakewood, NJ, 08701
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 732-719-5649 / License No.: 1200
Start Date (10): 10/30/2026 / Scheduled Completion Date (11): 11/2/2026	Name of OSHA Monitor: AAA Lead Professionals
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [X] Other – Describe: _____	Street Address: 6 White Dove Court / City, State, Zip Code: Lakewood, NJ, 08701

Scope of Work (Check All That Apply)

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

[ ] Renovation
[✓] Demolition

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

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

Name of Registered Waste Hauler: Lead Professionals Inc	NJDEP Waste Hauler ID No.: 35103	Cubic Yards of Waste: 1	Name of Registered Landfill: IESI
City, State: Lakewood, NJ		Disposal Date: 11/2/2026	City, State: BETHLEHEM, PA
Completed by: JOSEPH PERLSTEIN	Title: OWNER	Signature	Date: 10/14/2026

ASB-41 (R-06-08)

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

50707

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10 / 12 / 26	Name of Building Owner/Operator (2): Jacobs Environmental Services
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 516 Manasquan Court
	City, State, Zip Code: Brick, NJ 08724
	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: 206 Boston Blvd	
City (5): Sea Girt	Square Feet: 2000 / # of Floors: 2 / Bldg. Age: 68
County (6): Monmouth / County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): Residence

Name of Monitoring Firm Hired by Building Owner (8): Guardian Contracting, Inc.	ASCM No.	Name of Abatement Contractor (9): Guardian Contracting, Inc.	
Street Address: 1889 Route 9, Unit 61		Street Address: 1889 Route 9, Unit 61	
City, State, Zip Code: Toms River, New Jersey 08755		City, State, Zip Code: Toms River, New Jersey 08755	
Project Manager for Monitoring Firm: Nicholas Fernicola	Telephone No.: 732-349-9932	Telephone No.: 732-349-9932	License No.: 00624
Start Date (10): 10 / 22 / 26	Scheduled Completion Date (11): 10 / 23 / 26	Name of OSHA Monitor: E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address: 1056 Stelton / City, State, Zip Code: Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
basement & garage	☐	☒	☐	asbestos floor tile	250 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: 10/23/26	City, State: Morrisville, Pennsylvania

Completed By (Print or Type): Nicholas Fernicola	Title: Project Manager	Signature	Date: 10/12/26

ASB-41
JAN 13

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5819

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

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OCT 19 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
10 / 15 / 26	Tradewinds Builders, LLC

Agencies Notified	Type Notification	Street Address	
☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	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)	Type of Facility (4)
Residence	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 20 Selfridge Avenue	

City (5)	Square Feet	# of Floors	Bldg. Age
LB Twp.	1100	1	80

County (6)	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)
Ocean		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): 10 / 28 / 26	Scheduled Completion Date (11): 10 / 30 / 26	Name of OSHA Monitor: E.M.S.L. Analytical

Occupancy Status During Abatement (Check only one)	Street Address
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	1056 Stelton City, State, Zip Code: Piscataway, New Jersey 08854

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
exterior	☐	☒	☐	asbestos siding	1100 sf	☒	☐	☐	☐
	☐	☒	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Guardian Contracting, Inc.	20223	3	Fairless Landfill
City, State: Toms River, New Jersey		Disposal Date: 10/30/26	City, State: Morrisville, Pennsylvania

Completed By (Print or Type)	Title	Signature	Date
Nicholas Fernicola	Project Manager		10/15/26

ASB-41
JAN 13

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

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OCT 19 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
10/14/2026	

Agencies Notified	Type Notification	Street Address
[X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	[✓] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	27 INWOOD RD
		City, State, Zip Code: BERKELY HEIGHTS NJ 07922
		Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
RESIDENCE	[ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [✓] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 27 INWOOD RD	
City (5): BERKELY HEIGHTS	Square Feet / # of Floors / Bldg. Age
County (6): UNION	County Code (7) *(STATE USE ONLY)* _____ / Current Use (Prior if being demolished)

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

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
10/23/2026	10/26/2026	AAA Lead Professionals

Occupancy Status During Abatement (Check Only One)

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

Street Address: 6 White Dove Court
City, State, Zip Code: Lakewood, NJ, 08701

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Lead Professionals Inc	35103	3	IESI
City, State: Lakewood, NJ		Disposal Date: 10/26/2026	City, State: BETHLEHEM, PA

Completed by	Title	Signature	Date
JOSEPH PERLSTEIN	OWNER		10/14/2026

ASB-41 (R-06-08)

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Check# 11425

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

RECEIVED
OCT 26 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
10/23/2026	

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

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

Street Address: 8 Whitman Avenue
City, State, Zip Code: East Orange, NJ 07017
Name of Contact | Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Private house	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 8 Whitman Avenue	
City (5): East Orange, NJ 07017	Square Feet | # of Floors | Bldg. Age
County (6): Essex	County Code (7) *(STATE USE ONLY)* _____ | Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
		Gr Tech LLC
Street Address		Street Address: 576 Valley Road#283
City, State, Zip Code		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)	Scheduled Completion Date (11)	Name of OSHA Monitor
10/24/2026	10/25/2026	Envirovision Consultants, Inc

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

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

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

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Gr Tech LLC	0033785	TBD	T.R.R.F. Inc
City, State: Wayne, NJ 07470		Disposal Date: TBD	City, State: Tullytown, PA

Completed by	Title	Signature	Date
G.Ristanovic	Owner	*Gradimir Ristanovic*	10/23/2026

ASB-41 (R-06-08)

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

Approved by Tom Vernes 10/19/26

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

PAID Check # 4722

OCT 23 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1): **10/19/2026**	Name of Building Owner / Operator (2): **Trenton Board of Education**
Agencies Notified: ☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended ☒ Emergency ☐ Cancellation
	Street Address: **1490 Prospect Street**
	City, State & Zip Code: **Trenton, NJ 08638**
	Name of Contact: **Mr. Dwayne Mosley** — Telephone Number: **609-656-4900**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Early Childhood Learning Center**	Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: **929 Parkside Avenue**	Square Feet: **60,000** — # of Floors: **3** — Bldg. Age: **60+**
City (5): **Trenton** — County (6): **Mercer** — County Code (7):	Current Use (Prior if being demolished): **School**
Name of Monitoring Firm Hired by Building Owner (8): **Environmental Connection** — ASCM No.	Name of Abatement Contractor (9): **Bristol Environmental, LLC**
Street Address: **120 North Warren Street**	Street Address: **1123 Beaver Street**
City, State & Zip Code: **Trenton, NJ 08010**	City, State & Zip Code: **Bristol, PA 19007**
Project Manager for Monitoring Firm: **Jordan Reed** — Telephone Number: **609-392-4200**	Telephone Number: **(215)788-6040** — License Number:
Scheduled Start Date (10): **10/19/26** — Scheduled Completion Date (11): **10/20/26**	Name of OSHA Monitor: **Bristol Environmental, LLC**
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Hours – 7am to 3pm Describe. **4:00 PM – 1:00 AM** ☐ Facility Occupied During Abatement	Street Address: **1123 Beaver Street** — City, State & Zip Code: **Bristol, PA 19007**

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf ≥260 lf

☒ Renovation ☐ Demolition

☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☒ Glove Bag Procedures ☐ Non-Exempted and Non-Friable Procedure

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

Name of Registered Waste Hauler: **Bristol Environmental LLC**	NJDEP Waste Hauler ID No.: **18706**	Cubic Yards of Waste: **1 Cu yd**	Name of Registered Landfill: **WM Fairless Hills**
City, State: **Bristol, PA**		Disposal Date: **10/20/26**	City, State: **Morrisville, PA**
Completed By (Print or Type): **Gino Pizzigoni**	Title: **Project Manager**	Signature: Gino Pizzigoni	Date: **10/19/2026**

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1972

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

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Chk #1972

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OCT 22 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
10/19/2026	

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

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

Street Address: 299 Kennedy Blvd.

City, State, Zip Code: Bayonne, NJ 07002

Name of Contact | Telephone Number

FACILITY INFORMATION

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

Street Address: 299 Kennedy Blvd.

City (5): Bayonne, NJ 07002

County (6): Hudson

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

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

Square Feet	# of Floors	Bldg. Age
2,926	2	1920

Current Use (Prior if being demolished)

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

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm | Telephone No.

Name of Abatement Contractor (9): DANVIC CONTRACTING LLC

Street Address: 240 South 5th St.

City, State, Zip Code: Elizabeth, NJ 07206

Telephone No.: 908-906-4123 | License No.: 01355

Start Date (10): 10/20/2026

Scheduled Completion Date (11): 10/22/2026

Name of OSHA Monitor: Iris Environmental Laboratories, Inc.

Street Address: 2333 Route 22 West

City, State, Zip Code: Union, NJ 07083

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

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement - Boiler Area			X	Pipe Insulation	60 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	Title	Signature	Date
Jeymy Donneys	Owner	Jeymy Donneys	10/19/2026

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

ASB-41 (R-06-08)

0365

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

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OCT 20 2025
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09 / 25 / 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: 68 Lincoln St.	
City, State, Zip Code: East Orange, NJ 07017	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): 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: 68 Lincoln St.	Square Feet / # of Floors / Bldg. Age
City (5): East Orange	
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): 09 / 26 / 26 — Scheduled Completion Date (11): 09 / 28 / 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) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Pipe Insulation in Basement	☐	☒	☐	Thermal Systems Insulation	30 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

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: 10/07/26	City, State: New Philadelphia PA 17959

Completed By (Print or Type): Gustavo Ordon	Title: owner	Signature	Date: 09/25/26

ASB-41
JAN 13

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

NO 552891506Q

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

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OCT 20 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10 / 15 / 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: 280 New St City, State, Zip Code: Orange NJ 07050 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: 280 New St		Square Feet: 2000 / # of Floors: 1 / Bldg. Age: 40
City (5): Orange Nj		
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): 10 / 17 / 26	Scheduled Completion Date (11): 10 / 17 / 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) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
basement pipe insulation	☐	☒	☐	thermal system insulatin	20LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

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: 10/30/26	City, State: Waynesburg Ohio

Completed By (Print or Type): Gustavo Ordon	Title: owner	Signature	Date: 10/15/26

ASB-41
JAN 13

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ASBESTOS CONTROL & LICENSING

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1): 10 / 08 / 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: 262 Audley St	
City, State, Zip Code: South Orange, NJ 07079	
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: 262 auddley St	Square Feet: 2000 / # of Floors: 1 / Bldg. Age: 40
City (5): south Orange NJ	Current Use (Prior if being demolished)
County (6): essex	County Code (7)(STATE USE ONLY)
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: Fairviwew NJ 07022
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 973 641 5400 / License No.: 02044
Start Date (10): 10 / 09 / 26 / Scheduled Completion Date (11): 10 / 10 / 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) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
basement pipe insulation	☐	☒	☐	thermal systems insulation	20 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: 10/16/26	City, State: Waynesburg Ohio
Completed By (Print or Type): Gustavo Ordon	Title: owner	Signature:	Date: 10/08/26

ASB-41
JAN 13

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

Print Form

3099

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

PAID RECEIVED OCT 21 2026

Date of Notification (1): 10/16/26	Name of Building Owner/Operator (2):	
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [ ] Initial [ ] Amended Amendment #_____ [x] Emergency (including justification) [ ] Cancellation	Street Address: 6 Horizon Rd. Unit 2002 City, State, Zip Code: Fort Lee, NJ 07024 Name of Contact: [illegible] Telephone Number: [illegible]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential Home		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 6 Horizon Rd. Unit 2002		Square Feet: 2100	# of Floors: 2
City (5): Fort Lee			Bldg. Age: 60 +/-
County (6): Bergen	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Residential Home	
Name of Monitoring Firm Hired by Building Owner (8): Project Manager	ASCM No.	Name of Abatement Contractor (9): All Stages Abatement	
Street Address		Street Address: 55 Cannonball Rd.	
City, State, Zip Code		City, State, Zip Code: Pompton Lakes, NJ 07442	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-600-3184	License No.: 01305
Start Date (10): 10/20/26	Scheduled Completion Date (11): 10/24/26	Name of OSHA Monitor: Same As Above	
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address City, State, Zip Code	

Scope of Work (Check All That Apply)

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

[x] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Closets		X		VAT	65 SF	x			

Name of Registered Waste Hauler: All Stages Abatement	NJDEP Waste Hauler ID No.: 0036592	Cubic Yards of Waste: 2 YD	Name of Registered Landfill: Chrin Brothers Sanitary Landfill
City, State: Pompton Lakes, NJ		Disposal Date: TBD	City, State: Easton, PA
Completed by: Richard Cristofol	Title: President	Signature: [signature]	Date: 10/16/26

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ASB-41 (R-06-08)

Print Form

3100

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

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RECEIVED
OCT 21 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/16/26	Name of Building Owner/Operator (2):	
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [ ] Initial [ ] Amended Amendment #_____ [x] Emergency (including justification) [ ] Cancellation	Street Address: 25 Perrin Dr. City, State, Zip Code: Wayne, NJ 07470 Name of Contact: Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential Home		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 25 Perrin Dr.		Square Feet: 2500 / # of Floors: 2 / Bldg. Age: 60 +/-
City (5): Wayne		
County (6): Passaic	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Residential Home
Name of Monitoring Firm Hired by Building Owner (8): Project Manager	ASCM No.	Name of Abatement Contractor (9): All Stages Abatement
Street Address		Street Address: 55 Cannonball Rd.
City, State, Zip Code		City, State, Zip Code: Pompton Lakes, NJ 07442
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-600-3184 / License No.: 01305
Start Date (10): 10/19/26	Scheduled Completion Date (11): 10/22/26	Name of OSHA Monitor: Same As Above
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: 8 A.M to 4 P.M.		Street Address / City, State, Zip Code

Scope of Work (Check All That Apply)

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

[x] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Laundry Room		X		VAT	145 SF	x			

Name of Registered Waste Hauler: All Stages Abatement	NJDEP Waste Hauler ID No.: 0036592	Cubic Yards of Waste: 3 YD	Name of Registered Landfill: Chrin Brothers Sanitary Landfill
City, State: Pompton Lakes, NJ		Disposal Date: TBD	City, State: Easton, PA
Completed by: Richard Cristofol	Title: President	Signature:	Date: 10/16/26

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

ASB-41 (R-06-08)

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

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OCT - 8 2026
ASBESTOS LICENSING

Date of Notification (1): 10-5-26

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

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

Name of Building Owner/Operator (2):

Street Address: 257 SPOUT SPRING AVE

City, State, Zip Code: LUMBERTON NJ 08048

Name of Contact: Telephone Number:

FACILITY INFORMATION

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

Street Address: 257 SPOUT SPRING AVE

City (5): LUMBERTON

County (6): BURLINGTON

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: 1400 # of Floors: 2 Bldg. Age: NA

Current Use (Prior if being demolished): RESIDENTIAL

Name of Monitoring Firm Hired by Building Owner (8): ATLAS ENV. INSPECTIONS ASCM No.:

Street Address: PO BOX 11645

City, State, Zip Code: PHILA, PA 19116

Project Manager for Monitoring Firm: JASON DUA Telephone No.: 267-784-4693

Start Date (10): Scheduled Completion Date (11):

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 Abatement Contractor (9): FRYMAR CONSTRUCTION

Street Address: 103 PRESERVE LN.

City, State, Zip Code: N. WALES PA 19454

Telephone No.: 267-784-4694 License No.: 01276

Name of OSHA Monitor: JASON DUA

Street Address: 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) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
LIVING ROOM				POPCORN CEILING	100 SF	✓			
				JOIN COMPOUND WALLS	100 SF	✓			

Name of Registered Waste Hauler: FRYMAR CONSTRUCTION NJDEP Waste Hauler ID No.: 0037659

Cubic Yards of Waste: NA Disposal Date: NA

Name of Registered Landfill: WESTERN BERKS CL.

City, State: N WALES, PA City, State: BIRDSBORO PA

Completed by: EFRAIM DUA Title: VP Signature: Date: 10-5-26

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ASB-41 (R-06-08)

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

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OCT - 5 2026
ASBESTOS CONTROL & LICENSING

50668

Date of Notification (1): 09 / 30 / 26	Name of Building Owner/Operator (2): Jacobs Demolition	
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: P O Box 9
		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: 7 Mohawk Drive		
City (5): Marlboro	Square Feet: 1250 / # of Floors: 1 / Bldg. Age: 80	
County (6): Ocean	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Residence

Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.		Name of Abatement Contractor (9): Guardian Contracting, Inc.
Street Address		Street Address: 1889 Route 9, Unit 61
City, State, Zip Code		City, State, Zip Code: Toms River, New Jersey 08755
Project Manager for Monitoring Firm / Telephone No.		Telephone No.: 732-349-9932 / License No.: 00624
Start Date (10): 10 / 13 / 26	Scheduled Completion Date (11): 10 / 15 / 26	Name of OSHA Monitor: E.M.S.L. Analytical
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address: 1056 Stelton / City, State, Zip Code: Piscataway, New Jersey 08854

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
exterior	☐	☒	☐	asbestos siding	1250 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: 10/15/26	City, State: Morrisville, Pennsylvania

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

ASB-41
JAN 13

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2192

4409657

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

Date of Notification (1) 10/5/2026	Name of Building Owner/Operator (2)
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 691 Cooper Ave
	City, State, Zip Code Oradell, NJ 07649
	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 691 Cooper Ave			
City (5) Oradell		Square Feet unknown	# of Floors 2 / Bldg. Age unknown
County (6) Bergen	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished) Child Center	
Name of Monitoring Firm Hired by Building Owner (8) TBD	ASCM No.	Name of Abatement Contractor (9) Gold Coast Management LLC	
Street Address		Street Address 30 Sherman Ave	
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07307	
Project Manager for Monitoring Firm TBD	Telephone No.	Telephone No. 908-270-8556	License No. 02109
Start Date (10) 10/15/26	Scheduled Completion Date (11) 10/16/2026	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: _____		Street Address 74 Franklin Ave City, State, Zip Code East Orange, NJ 07017	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☐ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement	X		X	TSI	93 LF	X			

Name of Registered Waste Hauler Century Waste	NJDEP Waste Hauler ID No. NJ860	Cubic Yards of Waste 5	Name of Registered Landfill Conestoga Landfill
City, State Elizabeth, NJ		Disposal Date	City, State Morgantown PA
Completed by John Kim	Title President	Signature	Date 10/5/2026

ASB-41 (R-06-08)

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

OCT - 8 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/3/2026	Name of Building Owner/Operator (2): Montana Construction Inc.
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended ☐ Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 80 Contant Avenue
	City, State, Zip Code: Lodi, NJ 07644
	Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 685 Woodgate Ave	
City (5): Long Branch, NJ 07740	Square Feet / # of Floors / Bldg. Age
County (6): Monmouth / County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8): N/A / ASCM No.	Name of Abatement Contractor (9): Asbestos Control Professional LLC
Street Address	Street Address: 519 Roseville Ave
City, State, Zip Code	City, State, Zip Code: Newark, NJ, 07107
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 2012595169 / License No.: 02140
Start Date (10): 10/16/2026 / Scheduled Completion Date (11): 11/30/2026	Name of OSHA Monitor: Environmental Consulting & Management Services Inc. (ECMS)
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: Normal Hours	Street Address: 10 Filmont Drive / City, State, Zip Code: New City NY 10956

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☐ Demolition

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

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

Name of Registered Waste Hauler: Century Waste Services, LLC,	NJDEP Waste Hauler ID No.: NJ860	Cubic Yards of Waste: TBD	Name of Registered Landfill: Fairless Landfill
City, State: Elizabeth, NJ		Disposal Date: TBD	City, State: Morrisville, PA
Completed by: Jessica Figueroa	Title: Operations Coordinator	Signature: Jessica Figueroa	Date: 10/3/2026

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

ASB-41 (R-06-08)

Print Form

9360

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

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RECEIVED
OCT 16 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
10/13/2026	

Agencies Notified	Type Notification	Street Address
[X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	[✓] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	110 W 26TH AVE
		City, State, Zip Code: WILDWOOD NJ 08260
		Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
RESIDENCE	[ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [✓] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 110 W 26TH AVE	
City (5): WILDWOOD	Square Feet / # of Floors / Bldg. Age
County (6): CAPE MAY	County Code (7) *(STATE USE ONLY)* _____
	Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
		AAA Lead Professionals
Street Address		Street Address: 6 White Dove Court
City, State, Zip Code		City, State, Zip Code: Lakewood, NJ, 08701
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 732-719-5649 / License No.: 1200
Start Date (10): 10/22/2026	Scheduled Completion Date (11): 10/22/2026	Name of OSHA Monitor: AAA Lead Professionals

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

Street Address: 6 White Dove Court
City, State, Zip Code: Lakewood, NJ, 08701

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

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

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Lead Professionals Inc	35103	5	IESI
City, State: Lakewood, NJ		Disposal Date: 10/22/2026	City, State: BETHLEHEM, PA

Completed by	Title	Signature	Date
JOSEPH PERLSTEIN	OWNER		10/13/2026

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

ASB-41 (R-06-08)

93569

Print Form

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

PAB

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ASBESTOS

Date of Notification (1): 10/13/2026	Name of Building Owner/Operator (2): Bold builders
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [✓] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 19 Pearl St
	City, State, Zip Code: LAKEWOOD NJ 08701
	Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENCE	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [✓] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 19 Pearl St	Square Feet / # of Floors / Bldg. Age
City (5): LAKEWOOD	
County (6): OCEAN — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) — ASCM No.	Name of Abatement Contractor (9): AAA Lead Professionals
Street Address	Street Address: 6 White Dove Court
City, State, Zip Code	City, State, Zip Code: Lakewood, NJ, 08701
Project Manager for Monitoring Firm — Telephone No.	Telephone No.: 732-719-5649 — License No.: 1200
Start Date (10): 10/29/2026 — Scheduled Completion Date (11): 10/29/2026	Name of OSHA Monitor: AAA Lead Professionals
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: _____	Street Address: 6 White Dove Court / City, State, Zip Code: Lakewood, NJ, 08701

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler: Lead Professionals Inc	NJDEP Waste Hauler ID No.: 35103	Cubic Yards of Waste: 4	Name of Registered Landfill: IESI
City, State: Lakewood, NJ		Disposal Date: 10/29/2026	City, State: BETHLEHEM, PA
Completed by: JOSEPH PERLSTEIN	Title: OWNER	Signature	Date: 10/13/2026

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

ASB-41 (R-06-08)

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1969

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

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Chk # 1969

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/6/2026	Name of Building Owner/Operator (2): ~~Serritella~~ Construction
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 124 Fairfield Rd. City, State, Zip Code: Fairfield, NJ 07004 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: 1027 Westwood Ave.	Square Feet: 3,200 / # of Floors: 1 / Bldg. Age: 1952
City (5): Old Tapan, NJ 07675	Current Use (Prior if being demolished): Residential Property
County (6): Bergen / County Code (7) *(STATE USE ONLY)* _____	
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): DANVIC CONTRACTING LLC
Street Address	Street Address: 240 South 5th St.
City, State, Zip Code	City, State, Zip Code: Elizabeth, NJ 07206
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 908-906-4123 / License No.: 01355
Start Date (10): 10/16/2026 / Scheduled Completion Date (11): 10/20/2026	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: _____	Street Address: 2333 Route 22 West City, State, Zip Code: Union, NJ 07083

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☐ Renovation ☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Rear Roof Area			X	Black Built-Up Roofing	50 SF	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: 10/6/2026

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

ASB-41 (R-06-08)

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 10/13/26 MS# 26-164		Name of Building Owner/Operator (2)
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 105 Pine Grove Ave City, State, Zip Code Summit, NJ 07901 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 105 Pine Grove Ave		
City (5) Summit, NJ		Square Feet: 1,300 / # of Floors: 2 / Bldg. Age: 85
County (6) Union	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished) Residential
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) D&S Restoration, Inc
Street Address		Street Address 20 California Ave
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 973-345-8020 / License No.: 01169
Start Date (10) 10/26/26	Scheduled Completion Date (11) 10/27/26	Name of OSHA Monitor D&S Restoration, Inc
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: Regular Hours		Street Address 20 California Ave City, State, Zip Code Paterson, NJ 07503

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	120 LF	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 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 Bogdan Joldzic	Date 10/13/2026

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1)	Name of Building Owner/Operator (2)
10/14/2026	

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

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

Street Address	
10 Hillcrest Road	
City, State, Zip Code	
Towaco, NJ 07082	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Private house	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 10 Hillcrest Road	
City (5): Towaco, NJ 07082	Square Feet / # of Floors / Bldg. Age
County (6): Morris	County Code (7) (STATE USE ONLY) _____ / Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
		Gr Tech LLC
Street Address		Street Address: 576 Valley Road#283
City, State, Zip Code		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): 10/23/2026	Scheduled Completion Date (11): 10/24/2026	Name of OSHA Monitor: Envirovision Consultants, Inc

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

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

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

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Gr Tech LLC	0033785	TBD	T.R.R.F. Inc
City, State: Wayne, NJ 07470		Disposal Date: TBD	City, State: Tullytown, PA

Completed by	Title	Signature	Date
G.Ristanovic	Owner	Gradimir Ristanovic	10/14/2026

ASB-41 (R-06-08)

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2053

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

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ASBESTOS ABATEMENT & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
10/16/2026	

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

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

Street Address: 111 Van Winkle Ave,
City, State, Zip Code: Hawthorne, NJ 07506
Name of Contact | Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
residential	[ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 111 Van Winkle Ave,	
City (5): Hawthorne	Square Feet: 1,945 | # of Floors: 2 | Bldg. Age: 103
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)
		Acme Professional Services Corp
Street Address		Street Address: 170 Kinnelon Rd, Suite 32
City, State, Zip Code		City, State, Zip Code: Kinnelon, NJ 07405
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 973-938-5266 | License No.: 02003

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
10/27/2026	10/28/2026	Arsenije Adamov

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

Street Address: 170 Kinnelon Rd, Suite 32
City, State, Zip Code: Kinnelon, NJ 07405

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement		✓		Pipe and Fitting Insulation	72 LF	✓			

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: 10/28/2026	City, State: Morrisville, PA

Completed by	Title	Signature	Date
Samantha Zamora	Project Coordinator	Samantha Zamora	10/16/2026

ASB-41 (R-06-08)

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

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

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OCT 19 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/14/2026	Name of Building Owner/Operator (2):
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [✓] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
Street Address: 1811 ATTAYA RD	
City, State, Zip Code: Lakewood NJ 08701	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENCE	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [✓] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1811 ATTAYA RD	Square Feet / # of Floors / Bldg. Age
City (5): LAKEWOOD	
County (6): OCEAN — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) — ASCM No.	Name of Abatement Contractor (9): AAA Lead Professionals
Street Address	Street Address: 6 White Dove Court
City, State, Zip Code	City, State, Zip Code: Lakewood, NJ, 08701
Project Manager for Monitoring Firm — Telephone No.	Telephone No.: 732-719-5649 — License No.: 1200
Start Date (10): 11/03/2026 — Scheduled Completion Date (11): 11/03/2026	Name of OSHA Monitor: AAA Lead Professionals
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [X] Other – Describe: _____	Street Address: 6 White Dove Court; City, State, Zip Code: Lakewood, NJ, 08701

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler: Lead Professionals Inc	NJDEP Waste Hauler ID No.: 35103	Cubic Yards of Waste: 5	Name of Registered Landfill: IESI
City, State: Lakewood, NJ		Disposal Date: 11/03/2026	City, State: BETHLEHEM, PA
Completed by: JOSEPH PERLSTEIN	Title: OWNER	Signature	Date: 10/14/2026

ASB-41 (R-06-08)

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

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1367

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

PAID RECEIVED OCT 19 2026 ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/14/2026	Name of Building Owner/Operator (2):
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [✓] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
Street Address: 1515 Logan Rd	
City, State, Zip Code: Ocean Township NJ 07712	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [✓] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1515 Logan Rd	Square Feet / # of Floors / Bldg. Age
City (5): Ocean Township	Current Use (Prior if being demolished)
County (6): Monmouth — County Code (7) (STATE USE ONLY) _____	
Name of Monitoring Firm Hired by Building Owner (8) — ASCM No.	Name of Abatement Contractor (9): AAA Lead Professionals
Street Address	Street Address: 6 White Dove Court
City, State, Zip Code	City, State, Zip Code: Lakewood, NJ, 08701
Project Manager for Monitoring Firm — Telephone No.	Telephone No.: 732-719-5649 — License No.: 1200
Start Date (10): 10/27/2026 — Scheduled Completion Date (11): 10/28/2026	Name of OSHA Monitor: AAA Lead Professionals
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [X] Other – Describe: _____	Street Address: 6 White Dove Court / City, State, Zip Code: Lakewood, NJ, 08701
Scope of Work (Check All That Apply): [ ] ≥3 sf or ≥3 lf [✓] ≥160 sf or ≥260 lf — [ ] Renovation [✓] Demolition — [✓] Full Containment with Negative Pressure [ ] Mini-Enclosure [ ] Glovebag Procedure [ ] Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
INTERIOR				FLOOR TILES	2000 SF	✓			

Name of Registered Waste Hauler: Lead Professionals Inc	NJDEP Waste Hauler ID No.: 35103	Cubic Yards of Waste: 6	Name of Registered Landfill: IESI
City, State: Lakewood, NJ		Disposal Date: 10/28/2026	City, State: BETHLEHEM, PA
Completed by: JOSEPH PERLSTEIN	Title: OWNER	Signature	Date: 10/14/2026

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

ASB-41 (R-06-08)

1077

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

Date of Notification (1): October 15, 2026	Name of Building Owner/Operator (2): Princeton University, Trustees of Princeton University
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: EA McMillan Building City, State, Zip Code: Princeton, NJ 08540 Name of Contact / Telephone Number

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OCT 19 2026
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 115 Broadmead Street		Square Feet: 1,800	# of Floors: 3 / Bldg. Age: 80+
City (5): Princeton		Current Use (Prior if being demolished): Residential	
County (6): Mercer	County Code (7) *(STATE USE ONLY)* _____		
Name of Monitoring Firm Hired by Building Owner (8): Environmental Connections	ASCM No.	Name of Abatement Contractor (9): ecoservices, LLC	
Street Address: 120 N. Warren Street		Street Address: 303 B National Road	
City, State, Zip Code: Trenton, NJ 08609		City, State, Zip Code: Exton, PA 19341	
Project Manager for Monitoring Firm: Jordan Reed	Telephone No.: 609-331-1368	Telephone No.: 484-872-8884	License No.: 01161
Start Date (10): 10/26/26	Scheduled Completion Date (11): 11/2/26	Name of OSHA Monitor: EMSL	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: 200 Route 130 North City, State, Zip Code: Cinnaminson, NJ	

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

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

Name of Registered Waste Hauler: Waste Management of New Jersey	NJDEP Waste Hauler ID No.	Cubic Yards of Waste: 6	Name of Registered Landfill: GROWS Landfill
City, State: Trenton, NJ		Disposal Date: TBD	City, State: Morrisville, PA
Completed by: Jack Bally	Title: Sr. Project Manager	Signature: Jack Bally	Date: 10/15/26

ASB-41 (R-06-08)

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

RECEIVED
50720
OCT 19 2025
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
10 / 15 / 26	

Agencies Notified	Type Notification	Street Address	
☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	11 W Brighton Avenue	
		City, State, Zip Code Lavallette, NJ 08735	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)		
Residence	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)		
Street Address 11 W. Brighton Avenue	Square Feet 800	# of Floors 1	Bldg. Age 80
City (5) Lavallette			
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)	Scheduled Completion Date (11)	Name of OSHA Monitor	
10 / 29 / 26	10 / 31 / 26	E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton	
		City, State, Zip Code Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
exterior	☐	☒	☐	asbestos siding	800 sf	☒	☐	☐	☐
	☐	☒	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Guardian Contracting, Inc.	20223	3	Fairless Landfill
City, State Toms River, New Jersey		Disposal Date 10/31/26	City, State Morrisville, Pennsylvania

Completed By (Print or Type)	Title	Signature	Date
Nicholas Fernicola	Project Manager		10/15/26

ASB-41
JAN 13

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

30724

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

RECEIVED 30724
OCT 19 2025
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10 / 16 / 26	Name of Building Owner/Operator (2): Rock Solid Contracting
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 3450 Jefferson Avenue
	City, State, Zip Code: Toms River, NJ 08753
	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: 102 West Bayberry Way	Square Feet: 1100 / # of Floors: 1 / Bldg. Age: 65
City (5): Lavallette	
County (6): Ocean / County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Residence
Name of Monitoring Firm Hired by Building Owner (8): N/A / ASCM No.	Name of Abatement Contractor (9): Guardian Contracting, Inc.
Street Address	Street Address: 1889 Route 9, Unit 61
City, State, Zip Code	City, State, Zip Code: Toms River, New Jersey 08755
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 732-349-9932 / License No.: 00624
Start Date (10): 10 / 29 / 26 / Scheduled Completion Date (11): 11 / 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) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
exterior	☐	☒	☐	asbestos siding	1100 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: 11/02/26	City, State: Morrisville, Pennsylvania
Completed By (Print or Type): Nicholas Fernicola	Title: Project Manager	Signature	Date: 10/16/26

ASB-41
JAN 13

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

9365

PAID

Print Form

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

Date of Notification (1): 10/13/2026	Name of Building Owner/Operator (2): RECEIVED OCT 16 2026
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [✓] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
Street Address: 4404 NOTTINGHAM WAY	
City, State, Zip Code: HAMILTON NJ 08690	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENCE	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [✓] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 4404 NOTTINGHAM WAY	Square Feet / # of Floors / Bldg. Age
City (5): HAMILTON	
County (6): MERCER	County Code (7) *(STATE USE ONLY)* _____ / Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): AAA Lead Professionals
Street Address	Street Address: 6 White Dove Court
City, State, Zip Code	City, State, Zip Code: Lakewood, NJ, 08701
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 732-719-5649 / License No.: 1200
Start Date (10): 11/02/2026 / Scheduled Completion Date (11): 11/02/2026	Name of OSHA Monitor: AAA Lead Professionals
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [X] Other – Describe: _____	Street Address: 6 White Dove Court / City, State, Zip Code: Lakewood, NJ, 08701

Scope of Work (Check All That Apply)

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

[ ] Renovation
[ ] Demolition

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

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

Name of Registered Waste Hauler: Lead Professionals Inc	NJDEP Waste Hauler ID No.: 35103	Cubic Yards of Waste: 4	Name of Registered Landfill: IESI
City, State: Lakewood, NJ		Disposal Date: 11/02/2026	City, State: BETHLEHEM, PA
Completed by: JOSEPH PERLSTEIN	Title: OWNER	Signature	Date: 10/13/2026

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

ASB-41 (R-06-08)

30711

RECEIVED

OCT 16 2026

ASBESTOS CONTROL & LICENSING

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

PAID

Date of Notification (1): 10 / 12 / 26	Name of Building Owner/Operator (2): Baron Builders
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 1309 Ridge Avenue
	City, State, Zip Code: Lakewood, NJ 08701
	Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 11 Sherwood Drive	
City (5): Lakewood	Square Feet: 1200 / # of Floors: 1 / Bldg. Age: 65
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): 10 / 23 / 26 / Scheduled Completion Date (11): 10 / 26 / 26		Name of OSHA Monitor: E.M.S.L. Analytical
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address: 1056 Stelton / City, State, Zip Code: Piscataway, New Jersey 08854

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
exterior	☐	☒	☐	asbestos siding	1200 sf	☒	☐	☐	☐
basement	☐	☒	☐	asbestos floor tile	250 sf	☒	☐	☐	☐
kitchen	☐	☒	☐	asbestos floor tile	140 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: 10/26/26	City, State: Morrisville, Pennsylvania

Completed By (Print or Type): Nicholas Fernicola	Title: Project Manager	Signature:	Date: 10/12/26

ASB-41
JAN 13

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12527

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

PAID

RECEIVED
OCT 19 2026
ASBESTOS LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
10/16/2026	

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

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

Street Address: 45 Madison Street,
City, State, Zip Code: Newton, NJ 07860
Name of Contact | Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
residential	[ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 45 Madison Street,	
City (5): Newton	Square Feet: 3,920 | # of Floors: 2 | Bldg. Age: 154
County (6): Sussex	County Code (7) *(STATE USE ONLY)* _____
	Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
		Acme Professional Services Corp
Street Address		Street Address: 170 Kinnelon Rd, Suite 32
City, State, Zip Code		City, State, Zip Code: Kinnelon, NJ 07405
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 973-938-5266 | License No.: 02003

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
10/26/2026	10/27/2026	Arsenije Adamov

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

Street Address: 170 Kinnelon Rd, Suite 32
City, State, Zip Code: Kinnelon, NJ 07405

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement		✓		ACM Pipe and Fitting Debris	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	1.5	Fairless Landfill
City, State: Kinnelon, NJ		Disposal Date: 10/27/2026	City, State: Morrisville, PA

Completed by	Title	Signature	Date
Samantha Zamora	Project Coordinator	Samantha Zamora	10/16/2026

ASB-41 (R-06-08)

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

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4348

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

PAID

RECEIVED
OCT 15 2026
CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
10/07/2026	

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

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

Street Address: 48 Terrill Ave
City, State, Zip Code: Hamilton, NJ 08619
Name of Contact:
Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence
Street Address: 48 Terrill Ave
City (5): Hamilton
County (6): Mercer
County Code (7) *(STATE USE ONLY)*: _____

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

Square Feet | # of Floors | Bldg. Age
Current Use (Prior if being demolished)

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

Name of Abatement Contractor (9): AAA Lead Professionals
Street Address: 6 White Dove Court
City, State, Zip Code: Lakewood, NJ, 08701
Telephone No.: 732-719-5649
License No.: 1200

Start Date (10): 10/16/2026
Scheduled Completion Date (11): 10/19/2026

Name of OSHA Monitor: AAA Lead Professionals
Street Address: 6 White Dove Court
City, State, Zip Code: Lakewood, NJ, 08701

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

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

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

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No	Cubic Yards of Waste	Name of Registered Landfill
Lead Professionals Inc	35103	3	IESI
City, State: Lakewood, NJ		Disposal Date: 10/19/2026	City, State: BETHLEHEM, PA

Completed by	Title	Signature	Date
JOSEPH PERLSTEIN	OWNER		10/07/2026

ASB-41 (R-06-08)

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

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4661

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

RECEIVED
OCT 19 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10-12-2026	Name of Building Owner/Operator (2): Three One One Corp
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 132 Park Avenue
	City, State, Zip Code: Hoboken, NJ 07030
	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: 311 Park Avenue	
City (5): Hoboken, NJ 07030	Square Feet: 3358 / # of Floors: 3 / Bldg. Age: 65+
County (6): Hudson / County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): Green Environmental Services, LLC
Street Address	Street Address: 235 Virginia Avenue
City, State, Zip Code	City, State, Zip Code: Jersey City, NJ 07304
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 201-333-8855 / License No.: 01174
Start Date (10): 10-22-2026 / Scheduled Completion Date (11): 10-23-2026	Name of OSHA Monitor: Green Environmental Services, LLC
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____	Street Address: 235 Virginia Avenue / City, State, Zip Code: Jersey City, NJ 07304

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Roof		X		Flashing	94 SF	X			
House Perimeter		X		Siding	2462 SF	X			

Name of Registered Waste Hauler: Green Environmental Services	NJDEP Waste Hauler ID No.: 0034889	Cubic Yards of Waste: 3	Name of Registered Landfill: Fairless Landfill
City, State: Jersey City, NJ		Disposal Date: 10-23-2026	City, State: Morrisville, PA
Completed by: Liliana Serrano	Title: Office Assistant	Signature: Liliana Serrano	Date: 10-12-2026

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

ASB-41 (R-06-08)

Print Form

5105

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

RECEIVED
OCT 26 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/21/26	Name of Building Owner/Operator (2):
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [ ] Initial [ ] Amended Amendment #_____ [x] Emergency (including justification) [ ] Cancellation
	Street Address: 51 River Dr.
	City, State, Zip Code: Marlboro, NJ 07746
	Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential Home			Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 51 River Dr.			
City (5): Marlboro		Square Feet: 1900	# of Floors: 2 / Bldg. Age: 60 +/-
County (6): Monmouth	County Code (7) (STATE USE ONLY):		Current Use (Prior if being demolished): Residential Home
Name of Monitoring Firm Hired by Building Owner (8): Project Manager	ASCM No.	Name of Abatement Contractor (9): All Stages Abatement	
Street Address:		Street Address: 55 Cannonball Rd.	
City, State, Zip Code:		City, State, Zip Code: Pompton Lakes, NJ 07442	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-600-3184	License No.: 01305
Start Date (10): 10/22/26	Scheduled Completion Date (11): 10/25/26	Name of OSHA Monitor: Same As Above	
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: 8 A.M to 4 P.M.		Street Address: / City, State, Zip Code:	

Scope of Work (Check All That Apply)

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

[x] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
2 Bedrooms		X		VAT	360 SF	x			

Name of Registered Waste Hauler: All Stages Abatement	NJDEP Waste Hauler ID No.: 0036592	Cubic Yards of Waste: 5 YD	Name of Registered Landfill: Chrin Brothers Sanitary Landfill
City, State: Pompton Lakes, NJ		Disposal Date: TBD	City, State: Easton, PA
Completed by: Richard Cristofol	Title: President	Signature:	Date: 10/21/26

ASB-41 (R-06-08)

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

4662

Print Form

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

RECEIVED
OCT 2 6 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10-18-2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation
Street Address: 18 First Avenue	
City, State, Zip Code: Westwood, NJ 07675	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 18 First Avenue	
City (5): Westwood, NJ 07675	Square Feet: 2608 / # of Floors: 2 / Bldg. Age: 128+
County (6): Bergen / County Code (7) (STATE USE ONLY): _____	Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): Green Environmental Services, LLC
Street Address		Street Address: 235 Virginia Avenue
City, State, Zip Code		City, State, Zip Code: Jersey City, NJ 07304
Project Manager for Monitoring Firm / Telephone No.		Telephone No.: 201-333-8855 / License No.: 01174
Start Date (10): 10-19-2026	Scheduled Completion Date (11): 10-20-2026	Name of OSHA Monitor: Green Environmental Services, LLC
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: 235 Virginia Avenue / City, State, Zip Code: Jersey City, NJ 07304

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

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

Name of Registered Waste Hauler: Green Environmental Services	NJDEP Waste Hauler ID No.: 0034889	Cubic Yards of Waste: 1	Name of Registered Landfill: Fairless Landfill
City, State: Jersey City, NJ		Disposal Date: 10-20-2026	City, State: Morrisville, PA
Completed by: Liliana Serrano	Title: Office Assistant	Signature: Liliana Serrano	Date: 10-18-2026

ASB-41 (R-06-08)

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Print Form

13754

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
10/19/26 MS# 26-170	

Agencies Notified	Type Notification	Street Address
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	462 Berkley Ave
		City, State, Zip Code: Orange, NJ 07050
		Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Residential	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 462 Berkley Ave	

City (5)	Square Feet	# of Floors	Bldg. Age
Orange	1,300	3	80

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

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
N/A		D&S Restoration, Inc
Street Address		Street Address: 20 California Ave
City, State, Zip Code		City, State, Zip Code: Paterson, NJ 07503
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 973-345-8020 / License No.: 01169

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
10/20/26	10/21/26	D&S Restoration, Inc

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

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

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

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

Completed by	Title	Signature	Date
Bogdan Joldzic	President	Bog'Jolz	10/19/2026

ASB-41 (R-06-08)

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1860

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

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Date of Notification (1): 10-21-26	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☑ DEP ☑ DOL ☐ DOH ☐ DCA	Type Notification: ☑ Initial ☐ Amended Amendment # ☑ Emergency (including justification) ☐ Cancellation
	Street Address: 1603 HIGHLAND AVE
	City, State, Zip Code: RIVERTON NJ 08077
	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: 1603 HIGHLAND AVE	Square Feet: 1400 # of Floors: 2 Bldg. Age: NA
City (5): RIVERTON	
County (6): BURLINGTON County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished): RESIDENTIAL
Name of Monitoring Firm Hired by Building Owner (8): ATLAS ENV. INSPECTION ASCM No.	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	Telephone No.: 267-784-4694 License No.: 01276
Start Date (10): 10-24-26 Scheduled Completion Date (11): 10-25-26	Name of OSHA Monitor: JASON DUA
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 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) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
BATHROOM				FLOOR TILE	125 SF	✓			
HALLWAY				FLOOR TILE	30 SF	✓			

Name of Registered Waste Hauler: FRYMAR CONSTRUCTION	NJDEP Waste Hauler ID No.: 0036759	Cubic Yards of Waste: NA	Name of Registered Landfill: WESTERN BERKS CL.
City, State: N. WALES PA		Disposal Date: NA	City, State: BIRDSBORO PA
Completed by: EFRAIM DUA	Title: VP	Signature:	Date: 10-21-26

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ASB-41 (R-06-08)

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13753

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

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LICENSING
ASBES

Date of Notification (1) 10/15/26 MS# 26-169		Name of Building Owner/Operator (2)	
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 2023 Ostwood Terr	
		City, State, Zip Code Union, NJ 07090	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 2023 Ostwood Terr			
City (5) Union, NJ		Square Feet 1,000	# of Floors 2 / Bldg. Age 80
County (6) Union	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) D&S Restoration, Inc	
Street Address		Street Address 20 California Ave	
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-345-8020	License No. 01169
Start Date (10) 10/28/26	Scheduled Completion Date (11) 10/29/26	Name of OSHA Monitor D&S Restoration, Inc	
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: Regular Hours		Street Address 20 California Ave	
		City, State, Zip Code Paterson, NJ 07503	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

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

Name of Registered Waste Hauler D&S Restoration, Inc	NJDEP Waste Hauler ID No. 13506	Cubic Yards of Waste 1 CYD	Name of Registered Landfill Tyllytown Recource Recovery
City, State 20 California Ave Paterson, NJ 07503		Disposal Date TBD	City, State Tullytown, PA
Completed by Bogdan Joldzic	Title President	Signature Brad Joldz	Date 10/15/2026

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ASB-41 (R-06-08)

12049

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

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OCT 21 2026
CONTROL & LICENSING

Date of Notification (1): 10/19/26	Name of Building Owner/Operator (2):
Agencies Notified: [ ] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 399 WAYNE TERRACE City, State, Zip Code: UNION, NJ 07083 Name of Contact: Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): SINGLE FAMILY DWELLING			Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 399 WAYNE TERRACE			
City (5): UNION, NJ 07083		Square Feet:	# of Floors: 2 / Bldg. Age: 55+-
County (6): UNION	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8): EPC TECHNOLOGIES, INC	ASCM No.: N/A	Name of Abatement Contractor (9): EPC TECHNOLOGIES, INC	
Street Address: P.O. BOX 337		Street Address: P.O. BOX 337	
City, State, Zip Code: NEW EGYPT, NJ 08533		City, State, Zip Code: NEW EGYPT, NJ 08533	
Project Manager for Monitoring Firm: STEVE SCHENKER	Telephone No.: 609-744-6384	Telephone No.: 609-744-6384	License No.: C0394
Start Date (10): 11/09/26	Scheduled Completion Date (11): 11/12/26	Name of OSHA Monitor: EPC TECHNOLOGIES	
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address: P.O. BOX 337 City, State, Zip Code: NEW EGYPT, NJ 08533	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
BASEMENT	XXX			9X9 FLOOR TILES	800 SF	XXX			
BASEMENT	XXX			PIPE INSULATION	170 LF	XXX			

Name of Registered Waste Hauler: EPC TECHNOLOGIES INC	NJDEP Waste Hauler ID No.: 17000	Cubic Yards of Waste: 5	Name of Registered Landfill: FAIRLESS LANDFILL
City, State: NEW EGYPT, NJ 08533		Disposal Date: 11/13/26	City, State: MORRISVILLE, PA
Completed by: STEVE SCHENKER	Title: PRESIDENT	Signature: Steve Schenker	Date: 10/19/26

ASB-41 (R-06-08)

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39

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

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BUREAU OF PUBLIC SAFETY & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
10/15/2026	MORRIS COUNTY WEATHERIZATION ASSISTANCE

Agencies Notified	Type Notification	Street Address	Telephone Number
[x] EPA [x] DEP [x] DOL [x] DOH [ ] DCA	[x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	95-97 BASSET HWY City, State, Zip Code DOVER,NJ.07801 Name of Contact	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
PRIVATE HOUSE	[ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 69 EYLAND AVENUE	
City (5): SUCCASUNNA	Square Feet: N/A; # of Floors: N/A; Bldg. Age: N/A
County (6): MORRIS	County Code (7) *(STATE USE ONLY)* _____
	Current Use (Prior if being demolished): PRIVATE

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
N/A		EHW ABATEMENT LLC
Street Address		Street Address: 89 FRANKLIN STREET
City, State, Zip Code		City, State, Zip Code: PATERSON,NJ.07524
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 973-333-5144; License No.: 01274
Start Date (10): 10/24/2026	Scheduled Completion Date (11): 10/25/2026	Name of OSHA Monitor: EHW ABATEMENT LLC

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

Street Address: 89 FRANKLIN STREET
City, State, Zip Code: PATERSON,NJ.07524

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

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

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
TRI STATE TRANSFER	0037095	TBD	TRI STATE TRANSFER
City, State: PATERSON,NJ		Disposal Date: TBD	City, State: BRONX,NJ

Completed by	Title	Signature	Date
VICTOR ESPIRITU	PROJECT MANAGER		10/15/2026

ASB-41 (R-06-08)

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1464

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1)	Name of Building Owner/Operator (2)
10/13/2026	

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

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

Street Address: 24 Coolidge Avenue

City, State, Zip Code: West Caldwell, NJ 07006

Name of Contact | Telephone Number

FACILITY INFORMATION

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

Street Address: 24 Coolidge Avenue

City (5): West Caldwell, NJ 07006

County (6): Essex

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

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

Square Feet | # of Floors | Bldg. Age

Current Use (Prior if being demolished)

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

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm | Telephone No.

Name of Abatement Contractor (9): Gr Tech LLC

Street Address: 576 Valley Road#283

City, State, Zip Code: Wayne, NJ 07470

Telephone No.: 973-356-3511 | License No.: 01127

Start Date (10): 10/22/2026

Scheduled Completion Date (11): 10/23/2026

Name of OSHA Monitor: Envirovision Consultants, Inc

Street Address: 20-21 Wagaraw Road, Bldg.# 35 E

City, State, Zip Code: Fair Lawn, NJ 07410

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

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

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

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Gr Tech LLC	0033785	TBD	T.R.R.F. Inc
City, State		**Disposal Date**	**City, State**
Wayne, NJ 07470		TBD	Tullytown, PA

Completed by	Title	Signature	Date
G.Ristanovic	Owner	*Gradimir Ristanovic*	10/13/2026

ASB-41 (R-06-08)

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11414

Check# 11416

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
10/15/2026	

Agencies Notified	Type Notification	Street Address
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	22 Rutgers Street City, State, Zip Code Maplewood, NJ 07040 Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Private house	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 22 Rutgers Street	
City (5): Maplewood, NJ 07040	Square Feet / # of Floors / Bldg. Age
County (6): Essex	County Code (7) *(STATE USE ONLY)* _____ / Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
		Gr Tech LLC
Street Address		Street Address: 576 Valley Road#283
City, State, Zip Code		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)	Scheduled Completion Date (11)	Name of OSHA Monitor
10/24/2026	10/26/2026	Envirovision Consultants, Inc

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

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Endosure
Attic-crawl space			x	Vermiculite insulation	50 SF	x			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Gr Tech LLC	0033785	TBD	T.R.R.F. Inc
City, State: Wayne, NJ 07470		Disposal Date: TBD	City, State: Tullytown, PA

Completed by	Title	Signature	Date
G.Ristanovic	Owner	*Gradimir Ristanovic*	10/15/2026

ASB-41 (R-06-08)

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8124

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

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& LICENSING

Date of Notification (1): 10/7/2026		Name of Building Owner/Operator (2):
Agencies Notified: [x] EPA [x] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 957 Arnet Ave City, State, Zip Code: Union, NJ 07083 Name of Contact: Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 957 Arnet Ave			
City (5): Union		Square Feet: 1800	# of Floors: 2 / Bldg. Age: ~100 years
County (6): Union	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Residence	
Name of Monitoring Firm Hired by Building Owner (8): A. Seine Lighthouse Solutions	ASCM No.	Name of Abatement Contractor (9): Brink's Plumbing & Heating	
Street Address: PO Box 354		Street Address: 1256 Liberty Ave	
City, State, Zip Code: South Orange, NJ 07079		City, State, Zip Code: Hillside, NJ 07205	
Project Manager for Monitoring Firm: Sarah Calandra	Telephone No.: (201) 349-2666	Telephone No.: (844) 462-7465	License No.: 02116
Start Date (10): 10/17/26	Scheduled Completion Date (11): 10/19/26	Name of OSHA Monitor: A. Seine Lighthouse Solutions	
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address: PO Box 354 City, State, Zip Code: South Orange, NJ 07079	

Scope of Work (Check All That Apply)

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

[x] Renovation
[ ] Demolition

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

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

Name of Registered Waste Hauler: Newark Carting	NJDEP Waste Hauler ID No.: 04509	Cubic Yards of Waste	Name of Registered Landfill: Waste Management
City, State: East Orange, NJ		Disposal Date	City, State: Penn Argyle, PA
Completed by: Connor Brink	Title: Project Manager	Signature	Date: 10/7/2026

ASB-41 (R-06-08)

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50708

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

PAID

RECEIVED 50708
OCT 16 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10 / 12 / 26	Name of Building Owner/Operator (2): I2 Ventures
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 800 Main Street, Suite 103
	City, State, Zip Code: Belmar, NJ 07719
	Name of Contact: Mason — Telephone Number: 732-742-5758

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): 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: 701 7th Avenue	
City (5): Belmar	Square Feet: 1500 — # of Floors: 2 — Bldg. Age: 95
County (6): Monmouth — County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): Building

Name of Monitoring Firm Hired by Building Owner (8): Guardian Contracting, Inc. — ASCM No.	Name of Abatement Contractor (9): Guardian Contracting, Inc.	
Street Address: 1889 Route 9, Unit 61	Street Address: 1889 Route 9, Unit 61	
City, State, Zip Code: Toms River, New Jersey 08755	City, State, Zip Code: Toms River, New Jersey 08755	
Project Manager for Monitoring Firm: Nicholas Fernicola — Telephone No.: 732-349-9932	Telephone No.: 732-349-9932	License No.: 00624
Start Date (10): 10 / 26 / 26 — Scheduled Completion Date (11): 10 / 30 / 26	Name of OSHA Monitor: E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	Street Address: 1056 Stelton — City, State, Zip Code: Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
boiler room	☐	☒	☐	asbestos floor tile	25 sf	☒	☐	☐	☐
4 offices & hallway	☐	☒	☐	asbestos floor tile	1100 sf	☒	☐	☐	☐
garage	☐	☒	☐	asbestos floortile	250 sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Guardian Contracting, Inc.	NJDEP Waste Hauler ID No.: 20223	Cubic Yards of Waste: 7	Name of Registered Landfill: Fairless Landfill
City, State: Toms River, New Jersey		Disposal Date: 10/30/26	City, State: Morrisville, Pennsylvania

Completed By (Print or Type): Nicholas Fernicola	Title: Project Manager	Signature: [signature]	Date: 10/12/26

ASB-41
JAN 13

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7/296

Print Form

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

RECEIVED
OCT 14 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9/1/26	Name of Building Owner/Operator (2): New Jersey Department of Environmental Protection
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☒ DCA	Type Notification: ☐ Initial ☒ Amended Amendment #2 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 401 East State Street
	City, State, Zip Code: Trenton, NJ 08625
	Name of Contact: Telephone Number: 877-927-6337

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Liberty State Park Train Shed			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1 Audrey Zapp Drive			
City (5): Jersey City		Square Feet: 327,000	# of Floors: 1 / Bldg. Age: 112 Years
County (6): Hudson	County Code (7) (STATE USE ONLY):		Current Use (Prior if being demolished): Transportation Center
Name of Monitoring Firm Hired by Building Owner (8): Matrix New World	ASCM No.: 00121	Name of Abatement Contractor (9): International Asbestos Removal, Inc.	
Street Address: 26 Columbia Turnpike		Street Address: 119 Cooper Street	
City, State, Zip Code: Florham Park, NJ 07932		City, State, Zip Code: Babylon, NY 11702	
Project Manager for Monitoring Firm: Matt Sheldon	Telephone No.: 973-240-1800	Telephone No.: 718-335-0304	License No.: 02017
Start Date (10): 10/26/26	Scheduled Completion Date (11): 6/30/27	Name of OSHA Monitor: EMSL Analytical	
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: 335 West 38th Street, Suite 202	
		City, State, Zip Code: New York, NY 10018	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Train Shed West End North (roof)		X		Roofing Tar Paper	280,000 SF	X			

Name of Registered Waste Hauler: Cardella Trucking Co	NJDEP Waste Hauler ID No.: NJ-851	Cubic Yards of Waste: 1000	Name of Registered Landfill: WM Fairless Landfill
City, State: North Bergen, NJ		Disposal Date: WM Fairless	City, State: Morrisville, PA

Completed by: Jason Pastore	Title: Director of Env Services	Signature: Jason Pastore	Date: 9/1/26

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ASB-41 (R-06-08)

18222

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OCT 20 2026
ASBESTOS CONTROL & LICENSING

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1): 10 / 13 / 26		Name of Building Owner/Operator (2): Transcontinental Gas Pipe Line	Job # 2610-6635 Check #18222
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 315 Cold Soil Rd.	
		City, State, Zip Code: Princeton, NJ 08540	
		Name of Contact: Kevin Schmidt	Telephone Number: 610-755-8956

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Williams/Transco Dig #C1013786-2		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 201 Meadow Road			
City (5): Edison		Square Feet	# of Floors / Bldg. Age
County (6): Middlesex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Gas Pipe Line	
Name of Monitoring Firm Hired by Building Owner (8): NA	ASCM No.	Name of Abatement Contractor (9): AbateTech, Inc.	
Street Address		Street Address: 30 Maple Ave. PO Box 25	
City, State, Zip Code		City, State, Zip Code: Lumberton, NJ 08048	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 609-265-2107	License No.: 00529
Start Date (10): 10 / 23 / 26	Scheduled Completion Date (11): 10 / 26 / 26	Name of OSHA Monitor: IATL Analytical	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address: 9000 Commerce Parkway Suite B	
		City, State, Zip Code: Mt Laurel, NJ 08054	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior Dig#C1013786-2	☐	☐	☒	Coal Tar Wrap- 30" Line	20 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

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

Completed By (Print or Type): Gwendolyn Trumbetti	Title: Operations Coordinator	Signature: Gwen	Date: 10-13-26

ASB-41
MAY 11

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11424

Check# 11424

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OCT 26 2026

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 10/22/2026	Name of Building Owner/Operator (2): Morris Companies, LLC
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☐ Initial ☒ Amended Amendment # 1 ☐ Emergency (including justification) ☐ Cancellation	Street Address: 350 Veterans Boulevard 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		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 1291 Rahway Avenue			
City (5): Avenel, NJ 07001		Square Feet	# of Floors / Bldg. Age
County (6): Middlesex	County Code (7) *(STATE USE ONLY)*	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): Gr Tech LLC	
Street Address		Street Address: 576 Valley Road#283	
City, State, Zip Code		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): 10/19/2026	Scheduled Completion Date (11): 10/30/2026	Name of OSHA Monitor: Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe:		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
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Commercial Refrigerators-storage rooms			x	Tar mastic insulation-walls and ceilings	10 Each-3700 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	Title	Signature	Date
G.Ristanovic	Owner	*Gradimir Ristanovic*	10/22/2026

ASB-41 (R-06-08)

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4933

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

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OCT 26 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10 / 21 / 26		Name of Building Owner/Operator (2): Church of the Epiphany	CHECK#4933
Agencies Notified: ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	Street Address: 247 Knox Avenue	
		City, State, Zip Code: Cliffside Park, NJ 07010	
		Name of Contact: Cathy Eichler	Telephone Number: 201.943.7326

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Greater Bergen Community Action School		Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 263 Lafayette Avenue			
City (5): Cliffside Park, NJ 07010		Square Feet: 45,000	# of Floors: 2 / Bldg. Age: 50+
County (6): BERGEN	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): School	

Name of Monitoring Firm Hired by Building Owner (8)	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): 10 / 22 / 26	Scheduled Completion Date (11): 10 / 25 / 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: _____AM-3:00PM/_____PM-_____AM		Street Address	
		City, State, Zip Code	

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement-Storage Room	☒	☐	☐	Pipe Insulation	8 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)	Title	Signature	Date
Marisabel Toribio	Clerical	Marisabel Toribio	10/21/26

ASB-41
JAN 13

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