* Project ON HOLD as of 9/18/26

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

RECEIVED
SEP 30 2026
ASBESTOS CONTROL & LICENSING

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 #3 ☐ 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): 09 / 25 / 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: 09/25/2026	City, State: Morrisville, PA 19067

Completed By (Print or Type): Kaysi Gruner	Title: Office Coordinator	Signature:	Date: 9/18/26

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.

Pg. 1

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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): 9 / 28 / 26		Name of Building Owner/Operator (2): **Verizon Communications**	
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #1 ☐ Emergency (including justification) ☐ Cancellation	Street Address: **15 East Montgomery Street**	
		City, State, Zip Code: **Pittsburgh, PA 15212**	
		Name of Contact: **Brian Kingsbury (Owners Rep)**	Telephone Number: **201-388-0620**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Verizon East Orange Central Office**		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: **621 William Street**			
City (5): **East Orange**		Square Feet: **70,730**	# of Floors: **4** / Bldg. Age: **+-50**
County (6): **Essex**	County Code (7)(*STATE USE ONLY*)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8): **TTI Environmental**	ASCM No.	Name of Abatement Contractor (9): **BRISTOL ENVIRONMENTAL, LLC**	
Street Address: **1253 North Church Street**		Street Address: **1123 BEAVER STREET**	
City, State, Zip Code: **Moorestown, NJ 08057**		City, State, Zip Code: **BRISTOL, PA 19007**	
Project Manager for Monitoring Firm: **Kris Smith**	Telephone No.: **609-313-8218**	Telephone No.: **215-788-6040**	License No.: **02121**
Start Date (10): ON HOLD	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: _____AM-_____PM/5PM-1AM		Street Address: **1123 BEAVER STREET** / City, State, Zip Code: **BRISTOL, PA 19007**	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
1st Floor Generator Room	☐	☐	☒	VAT & Mastic	338 SF	☒	☐	☐	☐
1st Floor Generator Room	☐	☐	☒	Duct Insulation	600 SF	☒	☐	☐	☐
1st Floor Adjacent Gen Room	☐	☐	☒	Duct Insulation	150 SF	☒	☐	☐	☐
1st Floor Adjacent Gen Room	☐	☐	☒	VAT & Mastic	13 SF	☒	☐	☐	☐

Name of Registered Waste Hauler: **Freehold Cartage**	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill: **Conestoga Landfill**
City, State: **Freehold NJ**		Disposal Date: **TBD**	City, State: **Morgantown PA**

Completed By (Print or Type): **Dillan DeCaro**	Title: **Estimator**	Signature: Dillan DeCaro	Date: 9/28/26

ASB-41
JAN 13 DD250944

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

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

Date of Notification (1): 9 / 28 / 25		Name of Building Owner/Operator (2): **Verizon Communications**	
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #1 ☐ Emergency (including justification) ☐ Cancellation	Street Address: **15 East Montgomery Street**	
		City, State, Zip Code: **Pittsburgh, PA 15212**	
		Name of Contact: **Brian Kingsbury (Owners Rep)**	Telephone Number: **201-388-0620**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Verizon East Orange Central Office**		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: **621 William Street**			
City (5): **East Orange**		Square Feet: **70,730**	# of Floors: **4** / Bldg. Age: **+-50**
County (6): **Essex**	County Code (7)(*STATE USE ONLY*)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8): **TTI Environmental**	ASCM No.	Name of Abatement Contractor (9): **BRISTOL ENVIRONMENTAL, LLC**	
Street Address: **1253 North Church Street**		Street Address: **1123 BEAVER STREET**	
City, State, Zip Code: **Moorestown, NJ 08057**		City, State, Zip Code: **BRISTOL, PA 19007**	
Project Manager for Monitoring Firm: **Kris Smith**	Telephone No.: **609-313-8218**	Telephone No.: **215-788-6040**	License No.: **02121**
Start Date (10): ON HOLD	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: _____AM-_____PM/5PM-1AM		Street Address: **1123 BEAVER STREET** / City, State, Zip Code: **BRISTOL, PA 19007**	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
1st Floor Closet	☐	☐	☒	Duct Insulation	246 SF	☒	☐	☐	☐
1st Floor Closet	☐	☐	☒	VAT & Mastic	160 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: **Freehold Cartage**	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill: **Conestoga Landfill**
City, State: **Freehold NJ**		Disposal Date: **TBD**	City, State: **Morgantown Pa**

Completed By (Print or Type): **Dillan DeCaro**	Title: **Estimator**	Signature: Dillon DeCaro/Hmd	Date: 9/28/26

ASB-41
JAN 13 DD250924

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12038

Check # 12038

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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): 10/2/26	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation
	Street Address: 536 NORTH MAIN STREET
	City, State, Zip Code: STEWARTSVILLE, NJ 08886
	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) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 536 NORTH MAIN STREET			
City (5): STEWARTSVILLE, NJ 08886		Square Feet:	# of Floors: 2 / Bldg. Age: 65+-
County (6): WARREN	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.: 00394
Start Date (10): 10/26/26	Scheduled Completion Date (11): 10/30/26	Name of OSHA Monitor: EPC TECHNOLOGIES	
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: P.O. BOX 337 / City, State, Zip Code: NEW EGYPT, NJ 08533	

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	XXX			PIPE INSULATON	260 LF	XXX			
BASEMENT	XXX			FLOOR TILES	400 SF	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: 10/30/26	City, State: MORRISVILLE, PA

Completed by: STEVE SCHENKER	Title: PRESIDENT	Signature: Steve Schenker	Date: 10/02/26

ASB-41 (R-06-08)

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

12037

Check #12037

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

PAID

RECEIVED
OCT - 5 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/2/26	Name of ~~Building Owner/Operator~~ (2)
Agencies Notified: [ ] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA Type Notification: [x] Initial [ ] Amended Amendment #_____ [x] Emergency (including justification) [ ] Cancellation	Street Address: 168 LAKESIDE BLVD. City, State, Zip Code: TRENTON, NJ 08610 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: 168 LAKESIDE BLVD.			
City (5): TRENTON, NJ 08610		Square Feet	# of Floors: 2 / Bldg. Age: 65+-
County (6): MERCER	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.: 00394
Start Date (10): 10/19/26	Scheduled Completion Date (11): 10/20/26	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
[ ] ≥160 sf or ≥260 lf

[x] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
BASEMENT	XXX			PIPE INSULATON	160 LF	XX			

Name of Registered Waste Hauler: EPC TECHNOLOGIES INC	NJDEP Waste Hauler ID No.: 17000	Cubic Yards of Waste: 2	Name of Registered Landfill: FAIRLESS LANDFILL
City, State: NEW EGYPT, NJ 08533		Disposal Date: 10/21/26	City, State: MORRISVILLE, PA
Completed by: STEVE SCHENKER	Title: PRESIDENT	Signature: SS Schenker	Date: 10/02/26

ASB-41 (R-06-08)

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

12035

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

RECEIVED
OCT - 2 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/27/26	Name of Building Owner/Operator (2): MARK FRANCHI DEMOLITION & YARD SERVICES
Agencies Notified: [ ] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [x] Emergency (including justification) [ ] Cancellation
	Street Address: 348 HURFFVILLE GRENLOCH ROAD
	City, State, Zip Code: SEWELL, NJ 08080
	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: 1701 SOUTH BLACK HORSE PIKE			
City (5): WILLIAMSTOWN, NJ 08094	Square Feet:	# of Floors: 2	Bldg. Age: 65+-
County (6): GLOUCESTER	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8): EPC TECHNOGIES INC	ASCM No.: N/A	Name of Abatement Contractor (9): EPC TECHNOGIES INC	
Street Address: P.O. BOX 337		Street Address: P.O. BOX 337	
City, State, Zip Code: NEW EGYPT, NJ 08533		City, State, Zip Code: NEW EGYPT, NJ 08533	
Project Manager for Monitoring Firm: STEVE SCHENKER	Telephone No.: 609-744-6384	Telephone No.: 609-744-6384	License No.: 00394
Start Date (10): OCTOBER 9, 2026	Scheduled Completion Date (11): OCTOBER 14, 2026	Name of OSHA Monitor: EPC TECHNOGIES INC	
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address: 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
[ ] ≥160 sf or ≥260 lf

[ ] Renovation
[x] Demolition

[x] 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	XXX			WRAPPED AIR DUCT	48 LF	XXX			
BASEMENT	XXX			FURANCE INSULATON	8 SF	XXX			
KITCHEN AREA		XXX		BLACK FLOOR TILES	150 SF	XX			

Name of Registered Waste Hauler: EPC TECHNOGIES INC	NJDEP Waste Hauler ID No.: 17000	Cubic Yards of Waste: 2	Name of Registered Landfill: FAIRLESS LANDFILL
City, State: NEW EGYPT, NJ 08533		Disposal Date: OCT 14, 2026	City, State: MORRISVILLE, PA

Completed by: STEVE SCHENKER	Title: PRESIDENT	Signature: Steve Schenker	Date: 09/27/2026

ASB-41 (R-06-08)

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

Print Form

13680

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): 10/01/26 MS# 26-14?	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation
Street Address: 11 Schaefer Rd	
City, State, Zip Code: Maplewood, NJ 07040	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 11 Schaefer Rd	
City (5): Maplewood, NJ	Square Feet: 1,200 / # 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): 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): 10/05/26 / Scheduled Completion Date (11): 10/06/26	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	30 SF	X			

Name of Registered Waste Hauler: D&S Restoration, Inc	NJDEP Waste Hauler ID No.: 13506	Cubic Yards of Waste: 2 CYD	Name of Registered Landfill: 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: 10/012026

ASB-41 (R-06-08)

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

#649
1049

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

PAID

RECEIVED
OCT - 2 2026
ASBESTOS

Date of Notification (1) 09/28/2026	Name of Building Owner/Operator (2)
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☐ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address 30 Haran Cir	
City, State, Zip Code Millburn NJ 07041	
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 30 Haran Cir		
City (5) Millburn		Square Feet: 2,434 / # of Floors: 2 / Bldg. Age: 1954
County (6) Essex	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 6S
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) 10/19/2026	Scheduled Completion Date (11) 10/31/2026	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 6S City, State, Zip Code Elizabeth, NJ 07202

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement			X	9x9 VAT Floor Tile	600 SF	X			

Name of Registered Waste Hauler ABATED LLC	NJDEP Waste Hauler ID No. 0038720	Cubic Yards of Waste 8	Name of Registered Landfill Fairless Hills PA (W-M)
City, State Elizabeth, NJ		Disposal Date 10/31/2026	City, State Morrisville, PA
Completed by Ryan J Passos	Title President	Signature	Date 09/28/2026

ASB-41 (R-06-08)

Do not use this form for asbestos licensure exempted activities.

50662

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

RECEIVED
50662
OCT – 2 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09 / 28 / 26	Name of Building Owner/Operator (2): Santos Construction Group, LLC
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 3008 Shafto Road
	City, State, Zip Code: Tinton Falls, NJ 07753
	Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 278 Lockwood Avenue			
City (5): Long Branch		Square Feet: 1500	# of Floors: 2 / Bldg. Age: 75
County (6): Monmouth	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Residence	

Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): Guardian Contracting, Inc.	
Street Address		Street Address: 1889 Route 9, Unit 61	
City, State, Zip Code		City, State, Zip Code: Toms River, New Jersey 08755	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 732-349-9932	License No.: 00624
Start Date (10): 10 / 08 / 26	Scheduled Completion Date (11): 10 / 12 / 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	2000 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: 10/12/26	City, State: Morrisville, Pennsylvania

Completed By (Print or Type): Nicholas Fernicola	Title: Project Manager	Signature	Date: 9/25/26

ASB-41
JAN 13

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Print Form

NOA

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

RECEIVED

RECEIVED NJDPM&C

OCT – 1 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/29/26	Name of Building Owner/Operator (2): NJ Division of Property Management and Construction (DPM&C)
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [ ] Initial [X] Amended Amendment # 01 [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 33 West State Street, 9th Floor
	City, State, Zip Code: Trenton, NJ 07825
	Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential			Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 318 Hollow Road			
City (5): Montgomery/Skillman			Square Feet: 2,000 + / # of Floors: 2 / Bldg. Age: 50 +
County (6): Somerset	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): J.R. Contracting & Environmental Consulting, Inc.	
Street Address		Street Address: 1141 Route 23	
City, State, Zip Code		City, State, Zip Code: Wayne, NJ 07470	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: (973) 628-9500	License No.: 00408
Start Date (10): 08/31/26	Scheduled Completion Date (11): 10/30/26	Name of OSHA Monitor: J.R. Contracting & Environmental Consulting, Inc.	
Occupancy Status During Abatement (Check Only One): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe:		Street Address: 1141 Route 23 / City, State, Zip Code: Wayne, NJ 07470	

Scope of Work (Check All That Apply)

- [ ] ≥3 sf or ≥3 lf
- [X] ≥160 sf or ≥260 lf
- [ ] Renovation
- [X] Demolition
- [X] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [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
Throughout			X	Foundation Mortar	800 SF	X			
			X	Plaster	250 SF	X			
			X	Chimney Flue Packing	400 SF	X			

Name of Registered Waste Hauler: J.R. Contracting & Environmental Consul., Inc	NJDEP Waste Hauler ID No.: 17819	Cubic Yards of Waste: 60	Name of Registered Landfill: Grand Central / Fairless Landfill
City, State: Wayne, New Jersey		Disposal Date	City, State: Pen Argyl, Pennsylvania
Completed by: Jerry Bijelonic	Title: Project Manager	Signature	Date: 09/29/26

ASB-41 (R-06-08)

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

4253

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

RECEIVED
SEP 30 2025
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09 / 18 / 26	Name of Building Owner/Operator (2): 2609-3603 check # 4253
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 1513 Venus Drive
	City, State, Zip Code: Vineland NJ 08360
	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 and commercial buildings, homes, etc.)
Street Address: 1513 Venus Drive			
City (5): Vineland		Square Feet: 1183 / # of Floors: 1 / Bldg. Age: 1967	
County (6): Cumberland	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Residential	
Name of Monitoring Firm Hired by Building Owner (8): Criterion Labs	ASCM No.	Name of Abatement Contractor (9): Asbestos and Mold Services, Corp.	
Street Address: 400 Street Road		Street Address: 70 Stacy Haines Road Suite 4	
City, State, Zip Code: Bensalem PA 19020		City, State, Zip Code: Lumberton NJ 08048	
Project Manager for Monitoring Firm: Office / Telephone No.: 215-244-1300		Telephone No.: 609-702-0400	License No.: 00862
Start Date (10): 09 / 29 / 26	Scheduled Completion Date (11): 10 / 01 / 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 Enclosure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Family Room	☐	☐	☒	Mastic	237 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Asbestos and Mold Services Corp	NJDEP Waste Hauler ID No.: 0035680	Cubic Yards of Waste: 80	Name of Registered Landfill: CCIA
City, State: Lumberton, NJ		Disposal Date: 10/01/2026	City, State: Rosenhayn NJ

Completed By (Print or Type): Kaysi Gruner	Title: Office Admin	Signature:	Date: 9/18/26

ASB-41
MAY 11

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

Print Form

7697

PAID

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

Date of Notification (1): 09/28/2026	Name of Building Owner/Operator (2): G & A HOMES LLC
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☒ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 99 MORRIS AVENUE SUIT102
	City, State, Zip Code: SPRINGFIELD NJ 07081
	Name of Contact: _____ Telephone Number: _____

RECEIVED OCT – 1 2026 LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): 502 JERUSALEM ROAD	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 502 JERUSALEM ROAD	
City (5): SCOTCH PLAINS NJ 07076	Square Feet: 1600 / # of Floors: 2 / Bldg. Age: 65
County (6): UNION / County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): VACCANT

Name of Monitoring Firm Hired by Building Owner (8): CONFIDENCE ENVIRONMENTAL SERVICES	ASCM No.	Name of Abatement Contractor (9): CPC ENVIRONMENTAL SERVICES CORPORATION
Street Address: 391 OCEAN AVENUE		Street Address: 142 N 13TH STREET
City, State, Zip Code: JERSEY CITY NJ 07305		City, State, Zip Code: NEWARK NJ 07107
Project Manager for Monitoring Firm: JUDE ULOKAMEJE / Telephone No.: 2018925090		Telephone No.: 9733902416 / License No.: 01335
Start Date (10): 10/08/2026 / Scheduled Completion Date (11): 10/14/2026		Name of OSHA Monitor: CPC ENVIRONMENTAL SERVICES CORPORATION
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: VACANT		Street Address: 142 N 13TH STREET / City, State, Zip Code: NEWARK NJ 07107

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
BUILDING EXTERIOR WALLS		X		EXTIRIOR TRANSIT SIDING	600	X			

Name of Registered Waste Hauler: NEWARK CARTING INC	NJDEP Waste Hauler ID No.	Cubic Yards of Waste: 10	Name of Registered Landfill: GRAND CENTRAL SANITY LAND FILL
City, State: P.O.BOX 5670 NEWARK NJ 07105		Disposal Date	City, State: PEN ARGYL PA 18072

Completed by: CHIKA ONWUKAIFE	Title: PRESIDENT	Signature	Date: 09/28/2026

ASB-41 (R-06-08)

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

1404

Check# 11404

PAID

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

RECEIVED
RECEIVED
OCT - 1 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
09/29/2026	

Agencies Notified	Type Notification	Street Address
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	14 Brook Court
		City, State, Zip Code: Summit, NJ 07901
		Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Private house	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 14 Brook Court	
City (5): Summit, NJ 07901	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)
		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
10/08/2026	10/09/2026	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	Enclosure
Basement			x	Pipe insulation	130 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	09/29/2026

ASB-41 (R-06-08)

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

1029

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RECEIVED

RECEIVED CK 1029

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

OCT - 1 2026

ASBESTOS CONTROL & LICENSING

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 9/22/26 Type Notification	Name of Building Owner / Operator (2)
Agencies Notified X EPA DEP X DOL X DOH DCA Emergency Notification X Initial Notification Amended Notification Cancellation	Street Address **5 Clark Street** City, State & Zip Code **Spotswood, NJ 08884** 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 **5 Clark Street**	Square Feet: **2,000** / # of Floors: **1** / Bldg. Age: **70**
City (5): **Spotswood** / County (6): **Middlesex** / County Code (7)	Current Use (Prior if being demolished) **Residential**
Name of Monitoring Firm Hired by Building Owner (8): **Environmental Tactics, Inc** / ASCM No.	Name of Abatement Contractor (9) **Global Abatement Services, LLC**
Street Address **64 Broad Street**	Street Address **P.O. Box 7620**
City, State & Zip Code **Matawan, NJ 07747**	City, State & Zip Code **Monroe Township, NJ 08831**
Project Manager for Monitoring Firm **Tom Geiger** / Telephone Number **732-290-2217**	Telephone Number **732-605-9062** / License Number **00714**
Scheduled Start Date (10) **10/5/26** / Scheduled Completion Date (11) **10/9/26**	Name of OSHA Monitor **Global Abatement Services, LLC**
Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: **Area Isolated During Abatement** Other - Describe:	Street Address **P.O. Box 7620** City, State & Zip Code **Monroe Township, NJ 08831**

Scope of Work (Check all that apply)

- Demolition
- X Renovation
- Large Project
- Quantity is ≥ 3 SF or ≥ 3 LF ACM
- X Quantity is ≥ 160 SF or ≥ 260 LF ACM
- X Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Other: **Non-friable**

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Attic	**N/A**	**Vermiculite**	**220SF**	**Removal**

Name of Registered Waste Hauler **Freehold Carting**	NJDEP Waste Hauler ID # **18693**	Cu. Yds. of Waste **20**	Name of Registered Landfill **Conestoga**
City, State **Freehold, NJ**		Disposal Date **10/9/26**	City, State **Morgantown, PA**

Completed By (Print or Type) **Dominick Tringali**	Title **Pres.**	Signature *Dominick Tringali*	Date **9/22/26**

ASB-41 JUN 95 G4667

Print Form

0083

PAID

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

Clt# 0083

RECEIVED
RECEIVED
OCT - 1 2026
ASBESTOS CONTROL & LICENSING
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9/18/2026	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: 48 Prospect Road
	City, State, Zip Code: Parsippany NJ 07014
	Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Private Property	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 48 Prospect Road	
City (5): Parsippany NJ	Square Feet: 1200SF / # of Floors: 1 floors / Bldg. Age: +50
County (6): Morris County / County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.: N/A	Name of Abatement Contractor (9): ACM Abatement Services LLC
Street Address: N/A		Street Address: 31 Turnberry Road
City, State, Zip Code: N/A		City, State, Zip Code: Little Falls NJ 07424
Project Manager for Monitoring Firm: N/A / Telephone No.		Telephone No.: 201-218-4206 / License No.: 02150
Start Date (10): 9/30/2026	Scheduled Completion Date (11): 10/2/2026	Name of OSHA Monitor: Hillman Consulting
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: 7:00 AM to 4:00 PM		Street Address: 1620 Route 22 East / City, State, Zip Code: Union NJ 07803

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior			x	Asbestos shingles	1200 SF	x			

Name of Registered Waste Hauler: Rovic transport	NJDEP Waste Hauler ID No.: 20785	Cubic Yards of Waste	Name of Registered Landfill: Blythe Township Landfill
City, State: 60 Riverdale Rd Riverdale NJ		Disposal Date	City, State: 1061 Burma Rd New Philadelphia

Completed by: Edwin Precilla	Title: Principal	Signature: Edwin Precilla	Date: 9/16/2026

ASB-41 (R-06-08)

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

Print Form

136604

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

RECEIVED
RECEIVED
OCT - 1 2026
ASBESTOS CONTROL & LICENSING
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9/25/26 MS# 26-154	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 Cooper Pl
	City, State, Zip Code: Weehawken, NJ 07086
	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: 15 Cooper Pl			
City (5): Weehawken, NJ		Square Feet: 1,200	# of Floors: 2 / Bldg. Age: 80
County (6): Hudson	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished): Residential
Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): D&S Restoration, Inc	
Street Address:		Street Address: 20 California Ave	
City, State, Zip Code:		City, State, Zip Code: Paterson, NJ 07503	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 973-345-8020	License No.: 01169
Start Date (10): 10/06/26	Scheduled Completion Date (11): 10/07/26	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
Section of Basement Around Boiler		X		Pipe Insulation	3 LF	X			
Section of Basement Around Boiler		X		Pipe Clean up	20 LF	X			

Name of Registered Waste Hauler: D&S Restoration, Inc	NJDEP Waste Hauler ID No.: 13506	Cubic Yards of Waste: 1/2 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: 09/25/2026

ASB-41 (R-06-08)

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

0042

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

PAID

F 0042
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OCT - 2 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9-28-26	Name of Building Owner/Operator (2): URGILEZ REALTY LLC
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [X] DCA Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 9-UNION STREET City, State, Zip Code: MOONACHIE , NJ 07074 Name of Contact / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 98-LITTLE ST	
City (5): BELLEVILLE	Square Feet: 4300 / # of Floors: 3 / Bldg. Age: +50
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): DINAGO ENTERPRISES, LLC.
Street Address	Street Address: 203-RYAN ST.
City, State, Zip Code	City, State, Zip Code: HILLSIDE, NJ 07205
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 201-341-0776 / License No.: 01240
Start Date (10): 10-07-26 / Scheduled Completion Date (11): 10-10-26	Name of OSHA Monitor
Occupancy Status During Abatement (Check Only One): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____	Street Address / City, State, Zip Code

Scope of Work (Check All That Apply)

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

[ ] Renovation
[X] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
OUTSIDE		X		TRANSITE	4300SF	X			

Name of Registered Waste Hauler: Century Waste Services	NJDEP Waste Hauler ID No.: 04516	Cubic Yards of Waste	Name of Registered Landfill: Fairless Landfill/ Grand Central Landfill
City, State: 623-Dowd Ave. Elizabeth, NJ 07201		Disposal Date	City, State: Morrisville, PA.

Completed by: CARLOS GOMES	Title: PRESIDENT	Signature	Date: 9-28-26

ASB-41 (R-06-08)

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

12034

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Print Form

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OCT - 2 2026

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 09/27/26	Name of Building Owner/Operator (2): MOLITION & YARD SERVICES

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

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

Street Address: 348 HURFFVILLE GRENLOCH ROAD

City, State, Zip Code: SEWELL, NJ 08080

Name of Contact | Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): SINGLE FAMILY DWELLING

Street Address: 1272 SOUTH BLACK HORSE PIKE

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

City (5): WILLIAMSTOWN, NJ 08094

Square Feet	# of Floors	Bldg. Age
	1	55+-

County (6): GLOUCESTER

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)
EPC TECHNOGIES INC	N/A	EPC TECHNOGIES 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	Telephone No.	Telephone No.	License No.
STEVE SCHENKER	609-744-6384	609-744-6384	00394

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
OCTOBER 9, 2026	OCTOBER 14, 2026	EPC TECHNOGIES INC

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

Street Address: 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
- [ ] 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
BASEMENT	XXX			9X9 FLOOR TILES	1400 SF	XXX			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
EPC TECHNOGIES INC	17000	4	FAIRLESS LANDFILL
City, State: NEW EGYPT, NJ 08533		Disposal Date: OCT 16, 2026	City, State: MORRISVILLE, PA

Completed by	Title	Signature	Date
STEVE SCHENKER	PRESIDENT		09/27/2026

ASB-41 (R-06-08)

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

9231

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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 - 2 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
09/29/2026	

Agencies Notified	Type Notification	Street Address
☑ EPA ☐ DEP ☑ DOL ☑ DOH ☐ DCA	☑ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	104 South Maple Ave, City, State, Zip Code Springfield, NJ 07081 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: 104 South Maple Ave,	
City (5): Springfield	Square Feet: 1,081 / # of Floors: 3 / Bldg. Age: 87
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)
		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
10/06/2026	10/07/2026	Arsenije Adamov

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

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

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

Location of Asbestos-Containing Material (ACM) 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	80 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: 10/08/2026	City, State: Morrisville, PA

Completed by	Title	Signature	Date
Samantha Zamora	Project Coordinator	Samantha Zamora	09/29/2026

ASB-41 (R-06-08)

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

50683

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

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50683
OCT - 8 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10 / 05 / 26	Name of Building Owner/Operator (2): South Shore Home Builders
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation
	Street Address: 25 Lagoon Drive West
	City, State, Zip Code: Brick, NJ 08723
	Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 1216 Ocean Avenue	
City (5): Mantoloking	Square Feet: 2400 / # of Floors: 2 / Bldg. Age: 100
County (6): Ocean / County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): Residence

Name of Monitoring Firm Hired by Building Owner (8): Guardian Contracting, Inc.	ASCM No.	Name of Abatement Contractor (9): Guardian Contracting, Inc.	
Street Address: 1889 Route 9, Unit 61		Street Address: 1889 Route 9, Unit 61	
City, State, Zip Code: Toms River, New Jersey 08755		City, State, Zip Code: Toms River, New Jersey 08755	
Project Manager for Monitoring Firm: Nicholas Fernicola	Telephone No.: 732-349-9932	Telephone No.: 732-349-9932	License No.: 00624
Start Date (10): 10 / 06 / 26	Scheduled Completion Date (11): 10 / 16 / 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-walls & ceilings	☐	☐	☐	asbestos sheetrock	2225 sf	☒	☐	☐	☐
kitchen	☐	☒	☐	asbestos floor tile	300 sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Guardian Contracting, Inc.	NJDEP Waste Hauler ID No.: 20223	Cubic Yards of Waste: 15	Name of Registered Landfill: Fairless Landfill
City, State: Toms River, New Jersey		Disposal Date: 10/16/26	City, State: Morrisville, Pennsylvania

Completed By (Print or Type): Nicholas Fernicola	Title: Project Manager	Signature: [signature]	Date: 10/5/26

ASB-41
JAN 13

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4717

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

PAID Check #4717 RECEIVED SEP 30 2026

Date of Notification (1): 9 / 28 / 26		Name of Building Owner/Operator (2): SRI International
Agencies Notified: ☐ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 201 Washington Rd City, State, Zip Code: Princeton. NJ 08540 Name of Contact: Michael Davis Telephone Number: 609-734-2538

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): SRI International			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 Washington Rd			
City (5): Princeton		Square Feet	# of Floors / Bldg. Age: 50+
County (6): Mercer	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Exterior	

Name of Monitoring Firm Hired by Building Owner (8): RBS Environmental	ASCM No.	Name of Abatement Contractor (9): BRISTOL ENVIRONMENTAL, LLC	
Street Address: 24 Veterans Square		Street Address: 1123 BEAVER STREET	
City, State, Zip Code: Media, PA 19063		City, State, Zip Code: BRISTOL, PA 19007	
Project Manager for Monitoring Firm: Michael Stocku	Telephone No.: 610-865-0031	Telephone No.: 215-788-6040	License No.: 02121
Start Date (10): 10 / 12 / 26	Scheduled Completion Date (11): 10 / 23 / 26	Name of OSHA Monitor: BRISTOL ENVIRONMENTAL, LLC.	

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 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
Exterior Steam Tunnel	☐	☒	☐	Steam Condensate Pipe Insulation	300 LF	☒	☐	☐	☐
Exterior Steam Tunnel	☐	☒	☐	Steam Pipe Insulation	103 LF	☒	☐	☐	☐
Exterior Steam Tunnel	☐	☒	☐	Steam Pipe	40 LF	☐	☒	☐	☐
	☐	☐	☐			☐	☐	☐	☐

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

Completed By (Print or Type): Brian Scafiro	Title: Estimator	Signature: Brian Scafiro	Date: 9/28/26

ASB-41
MAY 11 BS260057

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4929

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

RECEIVED
OCT - 8 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10 / 05 / 26		Name of Building Owner/Operator (2): HOLY SPIRIT & OUR LADY HELP OF CHRISTIANS CHURCH Check #4929	
Agencies Notified: ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	Street Address: 17 North Clinton Street	
		City, State, Zip Code: East Orange, NJ 07017	
		Name of Contact: Rev. Jean Max Osias	Telephone Number: 973.673.1077

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Holy Spirit & Our Lady Help of Christian Church		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 17 North Clinton Street			
City (5): East Orange		Square Feet: 40,000	# of Floors: 1 / Bldg. Age: 80
County (6): ESSEX	County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): Church	

Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): EA Services Corporation	
Street Address:		Street Address: 530 Church Street- Suite 6	
City, State, Zip Code:		City, State, Zip Code: Ridgefield, NJ 07657	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-295-1700	License No.: 01074
Start Date (10): 10 / 06 / 26	Scheduled Completion Date (11): 10 / 08 / 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	25 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: 10/5/26

ASB-41
JAN 13

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

50690

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

PAID

RECEIVED 50690
OCT - 9 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10 / 06 / 26		Name of Building Owner/Operator (2): Saint Peter's Healthcare System	
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	Street Address: 254 Easton Avenue	
		City, State, Zip Code: New Brunswick, NJ 08901	
		Name of Contact: Thomas Geiger-agent	Telephone Number: 908-715-2600

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Saint Peter's University Hospital		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 254 Easton Avenue			
City (5): New Brunswick		Square Feet: 120,000	# of Floors: 6 / Bldg. Age: 80
County (6): Middlesex	County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): Hospital	

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 / 07 / 26	Scheduled Completion Date (11): 10 / 08 / 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
3D Hemodialysis Wing Area	☐	☒	☐	asbestos pipe insulation	20 lf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Guardian Contracting, Inc.	NJDEP Waste Hauler ID No.: 20223	Cubic Yards of Waste: 2	Name of Registered Landfill: Fairless Landfill
City, State: Toms River, New Jersey		Disposal Date: 10/08/26	City, State: Morrisville, Pennsylvania

Completed By (Print or Type): Nicholas Fernicola	Title: Project Manager	Signature: [signature]	Date: 10/6/26

ASB-41
JAN 13

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

* Project ON HOLD as of 9/15/26

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

RECEIVED
SEP 30 2025
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09 / 01 / 26		Name of Building Owner/Operator (2): City of Hoboken / Job #2608-3581 Chk. #N/A	
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #1 ☐ Emergency (including justification) ☐ Cancellation	Street Address: 94 Washington Street	
		City, State, Zip Code: Hoboken NJ 07030	
		Name of Contact: Michael Chapla	Telephone Number: 201-420-2346

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Hoboken Library		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 500 Park Avenue			
City (5): Hoboken		Square Feet: TBD	# of Floors: 3 / Bldg. Age: 120
County (6): Hudson	County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): Library	

Name of Monitoring Firm Hired by Building Owner (8): J.S. Held	ASCM No.	Name of Abatement Contractor (9): Asbestos and Mold Services, Corp.	
Street Address: 48 Wall Street 17th Floor		Street Address: 70 Stacy Haines Road Suite 4	
City, State, Zip Code: New York NY 10005		City, State, Zip Code: Lumberton NJ 08048	
Project Manager for Monitoring Firm: Jeff Anderson	Telephone No.: 201-918-1218	Telephone No.: 609-702-0400	License No.: 00862
Start Date (10): 09 / 14 / 26	Scheduled Completion Date (11): 09 / 25 / 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
First Level	☐	☐	☒	Floor Tile	2,900 SF	☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

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: 09/25/2026	City, State: Morrisville, PA 19067

Completed By (Print or Type): Kaysi Gruner	Title: Office Coordinator	Signature:	Date:

ASB-41
MAY 11

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

Print Form

9/29/26

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

RECEIVED
OCT - 2 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9/29/2026	Name of Building Owner/Operator (2): Pine Ridge at Crest Wood
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [✓] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 2 Fox Street
	City, State, Zip Code: Whiting, NJ, 08759
	Name of Contact: Pine Ridge at Crest Wood — Telephone Number: 732-350-9000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Pine Ridge at Crest Wood	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [✓] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 94 Eagle Dr.	
City (5): Manchester	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): 10/08/2026	Scheduled Completion Date (11): 10/12/2026	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	400SF	✓			

Name of Registered Waste Hauler: NEWARK CARTING	NJDEP Waste Hauler ID No.: 04509	Cubic Yards of Waste: 3	Name of Registered Landfill: IESI
City, State: NEWARK, NJ		Disposal Date: 10/12/2026	City, State: BETHLEHEM, PA

Completed by: JOSEPH PERLSTEIN	Title: OWNER	Signature	Date: 9/29/2026

ASB-41 (R-06-08)

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

Print Form

925

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

PAID

RECEIVED
OCT - 2 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9/29/2026	Name of Building Owner/Operator (2): Pine Ridge at Crest Wood
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA Type Notification: [✓] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 2 Fox Street City, State, Zip Code: Whiting, NJ, 08759 Name of Contact: Pine Ridge at Crest Wood Telephone Number: 732-350-9000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Pine Ridge at Crest Wood		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [✓] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 3 Parrot Ct.			
City (5): Manchester		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): 10/08/2026	Scheduled Completion Date (11): 10/12/2026	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	75 SF	✓			

Name of Registered Waste Hauler: NEWARK CARTING	NJDEP Waste Hauler ID No.: 04509	Cubic Yards of Waste: 1	Name of Registered Landfill: IESI
City, State: NEWARK, NJ		Disposal Date: 10/12/2026	City, State: BETHLEHEM, PA

Completed by: JOSEPH PERLSTEIN	Title: OWNER	Signature	Date: 9/29/2026

ASB-41 (R-06-08)

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

9293

Print Form

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

RECEIVED
OCT 2 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9/29/2026	Name of Building Owner/Operator (2): Pine Ridge at Crest Wood
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [✓] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 2 Fox Street
	City, State, Zip Code: Whiting, NJ, 08759
	Name of Contact: Pine Ridge at Crest Wood — Telephone Number: 732-350-9000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Pine Ridge at Crest Wood			Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [✓] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1 Eagle Ct.			
City (5): Manchester		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): 10/08/2026	Scheduled Completion Date (11): 10/12/2026	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	200 SF	✓			

Name of Registered Waste Hauler: NEWARK CARTING	NJDEP Waste Hauler ID No.: 04509	Cubic Yards of Waste: 2	Name of Registered Landfill: IESI
City, State: NEWARK, NJ		Disposal Date: 10/12/2026	City, State: BETHLEHEM, PA

Completed by: JOSEPH PERLSTEIN	Title: OWNER	Signature	Date: 9/29/2026

ASB-41 (R-06-08)

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

9296

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 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9/29/2026	Name of Building Owner/Operator (2): Pine Ridge at Crest Wood
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [✓] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 2 Fox Street
	City, State, Zip Code: Whiting, NJ, 08759
	Name of Contact: Pine Ridge at Crest Wood — Telephone Number: 732-350-9000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Pine Ridge at Crest Wood		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [✓] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 50 Eagle Dr.			
City (5): Manchester		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): 10/08/2026	Scheduled Completion Date (11): 10/12/2026	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	175 SF	✓			

Name of Registered Waste Hauler: NEWARK CARTING	NJDEP Waste Hauler ID No.: 04509	Cubic Yards of Waste: 2	Name of Registered Landfill: IESI
City, State: NEWARK, NJ		Disposal Date: 10/12/2026	City, State: BETHLEHEM, PA
Completed by: JOSEPH PERLSTEIN	Title: OWNER	Signature	Date: 9/29/2026

ASB-41 (R-06-08)

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

18219

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

RECEIVED

Date of Notification (1): 10 / 2 / 26	Name of Building Owner/Operator (2): PSEG / Job # 2608-6615 Check #18219

Agencies Notified	Type Notification	Street Address / City, State, Zip Code / Name of Contact / Telephone Number
☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	Street Address: 4000 Hadley Road City, State, Zip Code: South Plainfield, NJ Name of Contact: Douglas McGarrity Telephone Number: 732-832-6771

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): PSEG Trenton Gas District		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 665 Whitehead Rd.			
City (5): Trenton		Square Feet	# of Floors / Bldg. Age
County (6): Mercer	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Gas Control Plant	

Name of Monitoring Firm Hired by Building Owner (8): Matrix New World	ASCM No.: 00121	Name of Abatement Contractor (9): AbateTech, Inc.	
Street Address: 26 Columbia Turnpike		Street Address: 30 Maple Ave. PO Box 25	
City, State, Zip Code: Florham Park, NJ 07932		City, State, Zip Code: Lumberton, NJ 08048	
Project Manager for Monitoring Firm: Gavin Gilmore	Telephone No.: 973-240-1800	Telephone No.: 609-265-2107	License No.: 00529
Start Date (10): 10 / 6 / 26	Scheduled Completion Date (11): 10 / 12 / 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/4PM-12AM		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
Administration Building	☐	☐	☒	Pipe Insulation	100 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: 10/12/26	City, State: Morrisville, PA

Completed By (Print or Type)	Title	Signature	Date
Gwendolyn Trumbetti	Operations Coordinator		10-2-26

ASB-41
MAY 11

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

18218

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

RECEIVED

Date of Notification (1): 10 / 2 / 26	Name of Building Owner/Operator (2): Transcontinental Gas Pipe Line Job # 2610-6630 Check #18218
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 #23260	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 4801 Route 202/206	
City (5): Green Knoll	Square Feet: ____ # of Floors: ____ Bldg. Age: ____
County (6): Somerset — 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: 30 Maple Ave. PO Box 25		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 / 12 / 26	Scheduled Completion Date (11): 10 / 13 / 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#23260	☐	☐	☒	Coal Tar Wrap- 36" 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: 10/13/26	City, State: Morrisville, PA 19067

Completed By (Print or Type): Gwendolyn Trumbetti	Title: Operations Coordinator	Signature: GMT	Date: 10-2-26

ASB-41
MAY 11

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

* Project off hold as of 9/17/26 CL

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

RECEIVED
SEP 30 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09 / 01 / 26		Name of Building Owner/Operator (2): City of Hoboken / Job #2608-3581 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: 94 Washington Street	
		City, State, Zip Code: Hoboken NJ 07030	
		Name of Contact: Michael Chapla	Telephone Number: 201-420-2346

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Hoboken Library		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 500 Park Avenue			
City (5): Hoboken		Square Feet: TBD	# of Floors: 3 / Bldg. Age: 120
County (6): Hudson	County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): Library	

Name of Monitoring Firm Hired by Building Owner (8): J.S. Held	ASCM No.	Name of Abatement Contractor (9): Asbestos and Mold Services, Corp.	
Street Address: 48 Wall Street 17th Floor		Street Address: 70 Stacy Haines Road Suite 4	
City, State, Zip Code: New York NY 10005		City, State, Zip Code: Lumberton NJ 08048	
Project Manager for Monitoring Firm: Jeff Anderson	Telephone No.: 201-918-1218	Telephone No.: 609-702-0400	License No.: 00862
Start Date (10): 09 / 14 / 26	Scheduled Completion Date (11): 09 / 25 / 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
First Level	☐	☐	☒	Floor Tile	2,900 SF	☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

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: 09/25/2026	City, State: Morrisville, PA 19067

Completed By (Print or Type): Kaysi Gruner	Title: Office Coordinator	Signature: KG	Date: 9/16/26

ASB-41
MAY 11

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

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

RECEIVED

Date of Notification (1): 10 / 2 / 26		Name of Building Owner/Operator (2): PSE&G / Job #2605-6577 Check #	
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #13 ☐ Emergency (including justification) ☐ Cancellation	Street Address: 4000 Hadley Road	
		City, State, Zip Code: South Plainfield, NJ	
		Name of Contact: Kelsey DuBois	Telephone Number: 908-328-4248

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): PSEG Irvington HQ		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 934 Clinton Ave.			
City (5): Irvington		Square Feet	# of Floors / Bldg. Age
County (6): Essex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Headquarters	

Name of Monitoring Firm Hired by Building Owner (8): Matrix New World	ASCM No.: 00121	Name of Abatement Contractor (9): AbateTech, Inc.	
Street Address: 26 Columbia Turnpike		Street Address: 30 Maple Ave. PO Box 25	
City, State, Zip Code: Florham Park, NJ 07932		City, State, Zip Code: Lumberton, NJ 08048	
Project Manager for Monitoring Firm: Matt Sheldon	Telephone No.: 973-240-1800	Telephone No.: 609-265-2107	License No.: 00529
Start Date (10): 10 / 5 / 26	Scheduled Completion Date (11): 10 / 16 / 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-12PM/8PM-_____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
SEE ATTACHED	☐	☐	☒	SEE ATTACHED	SEE ATTACHED	☒	☐	☐	☐
4th Floor	☐	☐	☒	Duct work glue dots	600 SF	☒	☐	☐	☐
3rd Floor	☐	☐	☒	Duct work glue dots	100 SF	☒	☐	☐	☐
2nd Floor	☐	☐	☒	Floor tile & Mastic	435 SF	☒	☐	☐	☐

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: 10/16/26	City, State: Morrisville, PA

Completed By (Print or Type)	Title	Signature	Date
Gwendolyn Trumbetti	Operations Coordinator	Gwt	10.2.26

ASB-41
MAY 11

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

f261

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	Name of Building Owner/Operator (2)
10 / 02 / 26	2609-3601 check # 4261 RECEIVED

Agencies Notified	Type Notification	Street Address
☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	29 Heidl Avenue City, State, Zip Code: West Long Branch NJ 07764 OCT - 7 2026 Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Residential Property Street Address: 29 Heidl Avenue	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)

City (5)	Square Feet	# of Floors	Bldg. Age
West Long Branch	2060	2	1929

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

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
Criterion Labs		Asbestos and Mold Services, Corp.
Street Address: 400 Street Road		Street Address: 70 Stacy Haines Road Suite 4
City, State, Zip Code: Bensalem PA 19020		City, State, Zip Code: Lumberton NJ 08048
Project Manager for Monitoring Firm: Office	Telephone No.: 215-244-1300	Telephone No.: 609-702-0400 / License No.: 00862
Start Date (10): 10 / 13 / 26	Scheduled Completion Date (11): 10 / 15 / 26	Name of OSHA Monitor: EMSL Analytical, 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: _____AM-_____PM/_____PM-_____AM	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 Enclosure
☐ 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 and Mastic	546 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Asbestos and Mold Services Corp	0035680	40	Fairless Hill
City, State: Lumberton, NJ		Disposal Date: 10/15/2026	City, State: Morrisville PA

Completed By (Print or Type)	Title	Signature	Date
Kaysi Gruner	Office Admin		10/2/26

ASB-41
MAY 11

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

2188

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

PAID

RECEIVED
OCT - 7 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/1/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	Street Address: 42 Rutgers Rd City, State, Zip Code: Cranford, NJ 07016 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: 42 Rutgers Rd			
City (5): Cranford		Square Feet: unknown	# of Floors: 2 / Bldg. Age: unknown
County (6): Union	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): 10/10/26	Scheduled Completion Date (11): 10/11/2026	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 if
☒ ≥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	VAT	300 SF	X			

Name of Registered Waste Hauler: Century Waste	NJDEP Waste Hauler ID No.: NJ860	Cubic Yards of Waste: 3	Name of Registered Landfill: Conestoga Landfill
City, State: Elizabeth, NJ		Disposal Date:	City, State: Morgantown PA
Completed by: John Kim	Title: President	Signature:	Date: 10/1/2026

ASB-41 (R-06-08)

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

2187

PAID

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

RECEIVED
OCT - 7 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/1/2026	Name of Building Owner/Operator (2): Jon-Cin Realty LLC
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	Street Address: 453 2nd Ave City, State, Zip Code: Garwood NJ 07027 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: 453 2nd Avd			
City (5): Garwood		Square Feet: unknown	# of Floors: 2 — Bldg. Age: unknown
County (6): Union	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): 10/12/26	Scheduled Completion Date (11): 10/13/2026	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	30 LF	X			

Name of Registered Waste Hauler: Century Waste	NJDEP Waste Hauler ID No.: NJ860	Cubic Yards of Waste: 3	Name of Registered Landfill: Conestoga Landfill
City, State: Elizabeth, NJ		Disposal Date:	City, State: Morgantown PA
Completed by: John Kim	Title: President	Signature:	Date: 10/1/2026

ASB-41 (R-06-08)

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

3092

Print Form

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

PAID

RECEIVED
OCT - 7 2026
LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
10/5/26	

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

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

Street Address: 70 Hardwick Ln.
City, State, Zip Code: Wayne, NJ 07470
Name of Contact:
Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Residential Home	[ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 70 Hardwick Ln.	

City (5)	Square Feet	# of Floors	Bldg. Age
Wayne	2200	2	60 +/-

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

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
Project Manager		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.	License No.
		201-600-3184	01305

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
10/7/26	10/10/26	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
1st Fl		x		VAT	450 SF	x			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
All Stages Abatement	0036592	4 YD	Chrin Brothers Sanitary Landfill
City, State: Pompton Lakes, NJ		Disposal Date: TBD	City, State: Easton, PA

Completed by	Title	Signature	Date
Richard Cristofol	President		10/5/26

ASB-41 (R-06-08)

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

2121

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

✓ #2121

PAID

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SEP 30 2026

ASBESTOS CONTROL & LICENSING

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

Agencies Notified	Type Notification	Street Address
☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	15-23 Elmary Place
		City, State, Zip Code: Fairlawn, NJ 07410
		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: 15-23 Elmary Place	

City (5)	Square Feet	# of Floors	Bldg. Age
Fairlawn, NJ 07410	5,000	2	50+

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

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
Detail Associates, Inc		A. Mac Contracting Inc.
Street Address: 560 Sylvan Avenue		Street Address: 176 Saddle River Avenue
City, State, Zip Code: Englewood Cliffs, NJ 07623		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)	Scheduled Completion Date (11)	Name of OSHA Monitor
10 / 05 / 26	10 / 07 / 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	☐	☒	☐	Floor Tile	400 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: 10-15-2026	City, State: Pen Argyl, PA 08072

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

ASB-41
JAN 13

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

4323

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

NOT PAID

RECEIVED
SEP 30 2026

Date of Notification (1)	Name of Building Owner/Operator (2)
09/25/2026	

Agencies Notified	Type Notification	Street Address
☑ EPA ☐ DEP ☑ DOL ☑ DOH ☐ DCA	☑ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	46 Algonquin Ave, City, State, Zip Code Rockaway, NJ 07866 Name of Contact / Telephone Number / LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
residential	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 46 Algonquin Ave,	
City (5): Rockaway	Square Feet: 1,900 / # of Floors: 2 / Bldg. Age: 76
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)
		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
10/05/2026	10/06/2026	Arsenije Adamov

Occupancy Status During Abatement (Check Only One)

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

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

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☑ ≥160 sf or ≥260 lf

☑ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) 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
Lower Level		✓		ACM Tile and mastic	300 SF	✓			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Acme Professional Services Corp	0038176	2	Fairless Landfill
City, State: Kinnelon, NJ		Disposal Date: 10/07/2026	City, State: Morrisville, PA

Completed by	Title	Signature	Date
Samantha Zamora	Project Coordinator	Samantha Zamora	09/25/2026

ASB-41 (R-06-08)

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

B & G Project # 2026-115

PAID

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

Check # 13901

Date of Notification (1)	Name of Building Owner/Operator (2)
09/25/2026	RECEIVED

Agencies Notified	Type Notification	Street Address
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	357 Greylock Parkway
		City, State, Zip Code Belleville, NJ 07109
		Name of Contact / Telephone Number

SEP 25 2026
ASBESTOS CONTROL & LICENSING

ASBESTOS CONTROL & LICENSING

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 357 Greylock Parkway	
City (5) Belleville, NJ 07109	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. / License No. 973-696-6869 / 00378

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
10/05/2026	10/06/2026	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	pipe insulation	130 LF	X			
basement			X	VAT	2 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	2	Grand Central Landfill
City, State Butler, NJ		Disposal Date 10/06/2026	City, State Pen Argyl, PA

Completed by	Title	Signature	Date
Gordana Luna	Secretary / Treasurer	Gordana Luna	09/25/2026

ASB-41 (R-06-08)

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

0504

440495

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

PAID

RECEIVED

RECEIVED

SEP

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09 / 25 / 2026	Name of Building Owner/Operator (2): Marcus Associates, LLC
Agencies Notified: ☑ EPA ☑ DOLWD ☑ DOH ☑ DCA (NJAC 5:23-8)	Type Notification: ☑ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 510 Union Blvd
	City, State, Zip Code: Totowa, NJ 07512
	Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): 27 Park Pl	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☑ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 27 Park Pl	
City (5): Bloomfield NJ 07003	Square Feet: 15,581 / # of Floors: 4 / Bldg. Age: 106
County (6): Essex / County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8): Marino Corporation USA / ASCM No.	Name of Abatement Contractor (9): GKM INDUSTRIES INC
Street Address: 16192 Coastal Highway	Street Address: 8722 124Th St
City, State, Zip Code: Lewes , DE 19958	City, State, Zip Code: Richmond Hill NY 11418
Project Manager for Monitoring Firm: Francis Marino / Telephone No.: 610-479-7943	Telephone No.: 908-344-7029 / License No.: 02096
Start Date (10): 10 / 05 / 2026 / Scheduled Completion Date (11): 12 / 30 / 2026	Name of OSHA Monitor: Francis Marino
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-4:00 PM/_____PM-_____AM	Street Address: 16192 Coastal Highway / City, State, Zip Code: Lewes , DE 19958

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 1st to 4th Floor Apartment and Common Hallways - Walls and Ceilings	☐	☐	☑	Plaster Walls,Ceiling&Drywall Ceiling	18,500 SF	☑	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Century Waste Services	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: 40 yards	Name of Registered Landfill: Grand Central Landfill
City, State: Elizabeth NJ 07201		Disposal Date	City, State: Pen Argyl PA 18073

Completed By (Print or Type)	Title	Signature	Date
George Moncayo	Representative/Owner		09/25/2026

ASB-41
JAN 13

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

Print Form

5481

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

PAID Check #5481

RECEIVED SEP 30 2026 ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9-28-2026	Name of Building Owner/Operator (2): Mediterranean Towers West
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA Type Notification: [ ] Initial [x] Amended Amendment #1 [ ] Emergency (including justification) [ ] Cancellation	Street Address: 555 North Avenue City, State, Zip Code: Fort Lee, New Jersey 07024 Name of Contact: Javier Valenzuela Telephone Number: 201-370-2047

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Mediterranean Towers West - Apt. 7F			Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 555 North Avenue			
City (5): Fort Lee, NJ	Square Feet: 120,000SF+	# of Floors: 26	Bldg. Age: 43
County (6): Bergen	County Code (7) *(STATE USE ONLY)*:		Current Use (Prior if being demolished): Apartment Complex

Name of Monitoring Firm Hired by Building Owner (8): McCabe Environmental Services, LLC	ASCM No.	Name of Abatement Contractor (9): Hazmat Diagnostic, LLC	
Street Address: 464 Valley Brook Ave.		Street Address: 16 Glenwild Ave.	
City, State, Zip Code: Lyndhurst, NJ 07071		City, State, Zip Code: Bloomingdale, NJ 07403	
Project Manager for Monitoring Firm: John H. Chiaviello	Telephone No.: (800) 423-0766	Telephone No.: (973) 928-3995	License No.: 01181
Start Date (10): 9-28-2026	Scheduled Completion Date (11): 10-2-2026	Name of OSHA Monitor: Hazmat Diagnostic, LLC	

Occupancy Status During Abatement (Check Only One)
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [x] Other – Describe: Apartment will be un-occupied during entire period of abate

Street Address: 16 Glenwild Ave.
City, State, Zip Code: Bloomingdale, NJ 07403

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
Apt. 7F			X	Popcorn Ceiling	550 SF	X			

Name of Registered Waste Hauler: Hazmat Diagnostic, LLC	NJDEP Waste Hauler ID No.: 0035440	Cubic Yards of Waste: TBD	Name of Registered Landfill: Minerva Landfill
City, State: Bloomingdale, NJ		Disposal Date: TBD	City, State: Waynesburg, OH

Completed by: Deni Naumovski	Title: CEO	Signature: Deni Naumovski	Date: 9-28-2026

ASB-41 (R-06-08)

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

2123

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

RECEIVED SEP 30 2026 ASBESTOS CONTROL & LICENSING

PAID

#2123

Date of Notification (1): 09 / 28 / 26	Name of Building Owner/Operator (2): Max Flus Realestate
Agencies Notified: ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8) Type Notification: ☒ Initial ☐ Amended Amendment #____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 1000 Teaneck Road City, State, Zip Code: Teaneck, NJ 07666 Name of Contact: Roger Matos Telephone Number: 917-587-9283

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Former Resturant		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 222 Rochelle Avenue			
City (5): Rochelle Park, NJ 07662		Square Feet: 5,000	# of Floors: 1 / Bldg. Age: 50+
County (6): Bergen	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)	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 / 08 / 26	Scheduled Completion Date (11): 10 / 13 / 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
Exterior - Roof	☐	☒	☐	Roof Flashing	426 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Century Waste Services, LLC	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: 5 Yards	Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 10-15-2026	City, State: Pen Argyl, PA 08072

Completed By (Print or Type): Ralph Barnhardt	Title: Sr. Project Manager	Signature:	Date: 09-28-2026

ASB-41
JAN 13

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

4712

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

PAID Check # 4712

RECEIVED SEP 30 2025 ASBESTOS LICENSING

Date of Notification (1): 9 / 23 / 26	Name of Building Owner/Operator (2): Verizon Communications
Agencies Notified: ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8) Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 15 East Montgomery Street City, State, Zip Code: Pittsburgh, PA 15212 Name of Contact: Kris Smith (Owners Rep) Telephone Number: 609-313-8218

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Verizon Little Ferry Central Office			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 282 Main Street,			
City (5): Little Ferry	Square Feet:	# of Floors:	Bldg. Age: +-60 years
County (6): Bergen	County Code (7)(STATE USE ONLY):		Current Use (Prior if being demolished): Verizon

Name of Monitoring Firm Hired by Building Owner (8): TTI Environmental	ASCM No.	Name of Abatement Contractor (9): BRISTOL ENVIRONMENTAL, LLC	
Street Address: 1253 North Church Street		Street Address: 1123 BEAVER STREET	
City, State, Zip Code: Moorestown, NJ 08057		City, State, Zip Code: BRISTOL, PA 19007	
Project Manager for Monitoring Firm: Kris Smith	Telephone No.: 609-313-8218	Telephone No.: 215-788-6040	License No.: 02121
Start Date (10): 10 / 12 / 26	Scheduled Completion Date (11): 10 / 13 / 26	Name of OSHA Monitor: BRISTOL ENVIRONMENTAL, LLC	
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/5PM-1AM		Street Address: 1123 BEAVER STREET City, State, Zip Code: BRISTOL, PA 19007	

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

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

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill: Conestoga Landfill
City, State: Freehold NJ		Disposal Date: TBD	City, State: Morgantown, PA

Completed By (Print or Type): Dillan DeCaro	Title: Estimator	Signature: Dillan DeCaro	Date: 9/23/26

ASB-41
JAN 13 DD26101

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

RCheck #14713

Date of Notification (1): 9 / 23 / 26	Name of Building Owner/Operator (2): Verizon Communications
Agencies Notified: ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8) Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 15 East Montgomery Street City, State, Zip Code: Pittsburgh, PA 15212 Name of Contact: Kris Smith (Owners Rep) Telephone Number: 609-313-8218

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Verizon Clifton Central Office Street Address: 32 Barkley Ave			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
City (5): Clifton		Square Feet	# of Floors / Bldg. Age: +-60 years
County (6): Passaic	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Verizon	

Name of Monitoring Firm Hired by Building Owner (8): TTI Environmental Street Address: 1253 North Church Street City, State, Zip Code: Moorestown, NJ 08057	ASCM No.	Name of Abatement Contractor (9): BRISTOL ENVIRONMENTAL, LLC Street Address: 1123 BEAVER STREET City, State, Zip Code: BRISTOL, PA 19007	
Project Manager for Monitoring Firm: Kris Smith	Telephone No.: 609-313-8218	Telephone No.: 215-788-6040	License No.: 02121
Start Date (10): 10 / 13 / 26	Scheduled Completion Date (11): 10 / 15 / 26	Name of OSHA Monitor: BRISTOL ENVIRONMENTAL, LLC	
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/5PM-1AM		Street Address: 1123 BEAVER STREET City, State, Zip Code: BRISTOL, PA 19007	

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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 HSB Area Adjacent Steps	☐	☐	☒	Pipe Fittings	3 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill: Conestoga Landfill
City, State: Freehold NJ		Disposal Date: TBD	City, State: Morgantown, PA

Completed By (Print or Type): Dillan DeCaro	Title: Estimator	Signature: Dillan DeCaro	Date: 9/23/26

ASB-41
JAN 13 DD26100

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50003113

Print Form

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

RECEIVED
SEP 30 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): September 25, 2026		Name of Building Owner/Operator (2): New Jersey Transit Corporation	
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 2 Gateway 283-299 Market Street,. Ste 1000	
		City, State, Zip Code: Newark, NJ 07102	
		Name of Contact: H. Michael Matri	Telephone Number: 862-338-5096

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): New Jersey Transit - County Yard Crew Quarters		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 1 Railroad Ave (Adjacent to 440 Jersey Ave)			
City (5): New Brunswick		Square Feet	# of Floors / Bldg. Age
County (6): Middlesex	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Crew Quarters	
Name of Monitoring Firm Hired by Building Owner (8): McCabe Environmental Services, LLC	ASCM No.	Name of Abatement Contractor (9): George Harms Construction Co., Inc.	
Street Address: 464 Valley Brook Avenue		Street Address: 62 Yellowbrook Road	
City, State, Zip Code: Lyndhurst, NJ 07071		City, State, Zip Code: Howell, NJ 07731	
Project Manager for Monitoring Firm: Jarred Panecki	Telephone No.: 732-552-9615	Telephone No.: 732-751-2089	License No.: 01055
Start Date (10): October 5, 2026	Scheduled Completion Date (11): October 9, 2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address / City, State, Zip Code	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
NJ Transit Crew Quarters			X	Transite Ceiling Panels	3,200 SF	X			

Name of Registered Waste Hauler: ACV Environmental	NJDEP Waste Hauler ID No.: 006318	Cubic Yards of Waste: 40 CY	Name of Registered Landfill: Conestoga Landfill
City, State: Rahway, NJ		Disposal Date: October 12, 2026	City, State: Morgantown, PA

Completed by: Samuel Hahn	Title: EH&S Coordinator	Signature: [signature]	Date: September 25, 2026

ASB-41 (R-06-08)

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

2122

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

4402490

#2122

PAID

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SEP 30 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09 / 23 / 26	Name of Building Owner/Operator (2): 28-11 JFK Blvd LLC
Agencies Notified: ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 10 Hance Avenue
	City, State, Zip Code: Tinton Falls, NJ 07724
	Name of Contact: Ralph Addonizio — Telephone Number: 732-447-9097

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Commerical	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 28-11 John F. Kennedy Blvd	
City (5): North Bergen, NJ 07047	Square Feet: 25000 — # of Floors: 2 — Bldg. Age: 50+
County (6): Bergen — County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) — 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 / 07 / 26 — Scheduled Completion Date (11): 10 / 30 / 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
Roof	☐	☒	☐	Built up Roofing and Flashing	5000 SF	☒	☐	☐	☐
1st Floor	☐	☐	☐	Floor Tile & Mastic	4725SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Century Waste Services, LLC	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: 30 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		09-23-2026

ASB-41
JAN 13

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Print Form

5087

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OCT - 7 2026
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 10/2/26	Name of Building Owner/Operator (2): Park East Apartments
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA Type Notification: [ ] Initial [ ] Amended Amendment #_____ [X] Emergency (including justification) [ ] Cancellation	Street Address: 6010 JFK Blvd. E. City, State, Zip Code: West New York, NJ 07093 Name of Contact: Nakima Telephone Number: 908-578-7238

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Commercial 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: 6010 JFK Blvd. E.			
City (5): West New York	Square Feet: 15,000	# of Floors: 8	Bldg. Age: 60 +/-
County (6): Hudson	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished): Commercial Property
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): 10/4/26	Scheduled Completion Date (11): 10/5/26		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: 8:00 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
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [X] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

Name of Registered Waste Hauler: All Stages Abatement	NJDEP Waste Hauler ID No.: 0036592	Cubic Yards of Waste: 1 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: 10/2/26

ASB-41 (R-06-08)

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

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SEP 24 2025

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 09/22/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	Street Address: 25 South Munn Avenue City, State, Zip Code: Newark, New Jersey 07106 Name of Contact: Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Home		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 25 South Munn Avenue			
City (5): Newark		Square Feet: 2,154 sq ft	# of Floors: 3 Stories / Bldg. Age: 1900
County (6): Essex County	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Home	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): True Star Contracting	
Street Address		Street Address: 54 Hedden Terrace	
City, State, Zip Code		City, State, Zip Code: North Arlington, New Jersey 07031	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: (201) 790-4530	License No.: 02047
Start Date (10): 09/25/2026	Scheduled Completion Date (11): 09/25/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address / City, State, Zip Code	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

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

Name of Registered Waste Hauler: True Star Contracting	NJDEP Waste Hauler ID No.: 0041405	Cubic Yards of Waste: 1	Name of Registered Landfill: Keystone Sanitary Landfill
City, State: North Arlington, New Jersey		Disposal Date: TBD	City, State: Dunmore, PA

Completed by: Nestor M. Alvez	Title: Project Manager	Signature: Nestor Alvez	Date: 09/22/2026

ASB-41 (R-06-08)

* 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
SEP 24 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/18/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: 298 Belleville Turnpike	
City, State, Zip Code: North Arlington, New Jersey 07031	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Home		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 298 Belleville Turnpike			
City (5): North Arlington		Square Feet: 1,131 sq ft	# of Floors: 1 Story / Bldg. Age: 1939
County (6): Bergen County	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Home	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): True Star Contracting	
Street Address		Street Address: 54 Hedden Terrace	
City, State, Zip Code		City, State, Zip Code: North Arlington, New Jersey 07031	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: (201) 790-4530	License No.: 02047
Start Date (10): 09/28/2026	Scheduled Completion Date (11): 09/28/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address / City, State, Zip Code	

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler: True Star Contracting	NJDEP Waste Hauler ID No.: 0041405	Cubic Yards of Waste: 1	Name of Registered Landfill: Keystone Sanitary Landfill
City, State: North Arlington, New Jersey		Disposal Date: TBD	City, State: Dunmore, PA

Completed by: Nestor M. Alvez	Title: Project Manager	Signature: Nestor Alvez	Date: 09/18/2026

ASB-41 (R-06-08)

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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) 09/21/2026		Name of Building Owner/Operator (2)	
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 69 Claremont Avenue	
		City, State, Zip Code Bloomfield, New Jersey 07003	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Home		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 69 Claremont Avenue			
City (5) Bloomfield		Square Feet 1,381 sq ft	# of Floors 2 Stories
			Bldg. Age 1930
County (6) Essex County	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished) Home	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) True Star Contracting	
Street Address		Street Address 54 Hedden Terrace	
City, State, Zip Code		City, State, Zip Code North Arlington, New Jersey 07031	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. (201) 790-4530	License No. 02047
Start Date (10) 09/30/2026	Scheduled Completion Date (11) 09/30/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address City, State, Zip Code	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
1st Floor Kitchen			X	Ceiling Plaster	80 SF	X			

Name of Registered Waste Hauler True Star Contracting	NJDEP Waste Hauler ID No. 0041405	Cubic Yards of Waste 1	Name of Registered Landfill Keystone Sanitary Landfill
City, State North Arlington, New Jersey		Disposal Date TBD	City, State Dunmore, PA

Completed by Nestor M. Alvez	Title Project Manager	Signature	Date 09/21/2026

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1) 09/16/2026		Name of Building Owner/Operator (2) Bridgeton Housing Authority	
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 110 E. Commerce Street	
		City, State, Zip Code Bridgeton, NJ 08302	
		Name of Contact Donny Brown	Telephone Number 856-451-4454 x 202

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Maplewood Gardens		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 9 Maple Drive			
City (5) Bridgeton		Square Feet 2,000	# of Floors 2 / Bldg. Age 70
County (6) Cumberland	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished) Apartment	

Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Group, Inc.	ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address PO Box 316		Street Address 623 Cutler Avenue	
City, State, Zip Code Thorofare, NJ 08086		City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Steve Flanigan	Telephone No. 856-848-0800	Telephone No. 856-755-0099	License No. 00842
Start Date (10) 09/25/2026	Scheduled Completion Date (11) 09/30/2026	Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

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

Name of Registered Waste Hauler Shade Environmental, LLC	NJDEP Waste Hauler ID No. 32426	Cubic Yards of Waste 1	Name of Registered Landfill Cumberland County Landfill
City, State Maple Shade, NJ		Disposal Date 09/30/2026	City, State Millville, NJ

Completed by Samantha Brown	Title Operations Manager	Signature	Date 09/16/2026

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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): 09/18/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☒ Amended Amendment # 2 ☐ Emergency (including justification) ☐ Cancellation
Street Address: 41 W. Walnut Avenue	
City, State, Zip Code: Merchantville, NJ 08109	
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: 41 W. Walnut Avenue			
City (5): Merchantville	Square Feet: 4,040	# of Floors: 3	Bldg. Age: 133
County (6): Camden	County Code (7) *(STATE USE ONLY)*:	Current Use (Prior if being demolished): Residence	

Name of Monitoring Firm Hired by Building Owner (8): Management & Environmental Consulting Serv	ASCM No.	Name of Abatement Contractor (9): Shade Environmental, LLC	
Street Address: PO Box 341		Street Address: 623 Cutler Avenue	
City, State, Zip Code: Chesterfield, NJ 08515		City, State, Zip Code: Maple Shade, NJ 08052	
Project Manager for Monitoring Firm: Nora Pearse	Telephone No.: 609-298-4070	Telephone No.: 856-755-0099	License No.: 00842
Start Date (10): 09/18/2026	Scheduled Completion Date (11): 09/25/2026	Name of OSHA Monitor: EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe:		Street Address: 200 Route 130 North	
		City, State, Zip Code: Cinnaminson, NJ 08077	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
3rd Floor Bedroom			X	Vermiculite	153 SF	X			
Attic			X	Vermiculite	134 SF	X			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 5	Name of Registered Landfill: Conestoga Landfill
City, State: Freehold, NJ		Disposal Date: 09/25/2026	City, State: Morgantown, PA

Completed by: Samantha Brown	Title: Operations Manager	Signature:	Date: 09/18/2026

ASB-41 (R-06-08)

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 09/18/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☒ Amended Amendment # 1 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 41 W. Walnut Avenue
	City, State, Zip Code: Merchantville, NJ 08109
	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: 41 W. Walnut Avenue	
City (5): Merchantville	Square Feet: 4,040 / # of Floors: 3 / Bldg. Age: 133
County (6): Camden / County Code (7) *(STATE USE ONLY)*:	Current Use (Prior if being demolished): Residence

Name of Monitoring Firm Hired by Building Owner (8): Management & Environmental Consulting Serv / ASCM No.:		Name of Abatement Contractor (9): Shade Environmental, LLC
Street Address: PO Box 341		Street Address: 623 Cutler Avenue
City, State, Zip Code: Chesterfield, NJ 08515		City, State, Zip Code: Maple Shade, NJ 08052
Project Manager for Monitoring Firm: Nora Pearse / Telephone No.: 609-298-4070		Telephone No.: 856-755-0099 / License No.: 00842
Start Date (10): 09/18/2026	Scheduled Completion Date (11): 09/25/2026	Name of OSHA Monitor: EMSL Analytical, Inc.
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe:		Street Address: 200 Route 130 North / City, State, Zip Code: Cinnaminson, NJ 08077

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
3rd Floor Bedroom			X	Vermiculite	153 SF	X			
Attic			X	Vermiculite	134 SF	X			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 2	Name of Registered Landfill: Conestoga Landfill
City, State: Freehold, NJ		Disposal Date: 09/25/2026	City, State: Morgantown, PA

Completed by: Samantha Brown	Title: Operations Manager	Signature:	Date: 09/18/2026

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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): 09/18/2026	Name of Building Owner/Operator (2): Textile Research Institute
Agencies Notified: [X] EPA [X] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 601 Prospect Avenue
	City, State, Zip Code: Princeton, NJ 08540
	Name of Contact: Kevin Guilfoyle — Telephone Number: 609-430-4839

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Textile Research Institute	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 601 Prospect Avenue	
City (5): Princeton	Square Feet: 5,000 — # of Floors: 3 — Bldg. Age: 100
County (6): Mercer — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Research Institute
Name of Monitoring Firm Hired by Building Owner (8): Management & Environmental Consulting Serv — ASCM No.	Name of Abatement Contractor (9): Shade Environmental, LLC
Street Address: PO Box 341	Street Address: 623 Cutler Avenue
City, State, Zip Code: Chesterfield, NJ 08515	City, State, Zip Code: Maple Shade, NJ 08052
Project Manager for Monitoring Firm: Nora Pearse — Telephone No.: 609-298-4070	Telephone No.: 856-755-0099 — License No.: 00842
Start Date (10): 10/01/2026 — Scheduled Completion Date (11): 10/05/2026	Name of OSHA Monitor: EMSL Analytical, Inc.
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [X] Other – Describe: Abatement performed in vacant area	Street Address: 200 Route 130 North — City, State, Zip Code: Cinnaminson, NJ 08077

Scope of Work (Check All That Apply)

[X] ≥3 sf or ≥3 lf [ ] ≥160 sf or ≥260 lf
[X] Renovation [ ] Demolition
[ ] Full Containment with Negative Pressure [ ] 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
HTPLC Room		X		Transite	25 SF	X			
Attic		X		Transite Flue Pipe	16 LF	X			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 1	Name of Registered Landfill: Fairless Landfill
City, State: Freehold, NJ		Disposal Date: 10/05/2026	City, State: Morrisville, PA

Completed by: Samantha Brown	Title: Operations Manager	Signature: Samantha Brown	Date: 09/18/2026

ASB-41 (R-06-08)

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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): 9/17/26	Name of Building Owner/Operator (2):
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: 6 East 5th St	
City, State, Zip Code: Surf City NJ 08008	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 6 East 5th St			
City (5): Surf City NJ 08008		Square Feet: 1000	# of Floors: 2 / Bldg. Age: 50+
County (6): Ocean	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): House	
Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): Pernaco Inc.	
Street Address		Street Address: PO Box 329	
City, State, Zip Code		City, State, Zip Code: West Berlin NJ 08091	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 856-753-9800	License No.: 00727
Start Date (10): 9/28/26	Scheduled Completion Date (11): 10/2/26	Name of OSHA Monitor: Same	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address / City, State, Zip Code	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf

☐ Renovation ☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	2400 SF	x			

Name of Registered Waste Hauler: Pernaco Inc	NJDEP Waste Hauler ID No.: 21787	Cubic Yards of Waste: 4	Name of Registered Landfill: Fairless Hills
City, State: Berlin NJ		Disposal Date: 10/2/26	City, State: Morrisville PA 19067

Completed by: Anthony T Perna	Title: President	Signature	Date: 9/17/26

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)

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SEP 21 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09 / 18 / 26	Name of Building Owner/Operator (2): NETFLIX INC.
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☒ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 5808 SUNSET BLVD.
	City, State, Zip Code: LOS ANGELES, CA 90028
	Name of Contact: THOMAS MCCLINTOCK — Telephone Number: (631) 764-6622

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): NETFLIX STUDIOS-FORT MONMOUTH	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 502 CAREN FRANZINI WAY	
City (5): OCEANPORT — Square Feet: 970,445 — # of Floors: N/A — Bldg. Age: 50+/-	
County (6): MONMOUTH — County Code (7)(STATE USE ONLY) — Current Use (Prior if being demolished): VACANT	

Name of Monitoring Firm Hired by Building Owner (8): LANGAN ENGINEERING & ENVIRON. — ASCM No.	Name of Abatement Contractor (9): PEPPER ENVIRONMENTAL SERVICES, INC.	
Street Address: 1 UNIVERSITY SQUARE DRIVE	Street Address: 2251 FRALEY STREET	
City, State, Zip Code: PRINCETON, NJ 08540	City, State, Zip Code: PHILADELPHIA, PA 1917	
Project Manager for Monitoring Firm: ANDREW CHUN — Telephone No.: (609) 282-8029	Telephone No.: (215) 533-5155 — License No.: 01166	
Start Date (10): 09 / 30 / 26 — Scheduled Completion Date (11): 10 / 30 / 26	Name of OSHA Monitor: LANGAN ENGINEERING & ENVIRONMENTAL SERVICES	
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: 1 UNIVERSITY SQUARE DRIVE — City, State, Zip Code: PRINCETON, NJ 08540	

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

ABATEMENT PRIOR TO DEMO

☐ 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
OUTSIDE (IN DIRT)	☐	☐	☒	TRANSITE PIPE	30 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: MAZZA RECYCLING SRVCS — NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill: FAIRLESS LANDFILL	
City, State: TINTON FALLS, NJ	Disposal Date	City, State: MORRISVILLE, NJ	

Completed By (Print or Type): DENISE M. NIVEN	Title: ADMIN. ASST.	Signature: Denise M. Niven	Date: 9/18/26

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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): 9-19-26	Name of Building Owner/Operator (2): GARDEN STATE DREDGING
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 8 CLERMON RD.
	City, State, Zip Code: CLERMONT N.J 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 & commercial buildings, homes, etc.)
Street Address: 130 W HEATHER AVE	
City (5): WILDWOOD CREST	Square Feet: 1500 # of Floors: 2 Bldg. Age: 50 +
County (6): CAPE MAY County Code (7) (STATE USE ONLY): _____	Current Use (Prior if being demolished): VACANT
Name of Monitoring Firm Hired by Building Owner (8): N/A ASCM No.: _____	Name of Abatement Contractor (9): KLEMCO INC
Street Address: _____	Street Address: 369 S. SPRUCE AVE
City, State, Zip Code: _____	City, State, Zip Code: MAPLE SHADE NJ 08052
Project Manager for Monitoring Firm: _____ Telephone No.: _____	Telephone No.: 856-779-0422 License No.: 01371
Start Date (10): 9-30-26 Scheduled Completion Date (11): 10-10-26	Name of OSHA Monitor: N/A
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____	Street Address: _____ City, State, Zip Code: _____

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
SIDING			X	TRANSITE	1800 SF	X			

Name of Registered Waste Hauler: KLEMCO INC	NJDEP Waste Hauler ID No.: 17909	Cubic Yards of Waste: 3 YDS	Name of Registered Landfill: C.M.C.M.U.A
City, State: MAPLE SHADE N.J		Disposal Date: _____	City, State: WOODBINE N.J.

Completed By: MICHAEL KLEMM	Title: SUPERVISOR	Signature: [signature]	Date: 9-19-26

ASB-41

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

6470 CK# 6470

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SEP 24 2026

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 9-19-26	Name of Building Owner/Operator (2): GARDEN STATE DREDGING
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 8 CLERMON D.R.
	City, State, Zip Code: CLERMONT N.J 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 & commercial buildings, homes, etc.)
Street Address: 128 W HEATHER AVE	
City (5): WILDWOOD CREST	Square Feet: 1100 # of Floors: 2 Bldg. Age: 50+
County (6): CAPE MAY County Code (7) (STATE USE ONLY): _____	Current Use (Prior if being demolished): VACANT
Name of Monitoring Firm Hired by Building Owner (8): N/A ASCM No.: _____	Name of Abatement Contractor (9): KLEMCO INC
Street Address: _____	Street Address: 369 S. SPRUCE AVE
City, State, Zip Code: _____	City, State, Zip Code: MAPLE SHADE NJ 08052
Project Manager for Monitoring Firm: _____ Telephone No.: _____	Telephone No.: 856-779-0472 License No.: 01371
Start Date (10): 9-30-26 Scheduled Completion Date (11): 10-10-26	Name of OSHA Monitor: N/A
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____	Street Address: _____ City, State, Zip Code: _____

Scope of Work (Check all that apply)

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

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

Name of Registered Waste Hauler: KLEMCO INC	NJDEP Waste Hauler ID No.: 17904	Cubic Yards of Waste: 3 YDS	Name of Registered Landfill: C.M.C.M.U.A
City, State: MAPLE SHADE N.J		Disposal Date: _____	City, State: WOODBINE N.J.
Completed By: MICHAEL KLEMM	Title: SUPERVISOR	Signature: _____	Date: 9-19-26

ASB-41

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

6471 CK#6471

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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): 9-20-26	Name of Building Owner/Operator (2): JCM DEVELOPEMENT
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 15 BREWERS LN.
	City, State, Zip Code: PO BOX 305 SICKLERVILLE, NJ 08214
	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: 314 111TH ST	
City (5): STONE HARBOR	Square Feet: 1500 # of Floors: 2 Bldg. Age: 50 +
County (6): CAPE MAY County Code (7) (STATE USE ONLY): _____	Current Use (Prior if being demolished): VACANT
Name of Monitoring Firm Hired by Building Owner (8): N/A ASCM No.: _____	Name of Abatement Contractor (9): KLEMCO INC
Street Address: _____	Street Address: 369 S. SPRUCE AVE
City, State, Zip Code: _____	City, State, Zip Code: MAPLE SHADE NJ 08052
Project Manager for Monitoring Firm: _____ Telephone No.: _____	Telephone No.: 856-779-0472 License No.: H 1371
Start Date (10): 10-2-26 Scheduled Completion Date (11): 10-12-26	Name of OSHA Monitor: N/A
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____	Street Address: _____ City, State, Zip Code: _____

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf

☐ Renovation ☒ Demolition

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

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

Name of Registered Waste Hauler: KLEMCO INC	NJDEP Waste Hauler ID No.: 17904	Cubic Yards of Waste: 5	Name of Registered Landfill: CMCMUA
City, State: MAPLE SHADE N.J 08052		Disposal Date: _____	City, State: WOODBINE NJ

Completed By: MICHAEL KLEMM	Title: PRES.	Signature: [signature]	Date: 9-20-26

AS8-41

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CK# 6471

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SEP 24 2026

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 9-20-26	Name of Building Owner/Operator (2): BOB HOME REPAIR
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: P.O. BOX 322
	City, State, Zip Code: BRIGANTINE N.J 08203
	Name of Contact: _____ 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: 230 13TH ST SOUTH	
City (5): BRIGANTINE	Square Feet: 1000 # of Floors: 2 Bldg. Age: 50+
County (6): ATLANTIC	County Code (7) (STATE USE ONLY): _____ Current Use (Prior if being demolished): _____
Name of Monitoring Firm Hired by Building Owner (8): N/A ASCM No.: _____	Name of Abatement Contractor (9): KLEMCO INC
Street Address: _____	Street Address: 369 S. SPRUCE AVE
City, State, Zip Code: _____	City, State, Zip Code: MAPLE SHADE N.J 08052
Project Manager for Monitoring Firm: _____ Telephone No.: _____	Telephone No.: 856-779-0422 License No.: 01371
Start Date (10): 10-1-26 Scheduled Completion Date (11): 10-11-26	Name of OSHA Monitor: N/A
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____	Street Address: _____ City, State, Zip Code: _____

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
SIDING			X	TRANSITE	1250 SF	X			

Name of Registered Waste Hauler: KLEMCO INC	NJDEP Waste Hauler ID No.: 13904	Cubic Yards of Waste: 5	Name of Registered Landfill: ACUA
City, State: MAPLE SHADE N.J		Disposal Date: _____	City, State: PLEASANTVILLE

Completed By: MICHAEL KLEMM	Title: PRES	Signature: [signature]	Date: 9-20-26

ASB-41

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

RECEIVED
SEP 22 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/18/2026		Name of Building Owner/Operator (2): HHJ Petro	
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 5 Plumm Court	
		City, State, Zip Code: Cherry Hill, NJ 08002	
		Name of Contact: Dill Bajwa	Telephone Number: 609-685-4900

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Commercial Property		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 1730 Hurffville Road			
City (5): Sewell		Square Feet: 5,000	# of Floors: 2 / Bldg. Age: 60
County (6): Gloucester	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Commericial	
Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): Shade Environmental, LLC	
Street Address: N/A		Street Address: 623 Cutler Avenue	
City, State, Zip Code: N/A		City, State, Zip Code: Maple Shade, NJ 08052	
Project Manager for Monitoring Firm: N/A	Telephone No.: 609-298-4070	Telephone No.: 856-755-0099	License No.: 00842
Start Date (10): 09/23/2026	Scheduled Completion Date (11): 09/28/2026	Name of OSHA Monitor: EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: 200 Route 130 North / City, State, Zip Code: Cinnaminson, NJ 08077	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior			X	Transite Siding	320 SF	X			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 3	Name of Registered Landfill: Conestoga Landfill
City, State: Freehold, NJ		Disposal Date: 09/28/2026	City, State: Morgantown, PA
Completed by: Samantha Brown	Title: Operations Manager	Signature:	Date: 09/18/2026

ASB-41 (R-06-08)

*Courtesy Notification

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

44638

PAID 26106

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

RECEIVED
SEP 28 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 9 / 25 /2026	**Name of Building Owner/Operator (2)** HACKENSACK UNIVERSITY MEDICAL CENTER
	Street Address 30 PROSPECT AVENUE
	City, State, Zip Code HACKENSACK, NEW JERSEY 07601
	Name of Contact: RICHARD DAVIDSON — Telephone Number: 201-638-9178

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

Type Notification: [ ] Initial Notification [x] **Amended Notification #1** [ ] Cancellation [ ] On Hold [ ] EMERGENCY NOTIFICATION

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) HACKENSACK UNIVERSITY MEDICAL CENTER	**Type of Facility (4)** [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (ie. private & commcl. bldgs., homes, etc.)
Street Address 30 PROSPECT AVENUE	Square Feet: 50,000 — # of Floors: 5 — Bldg. Age: 60+
City (5): HACKENSACK — **County (6)**: BERGEN — **County Code (7) (STATE USE ONLY)**	Current Use (Prior if being demolished) COMMERCIAL
Name of Monitoring Firm Hired by Building Owner (8) LANGAN ENGINEERING & ENVIRONMENTAL SERVICES, INC. — ASCM No. 99	**Name of Abatement Contractor (9)** PAR ENVIRONMENTAL CORPORATION
Street Address 300 KIMBALL DRIVE	Street Address 313 SPOOK ROCK ROAD
City, State, Zip Code PARSIPPANY, NEW JERSEY 07054	City, State, Zip Code SUFFERN, NEW YORK 10901
Project Manager for Monitoring Firm CRAIG NAPOLITANO — Telephone Number 646-210-6500	Telephone Number 845-369-7500 — License Number 1101
Expected State Date (10) 9 / 28 /2026 Month Day Year	**Sched. Completion Date (11)** 10 / /21 /2026 Month Day Year
	Name of OSHA Monitor QUALITY ENVIRONMENTAL
Occupancy Status During Abatement (Check only one) [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours - Describe: [X] **Other - Describe: MONDAY -FRIDAY 4 PM - 12 AM**	Street Address 1376 ROUTE 9 City, State, Zip Code WAPPINGER FALLS, NY 12590

Scope of Work (Check all that apply)

[ ] Demolition [X] Renovation
[x] >3SF OR LF
[ ] >160 SF OR 260 LF

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

Location of Asbestos-containing Material (ACM) **TO BE ABATED** in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12) Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
2ND FLOOR -ROOM 2868			X	WALL MASTIC	75 SF	X			

Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 10	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
City, State NEWARK, NEW JERSEY 07105		Disposal Date 9/21/2026-9/25/3026	City, State PLAINFIELD TOWNSHIP, PA
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature	Date 9-25-26

033776

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

RECEIVED
Check # 033776

Job#6496

SEP 28 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09-22-26	Name of Building Owner/Operator (2): Avantor
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 600 Broad Street City, State, Zip Code: Phillipsburg, NJ, 08865 Name of Contact: Preston Robinson — Telephone Number: 908-760-5112

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Avantor		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 600 Broad Street			
City (5): Phillipsburg		Square Feet: 419,307	# of Floors: 2 — Bldg. Age: 80
County (6): Warren	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): manufacturing	

Name of Monitoring Firm Hired by Building Owner (8): TRC	ASCM No.: 00113	Name of Abatement Contractor (9): Pinnacle Environmental Corp.	
Street Address: 1407 Broadway Suite 3301		Street Address: 200 Broad Street	
City, State, Zip Code: New York, NY 10018		City, State, Zip Code: Carlstadt, NJ 07072	
Project Manager for Monitoring Firm: Michael Garambone	Telephone No.: 973-440-0023	Telephone No.: 201-939-6565	License No.: 00756
Start Date (10): 10-17-26	Scheduled Completion Date (11): 12-31-26	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
Building Production Room-Bldg 111			x	ACM Paint	1,200 SF	x			

Name of Registered Waste Hauler: Century Waste Services, LLC	NJDEP Waste Hauler ID No.	Cubic Yards of Waste: TBD	Name of Registered Landfill: GROWS North Landfill
City, State: North Bergen, NJ 07047 / Freehold, NJ 07728		Disposal Date: TBD	City, State: Morrisville, PA

Completed by: Joseph Patrick	Title: Project Manager	Signature	Date: 09-22-26

ASB-41 (R-06-08)

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

Print Form

3961

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

Check 3961
RECEIVED
SEP 30 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/20/2026	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 Manchester Dr	
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): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 18 Manchester Dr			
City (5): Westfield, NJ 07090		Square Feet: 2,577	# of Floors: 2 / Bldg. Age: 1959
County (6): Union	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): VEL Construction, LLC	
Street Address		Street Address: 75 Voorhis Place	
City, State, Zip Code		City, State, Zip Code: Ringwood NJ 07456	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-466-0166	License No.: 02126
Start Date (10): 09/29/2026	Scheduled Completion Date (11): 10/06/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address / City, State, Zip Code	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement storage, rec room, closet		x		Floor tile & mastic	484 SF	x			
and bathroom									

Name of Registered Waste Hauler: Century Waste Services	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: 5	Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 10/06/2026	City, State: Pen Argyl, PA

Completed by: Lubica Perez	Title: Owner	Signature: Lubica Perez	Date: 09/20/2026

ASB-41 (R-06-08)

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3962

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Check 3962
SEP 30 2026
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 09/22/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 43 Melrose Dr City, State, Zip Code: Livingston, NJ 07039 Name of Contact: | Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential House		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 43 Melrose Dr			
City (5): Livingston, NJ 07039		Square Feet: 1,559	# of Floors: 1 / Bldg. Age: 1951
County (6): Essex	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): VEL Construction, LLC	
Street Address		Street Address: 75 Voorhis Place	
City, State, Zip Code		City, State, Zip Code: Ringwood NJ 07456	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-466-0166	License No.: 02126
Start Date (10): 10/02/2026	Scheduled Completion Date (11): 10/09/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address City, State, Zip Code	

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler: Century Waste Services	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: 5	Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 10/09/2026	City, State: Pen Argyl, PA

Completed by: Lubica Perez	Title: Owner	Signature: Lubica Perez	Date: 09/22/2026

ASB-41 (R-06-08)

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

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3963

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

Check 3963

RECEIVED
SEP 30 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/22/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☒ Amended Amendment # 2 ☐ Emergency (including justification) ☐ Cancellation
Street Address: 427 Norwood Ave	
City, State, Zip Code: Avon-By-The-Sea, NJ 07717	
Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential House	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 427 Norwood Ave	
City (5): Avon-By-The-Sea, NJ 07717	Square Feet: 1,144 / # of Floors: 1 / Bldg. Age: 1909
County (6): Monmouth / County Code (7) *(STATE USE ONLY)*	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): VEL Construction, LLC
Street Address	Street Address: 75 Voorhis Place
City, State, Zip Code	City, State, Zip Code: Ringwood NJ 07456
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 201-466-0166 / License No.: 02126
Start Date (10): 09/23/2026 / Scheduled Completion Date (11): 09/30/2026	Name of OSHA Monitor
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe:	Street Address / City, State, Zip Code

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior		x		Siding	1,000 SF	x			
Garage		x		windows glazing/caulk	5	x			

Name of Registered Waste Hauler: Century Waste Services	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: 5	Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 09/30/2026	City, State: Pen Argyl, PA

Completed by: Lubica Perez	Title: Owner	Signature: Lubica Perez	Date: 09/22/2026

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)

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/25/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☒ Amended Amendment # 1 ☐ Emergency (including justification) ☐ Cancellation
Street Address: 8 Neal Dr	
City, State, Zip Code: East Brunswick, NJ 08816	
Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential House		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 8 Neal Dr			
City (5): East Brunswick, NJ 08816		Square Feet: 2,648	# of Floors: 2 / Bldg. Age: 1970
County (6): Middlesex	County Code (7) *(STATE USE ONLY)*	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): VEL Construction, LLC	
Street Address		Street Address: 75 Voorhis Place	
City, State, Zip Code		City, State, Zip Code: Ringwood NJ 07456	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-466-0166	License No.: 02126
Start Date (10): 09/26/2026	Scheduled Completion Date (11): 10/02/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe:		Street Address / City, State, Zip Code	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Kitchen & laundry room		x		Floor tile, mastic & wood subfloor	368 SF	x			

Name of Registered Waste Hauler: Century Waste Services	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: 5	Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 10/02/2026	City, State: Pen Argyl, PA

Completed by: Lubica Perez	Title: Owner	Signature: *Lubica Perez*	Date: 09/25/2026

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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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/19/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 20 Stockton Dr
	City, State, Zip Code: Marlboro Township, NJ 07746
	Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential House			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 20 Stockton Dr			
City (5): Marlboro Township, NJ 07746	Square Feet: 1,906	# of Floors: 1	Bldg. Age: 1952
County (6): Monmouth	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): VEL Construction, LLC	
Street Address		Street Address: 75 Voorhis Place	
City, State, Zip Code		City, State, Zip Code: Ringwood NJ 07456	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-466-0166	License No.: 02126
Start Date (10): 09/28/2026	Scheduled Completion Date (11): 10/05/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address / City, State, Zip Code	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
3 Bedrooms & closets		x		Floor tile & mastic	435 SF	x			

Name of Registered Waste Hauler: Century Waste Services	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: 5	Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 10/05/2026	City, State: Pen Argyl, PA

Completed by: Lubica Perez	Title: Owner	Signature: Lubica Perez	Date: 09/19/2026

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

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

Date of Notification (1): 9-24-26

Name of Building Owner/Operator (2): PINELANDS CONSTRUCTION

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

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

Street Address: 300 77TH ST.

City, State, Zip Code: SEA ISLE CITY N.J. 08243

Name of Contact:

Telephone Number:

FACILITY INFORMATION

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

Street Address: 332 ASBURY AVE

City (5): OCEAN CITY

County (6): CAPE MAY

County Code (7) (STATE USE ONLY):

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

Square Feet: 1500 # of Floors: 1 Bldg Age: 50+

Current Use (Prior if being demolished): VACANT

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

ASCM No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Telephone No.:

Name of Abatement Contractor (9): KLEMCO INC

Street Address: 369 S. SPRUCE AVE

City, State, Zip Code: MAPLE SHADE N.J 08052

Telephone No.: 856-779-0472 License No.: 01371

Name of OSHA Monitor: N/A

Street Address:

City, State, Zip Code:

Start Date (10): 10-5-26 Scheduled Completion Date (11): 10-15-26

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

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

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

Name of Registered Waste Hauler: KLEMCO INC. NJDEP Waste Hauler ID No.: 13964

Cubic Yards of Waste:

Name of Registered Landfill: C.M.C.M.U.A.

City, State: MAPLE SHADE N.J 08052

Disposal Date:

City, State: WOODBINE N.J

Completed By: MICHAEL KLEMM Title: SUP. Signature: Date: 9-24-26

* 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): 9-24-26

Name of Building Owner/Operator (2): PINELANDS CONSTRUCTION

Street Address: 300 77TH ST.

City, State, Zip Code: SEA ISLE CITY N.J. 08243

Name of Contact:

Telephone Number:

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): RESIDENCE

Street Address: 2433 CENTRAL AVE

City (5): OCEAN CITY

County (6): CAPE MAY

County Code (7) (STATE USE ONLY):

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

Square Feet: 1500

of Floors: 1

Bldg Age: 50+

Current Use (Prior if being demolished): VACANT

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

ASCM No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Telephone No.:

Name of Abatement Contractor (9): KLEMCO INC

Street Address: 369 S. SPRUCE AVE

City, State, Zip Code: MAPLE SHADE N.J 08052

Telephone No.: 856-779-0472

License No.: 01371

Name of OSHA Monitor: N/A

Street Address:

City, State, Zip Code:

Start Date (10): 10-4-26

Scheduled Completion Date (11): 10-14-26

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

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

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

Name of Registered Waste Hauler: KLEMCO INC.

NJDEP Waste Hauler ID No.: 17904

Cubic Yards of Waste:

Disposal Date:

Name of Registered Landfill: C.N.C. MUA.

City, State: WOODBINE N.J

City, State: MAPLE SHADE NJ 08052

Completed By: MICHAEL KLEMM

Title: SUP.

Signature:

Date: 9-24-26

* 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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SEP 30 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/28/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☒ Amended Amendment #1 ☐ Emergency (including justification) ☐ Cancellation
Street Address: 1 Horizon Road	
City, State, Zip Code: Fort Lee, New Jersey 07024	
Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Apartment Building - Apt 626	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1 Horizon Road - Apt 626	
City (5): Fort Lee	Square Feet: 496,115 sq ft; # of Floors: 15 Stories; Bldg. Age: 1965
County (6): Bergen County; County Code (7) *(STATE USE ONLY)*:	Current Use (Prior if being demolished): Apartment Building - Apt 626
Name of Monitoring Firm Hired by Building Owner (8): ; ASCM No.:	Name of Abatement Contractor (9): True Star Contracting
Street Address:	Street Address: 54 Hedden Terrace
City, State, Zip Code:	City, State, Zip Code: North Arlington, New Jersey 07031
Project Manager for Monitoring Firm: ; Telephone No.:	Telephone No.: (201) 790-4530; License No.: 02047
Start Date (10): 10/05/2026; Scheduled Completion Date (11): 10/07/2026	Name of OSHA Monitor:
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: Apartment 626 Will be Vacated	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
Apt 626 - Entire Unit			X	Parquet Tile & Glue	700 SF	X			

Name of Registered Waste Hauler: True Star Contracting	NJDEP Waste Hauler ID No.: 0041405	Cubic Yards of Waste: 1	Name of Registered Landfill: Chrin Bro Landfill
City, State: North Arlington, New Jersey		Disposal Date: TBD	City, State: Easton, PA

Completed by: Nestor M. Alvez	Title: Project Manager	Signature: Nestor M. Alvez	Date: 09/28/2026

ASB-41 (R-06-08)

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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): 09/23/2026		Name of Building Owner/Operator (2):	
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 7004 JFK Boulevard East	
		City, State, Zip Code: Guttenberg, New Jersey 07093	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Apartment - 41C - Tower 3		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 7004 JFK Boulevard East			
City (5): Guttenberg		Square Feet: 400,000 sq ft	# of Floors: 44 Stories / Bldg. Age: 1976
County (6): Hudson County	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Apartment - 41C - Tower 3	
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): True Star Contracting	
Street Address		Street Address: 54 Hedden Terrace	
City, State, Zip Code		City, State, Zip Code: North Arlington, New Jersey 07031	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: (201) 790-4530	License No.: 02047
Start Date (10): 10/02/2026	Scheduled Completion Date (11): 10/02/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: Apartment 41C Will be Vacated		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
Bedroom			X	Parquet Tile & Glue	60 SF	X			

Name of Registered Waste Hauler: True Star Contracting	NJDEP Waste Hauler ID No.: 0041405	Cubic Yards of Waste: 1	Name of Registered Landfill: Chrin Bro Landfill
City, State: North Arlington, New Jersey		Disposal Date: TBD	City, State: Easton, PA

Completed by: Nestor M. Alvez	Title: Project Manager	Signature: Nestor Alvez	Date: 09/23/2026

ASB-41 (R-06-08)

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SEP 30 2026

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 09/28/2026	Name of Building Owner/Operator (2):

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

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

Street Address: 89 West 27th Street

City, State, Zip Code: Bayonne, New Jersey 07002

Name of Contact: | Telephone Number:

FACILITY INFORMATION

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

Street Address: 89 West 27th Street

City (5): Bayonne

County (6): Hudson County

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

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

Square Feet	# of Floors	Bldg. Age
2,200 sq ft	2 Stories	1920

Current Use (Prior if being demolished): Home

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): True Star Contracting

Street Address: 54 Hedden Terrace

City, State, Zip Code: North Arlington, New Jersey 07031

Telephone No.: (201) 790-4530 | License No.: 02047

Start Date (10): 10/07/2026 | Scheduled Completion Date (11): 10/07/2026

Name of OSHA Monitor:

Street Address:

City, State, Zip Code:

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
Fireplace Room			X	Asbestos VAT	105 SF	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
True Star Contracting	0041405	1	Chrin Bro Landfill
City, State North Arlington, New Jersey		**Disposal Date** TBD	**City, State** Easton, PA

Completed by	Title	Signature	Date
Nestor M. Alvez	Project Manager	Nestor Alvez	09/28/2026

ASB-41 (R-06-08)

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PW

#HAC Proj # 24106

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1)
9 / 22 /2026

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

Type Notification
- [ ] Initial Notification
- [ ] Amended Notification
- [ ] Cancellation
- [X] On Hold
- [ ] EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)
HACKENSACK UNIVERSITY MEDICAL CENTER

Street Address
30 PROSPECT AVENUE

City, State, Zip Code
HACKENSACK, NEW JERSEY 07601

Name of Contact
RICHARD DAVIDSON

Telephone Number
201-638-9178

FACILITY INFORMATION

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

Type of Facility (4)
- [ ] School (K-12)
- [ ] Subchapter 8 (Other than K-12)
- [X] Other (ie. private & commcl. bldgs., homes, etc.)

Street Address
30 PROSPECT AVENUE

Square Feet	# of Floors	Bldg. Age
50,000	5	60+

City (5)	County (6)	County Code (7) (STATE USE ONLY)
HACKENSACK	BERGEN	

Current Use (Prior if being demolished)
COMMERCIAL

Name of Monitoring Firm Hired by Building Owner (8)
LANGAN ENGINEERING & ENVIRONMENTAL SERVICES, INC.

ASCM No.
99

Street Address
300 KIMBALL DRIVE

City, State, Zip Code
PARSIPPANY, NEW JERSEY 07054

Project Manager for Monitoring Firm
CRAIG NAPOLITANO

Telephone Number
646-210-6500

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SUFFERN, NEW YORK 10901

Telephone Number
845-369-7500

License Number
1101

Expected State Date (10)
9 / 21 /2026
Month Day Year

Sched. Completion Date (11)
10 / /21 /2026
Month Day Year

Name of OSHA Monitor
QUALITY ENVIRONMENTAL

Occupancy Status During Abatement (Check only one)
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe:
- [X] Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM

Street Address
1376 ROUTE 9

City, State, Zip Code
WAPPINGER FALLS, NY 12590

Scope of Work (Check all that apply)
- [ ] Demolition
- [x] >3SF OR LF
- [ ] >160 SF OR 260 LF
- [X] Renovation

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

Location of Asbestos-containing Material (ACM) **TO BE ABATED** in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12) Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
2ND FLOOR -ROOM 2868			X	WALL MASTIC	75 SF	X			

Name of Registered Waste Hauler
NEWARK CARTING
369 RAYMOND BLVD.

NJDEP Waste Hauler ID No.
913

Cubic Yards of Waste
10

Name of Registered Landfill
GRAND CENTRAL SANITARY LANDFILL

City, State
NEWARK, NEW JERSEY 07105

Disposal Date
9/21/2026-9/25/3026

City, State
PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)	Title	Signature	Date
BENJAMIN SANCHEZ	DIRECTOR OF OPERATIONS		09.22.2026

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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): 09/21/2026	Name of Building Owner/Operator (2): LEVIN MANAGEMENT
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA Type Notification: [ ] Initial [x] Amended Amendment #1 [ ] Emergency (including justification) [ ] Cancellation	Street Address: PO BOX 326 City, State, Zip Code: PLAINFIELD, NJ 07061 Name of Contact: ROBERT BECKER Telephone Number: 908-226-5272

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): PARAMUS PLACE SHOPPING CENTER		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 164 ROUTE 4 WEST			
City (5): PARAMUS		Square Feet	# of Floors / Bldg. Age
County (6): BERGAN	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): TWO BROTHERS CONTRACTING, INC.	
Street Address		Street Address: 11 VREELAND AVENUE	
City, State, Zip Code		City, State, Zip Code: TOTOWA, NJ 07512	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 973-956-8700	License No.: 00494
Start Date (10): 08/24/2026	Scheduled Completion Date (11): 10/09/2026	Name of OSHA Monitor: SAME AS (9) 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
VACANT STORE		X		TILE AND MASTIC	45,000 SF	X			

Name of Registered Waste Hauler: TWO BROTHERS CONTRACTING, INC.	NJDEP Waste Hauler ID No.: 18743	Cubic Yards of Waste: 100+/-	Name of Registered Landfill: WASTE MANAGEMENT
City, State: TOTOWA, NJ 07512		Disposal Date: 10/09/2026	City, State: MORRISVILLE, PA
Completed by: ALEXANDRA LLAQUE	Title: PROJECT COORDINATOR	Signature: Alexandra Llaque	Date: 09/21/2026

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

Date of Notification (1): 08/10/2026	Name of Building Owner/Operator (2): LEVIN MANAGEMENT
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: PO BOX 326 City, State, Zip Code: PLAINFIELD, NJ 07061 Name of Contact: ROBERT BECKER — Telephone Number: 908-226-5272

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): PARAMUS PLACE SHOPPING CENTER Street Address: 164 ROUTE 4 WEST	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
City (5): PARAMUS — Square Feet: — # of Floors: — Bldg. Age:	
County (6): BERGAN — 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): TWO BROTHERS CONTRACTING, INC.
Street Address	Street Address: 11 VREELAND AVENUE
City, State, Zip Code	City, State, Zip Code: TOTOWA, NJ 07512
Project Manager for Monitoring Firm — Telephone No.	Telephone No.: 973-956-8700 — License No.: 00494
Start Date (10): 08/24/2026 — Scheduled Completion Date (11): 09/25/2026	Name of OSHA Monitor: SAME AS (9) 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
VACANT STORE		X		TILE AND MASTIC	45,000 SF	X			

Name of Registered Waste Hauler: TWO BROTHERS CONTRACTING, INC.	NJDEP Waste Hauler ID No.: 18743	Cubic Yards of Waste: 100+/-	Name of Registered Landfill: WASTE MANAGEMENT
City, State: TOTOWA, NJ 07512		Disposal Date: 09/25/2026	City, State: MORRISVILLE, PA

Completed by: ALEXANDRA LLAQUE	Title: PROJECT COORDINATOR	Signature: Alexandra Llaque	Date: 08/10/2026

ASB-41 (R-06-08)

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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): 09/17/2026	Name of Building Owner/Operator (2): Gary Ruth
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [ ] Initial [x] Amended Amendment # 6 [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 388 South Livingston Avenue
	City, State, Zip Code: Livingston, NJ 07039
	Name of Contact: Gary Ruth — Telephone Number: (917) 459-2175

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Aquinas Academy	Type of Facility (4): [x] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 388 South Livingston Avenue	
City (5): Livingston, NJ 07039	Square Feet: TBD — # of Floors: 1 — Bldg. Age: TBD
County (6): Essex — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) — ASCM No.	Name of Abatement Contractor (9): VEL Construction, LLC
Street Address	Street Address: 75 Voorhis Place
City, State, Zip Code	City, State, Zip Code: Ringwood NJ 07456
Project Manager for Monitoring Firm — Telephone No.	Telephone No.: 201- 466-0166 — License No.: 02126
Start Date (10): 09/17/2026 — Scheduled Completion Date (11): 10/16/2026	Name of OSHA Monitor
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____	Street Address / City, State, Zip Code

Scope of Work (Check All That Apply)

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

[x] Renovation
[ ] Demolition

[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[ ] Non-Exempted (*) and Non-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
Room to the right of the entrance		x		pipe insulation	20 LF		x		
Room to the right of the entrance		x		pipe insulation	25 LF wrap/cut				

Name of Registered Waste Hauler: Century Waste Services	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: 30	Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 10/16/2026	City, State: Pen Argyl, PA

Completed by: Lubica Perez	Title: Owner	Signature: *Lubica Perez*	Date: 09/17/2026

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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) 09/16/2026	Name of Building Owner/Operator (2)
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation
Street Address 8 Neal Dr	
City, State, Zip Code East Brunswick, NJ 08816	
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 8 Neal Dr			
City (5) East Brunswick, NJ 08816		Square Feet 2,648	# of Floors 2
			Bldg. Age 1970
County (6) Middlesex	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC	
Street Address		Street Address 75 Voorhis Place	
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-466-0166	License No. 02126
Start Date (10) 09/18/2026	Scheduled Completion Date (11) 09/24/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address City, State, Zip Code	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Kitchen & laundry room		x		Floor tile, mastic & wood subfloor	368 SF	x			

Name of Registered Waste Hauler Century Waste Services	NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill
City, State Elizabeth, NJ		Disposal Date 09/24/2026	City, State Pen Argyl, PA

Completed by Lubica Perez	Title Owner	Signature *Lubica Perez*	Date 09/16/2026

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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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/16/2026	Name of Building Owner/Operator (2):	
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	Street Address: 75 Cedar St City, State, Zip Code: Edison, NJ 08820 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: 75 Cedar St			
City (5): Edison, NJ 08820		Square Feet: 3,010	# of Floors: 2 / Bldg. Age: 1964
County (6): Middlesex	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): VEL Construction, LLC	
Street Address		Street Address: 75 Voorhis Place	
City, State, Zip Code		City, State, Zip Code: Ringwood NJ 07456	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-466-0166	License No.: 02126
Start Date (10): 09/17/2026	Scheduled Completion Date (11): 09/23/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address City, State, Zip Code	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Guest bedroom		x		ceiling & attic insulation	150 SF	x			

Name of Registered Waste Hauler: Century Waste Services	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: 5	Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 09/23/2026	City, State: Pen Argyl, PA

Completed by: Lubica Perez	Title: Owner	Signature: Lubica Perez	Date: 09/16/2026

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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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/17/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☒ Amended Amendment # 1 ☐ Emergency (including justification) ☐ Cancellation
Street Address: 63 Canterbury Dr	
City, State, Zip Code: Scotch Plains, NJ 07076	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential House	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 63 Canterbury Dr	
City (5): Scotch Plains, NJ 07076	Square Feet: 2,152 / # of Floors: 2 / Bldg. Age: 1968
County (6): Union / County Code (7) *(STATE USE ONLY)*	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): VEL Construction, LLC
Street Address	Street Address: 75 Voorhis Place
City, State, Zip Code	City, State, Zip Code: Ringwood NJ 07456
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 201-466-0166 / License No.: 02126
Start Date (10): 09/16/2026 / Scheduled Completion Date (11): 09/23/2026	Name of OSHA Monitor
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe:	Street Address / City, State, Zip Code

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
First fl family rm, hallway, closet		x		Floor tile & mastic	236 Sf	x			
Laundry room		x		Floor tile & mastic	48 Sf	x			
Bathroom		x		Floor tile & mastic	25 Sf	x			

Name of Registered Waste Hauler: Century Waste Services	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: 5	Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 09/23/2026	City, State: Pen Argyl, PA

Completed by: Lubica Perez	Title: Owner	Signature: Lubica Perez	Date: 09/17/2026

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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SEP 25 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
09/15/2026	

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

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

Street Address	
214 Boyle Ave	
City, State, Zip Code	
Totowa, NJ 07512	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Residential House	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 214 Boyle Ave	
City (5): Totowa, NJ 07512	Square Feet: 1,400 / # of Floors: 2 / Bldg. Age: 1920
County (6): Passaic	County Code (7) *(STATE USE ONLY)* _____ / Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
		VEL Construction, LLC
Street Address		Street Address: 75 Voorhis Place
City, State, Zip Code		City, State, Zip Code: Ringwood NJ 07456
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-466-0166 / License No.: 02126
Start Date (10): 09/24/2026	Scheduled Completion Date (11): 09/30/2026	Name of OSHA Monitor

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

Street Address
City, State, Zip Code

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

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

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Century Waste Services	32797	5	Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 09/30/2026	City, State: Pen Argyl, PA

Completed by	Title	Signature	Date
Lubica Perez	Owner	Lubica Perez	09/15/2026

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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SEP 25 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/15/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 20 Oliver Dr City, State, Zip Code: Neptune City, NJ 07753 Name of Contact: Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential House		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 20 Oliver Dr			
City (5): Neptune City, NJ 07753		Square Feet: 1,576	# of Floors: 2 / Bldg. Age: 1949
County (6): Monmouth	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): VEL Construction, LLC	
Street Address		Street Address: 75 Voorhis Place	
City, State, Zip Code		City, State, Zip Code: Ringwood NJ 07456	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-466-0166	License No.: 02126
Start Date (10): 09/24/2026	Scheduled Completion Date (11): 09/30/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address City, State, Zip Code	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement		x		Floor tile & mastic	325 SF	x			

Name of Registered Waste Hauler: Century Waste Services	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: 5	Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 09/30/2026	City, State: Pen Argyl, PA

Completed by: Lubica Perez	Title: Owner	Signature: Lubica Perez	Date: 09/15/2026

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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SEP 25 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/16/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: 611 Stamford Dr	
City, State, Zip Code: Neptune City, NJ 07753	
Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential House		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 611 Stamford Dr			
City (5): Neptune City, NJ 07753		Square Feet: 2,588	# of Floors: 2 / Bldg. Age: 1960
County (6): Monmouth	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): VEL Construction, LLC	
Street Address		Street Address: 75 Voorhis Place	
City, State, Zip Code		City, State, Zip Code: Ringwood NJ 07456	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-466-0166	License No.: 02126
Start Date (10): 09/25/2026	Scheduled Completion Date (11): 10/01/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address / City, State, Zip Code	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Laundry room		x		Laminate floor & mastic	150 SF	x			

Name of Registered Waste Hauler: Century Waste Services	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: 5	Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 10/01/2026	City, State: Pen Argyl, PA
Completed by: Lubica Perez	Title: Owner	Signature: Lubica Perez	Date: 09/16/2026

ASB-41 (R-06-08)

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

Print Form

3935

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

PAID Check 3935 RECEIVED SEP 25 2026 ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/15/2026	Name of ~~Building Owner/Operator~~ (2)
Agencies Notified: [ ] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA Type Notification: [ ] Initial [ ] Amended Amendment #_____ [x] Emergency (including justification) [ ] Cancellation	Street Address: 720 15th St City, State, Zip Code: Union City, NJ 07087 Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential House		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 720 15th St			
City (5): Union City, NJ 07087		Square Feet: 1,928	# of Floors: 2 / Bldg. Age: 1913
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): VEL Construction, LLC	
Street Address		Street Address: 75 Voorhis Place	
City, State, Zip Code		City, State, Zip Code: Ringwood NJ 07456	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-466-0166	License No.: 02126
Start Date (10): 09/16/2026	Scheduled Completion Date (11): 09/21/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address / City, State, Zip Code	

Scope of Work (Check All That Apply)

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

[x] Renovation
[ ] Demolition

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

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

Name of Registered Waste Hauler: Century Waste Services	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: 5	Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 09/21/2026	City, State: Pen Argyl, PA

Completed by: Lubica Perez	Title: Owner	Signature: Lubica Perez	Date: 09/15/2026

ASB-41 (R-06-08)

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

Print Form

3959

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

PAID Check 3959 RECEIVED SEP 25 2026 ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/17/2026	Name of Building Owner/Operator (2)

Agencies Notified	Type Notification	Street Address / City, State, Zip Code	Name of Contact	Telephone Number
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	374 Taylors Mills Rd Manalapan Township, NJ 07726		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)		
Residential House	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)		
Street Address: 374 Taylors Mills Rd			
City (5): Manalapan Township, NJ 07726	Square Feet: 1,986	# of Floors: 1	Bldg. Age: 1968
County (6): Monmouth	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)	
		VEL Construction, LLC	
Street Address		Street Address: 75 Voorhis Place	
City, State, Zip Code		City, State, Zip Code: Ringwood NJ 07456	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-466-0166	License No.: 02126
Start Date (10): 09/28/2026	Scheduled Completion Date (11): 10/05/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address City, State, Zip Code	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Kitchen & Family Room		x		Floor tile & mastic	456 SF	x			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Century Waste Services	32797	5	Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 10/05/2026	City, State: Pen Argyl, PA

Completed by	Title	Signature	Date
Lubica Perez	Owner	Lubica Perez	09/17/2026

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
SEP 24 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/21/2026	Name of Building Owner/Operator (2): Groveville United Methodist Church
Agencies Notified: [x] EPA [x] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 447 Church Street
	City, State, Zip Code: Hamilton Township, NJ 08620
	Name of Contact: Dan Cavallaro — Telephone Number: 609-306-6842

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Grow-ville Community Day School	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 449 Church Street	
City (5): Hamilton Township	Square Feet: 1,500 — # of Floors: 2 — Bldg. Age: 70
County (6): Mercer — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Day School
Name of Monitoring Firm Hired by Building Owner (8): Management & Environmental Consulting Serv — ASCM No.	Name of Abatement Contractor (9): Shade Environmental, LLC
Street Address: PO Box 341	Street Address: 623 Cutler Avenue
City, State, Zip Code: Chesterfield, NJ 08515	City, State, Zip Code: Maple Shade, NJ 08052
Project Manager for Monitoring Firm: Nora Pearse — Telephone No.: 609-298-4070	Telephone No.: 856-755-0099 — License No.: 00842
Start Date (10): 10/02/2026 — Scheduled Completion Date (11): 10/02/2026	Name of OSHA Monitor: EMSL Analytical, Inc.
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____	Street Address: 200 Route 130 North — City, State, Zip Code: Cinnaminson, NJ 08077

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler: N/A	NJDEP Waste Hauler ID No.: N/A	Cubic Yards of Waste: 0	Name of Registered Landfill: N/A
City, State: N/A		Disposal Date: N/A	City, State: N/A

Completed by: Christina Fay	Title: VP of Operations	Signature: [signature]	Date: 09/21/2026

ASB-41 (R-06-08)

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1020

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

RECEIVED
SEP 24 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/22/2026	Name of Building Owner/Operator (2): 85 POPLAR LLC
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 12-25 EASTERN DR
	City, State, Zip Code: FAIRLAWN, NJ 07410
	Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): GARAGE	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 85 POPLAR AVE	
City (5): JERSEY CITY	Square Feet: 300SF / # of Floors: 1 / Bldg. Age: +50
County (6): HUDSON / County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): GARAGE
Name of Monitoring Firm Hired by Building Owner (8): / ASCM No.	Name of Abatement Contractor (9): MALCO ENVIRONMENTAL LLC
Street Address:	Street Address: 24 LINCOLN AVE W
City, State, Zip Code:	City, State, Zip Code: CRANFORD, NJ 07016
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 7325133487 / License No.: 02113
Start Date (10): 10/01/2026 / Scheduled Completion Date (11): 10/03/2026	Name of OSHA Monitor
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____	Street Address / City, State, Zip Code

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler: CENTURY WASTE	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste	Name of Registered Landfill: United States
City, State: 623 DOWD AVE ELIZABETH, NJ 07201		Disposal Date	City, State: MORRISVILLE, PA
Completed by: JENNIFER GOMES	Title: PRESIDENT	Signature:	Date: 09/22/2026

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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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/22/2026	Name of Building Owner/Operator (2): 3633A JFK LLC
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 12-25 EASTERN DR
	City, State, Zip Code: FAIRLAWN, NJ 07410
	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) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 3633A JFK BLVD	
City (5): JERSEY CITY	Square Feet: 1000SF / # of Floors: 2 / Bldg. Age: +50
County (6): HUDSON / County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): RESIDENTIAL
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): MALCO ENVIRONMENTAL LLC
Street Address	Street Address: 24 LINCOLN AVE W
City, State, Zip Code	City, State, Zip Code: CRANFORD, NJ 07016
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 7325133487 / License No.: 02113
Start Date (10): 10/04/2026 / Scheduled Completion Date (11): 10/06/2026	Name of OSHA Monitor
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____	Street Address / City, State, Zip Code

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler: CENTURY WASTE	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste	Name of Registered Landfill: United States
City, State: 623 DOWD AVE ELIZABETH, NJ 07201		Disposal Date	City, State: MORRISVILLE, PA
Completed by: JENNIFER GOMES	Title: PRESIDENT	Signature	Date: 09/22/2026

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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SEP 28 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/22/2026	Name of Building Owner/Operator (2): Institute of Music for Children
Agencies Notified: [X] EPA [X] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 780 Salem Avenue
	City, State, Zip Code: Elizabeth, NJ 07208
	Name of Contact: Ross Richards — Telephone Number: (201) 410-1314

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Institute of Music for Children	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 780 Salem Avenue	
City (5): Elizabeth	Square Feet: 12,660 SF — # of Floors: 3 — Bldg. Age: 75
County (6): Union — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Sanctuary (Non-Subchapter 8)
Name of Monitoring Firm Hired by Building Owner (8): Omega Environmental Services LLC — ASCM No.: 00120	Name of Abatement Contractor (9): United Safety LLC
Street Address: 280 Huyler Street	Street Address: 101 Alexander Ave Unit 4
City, State, Zip Code: S. Hackensack, NJ	City, State, Zip Code: Pompton Plains, NJ 07444
Project Manager for Monitoring Firm: Rey Montes de Oca — Telephone No.: 201-489-8700x140	Telephone No.: 973-276-0099 — License No.: 01317
Start Date (10): 10/06/26 — Scheduled Completion Date (11): 11/30/26	Name of OSHA Monitor: United Safety 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: 7:00am - 4:30pm	Street Address: 101 Alexander Ave Unit 4 — City, State, Zip Code: Pompton Plains, NJ 07444

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
Sanctuary Hall		X		Plaster Debris Clean up	3,300 SF	X			

Name of Registered Waste Hauler: Century Waste Services	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: TBD	Name of Registered Landfill: Grand Central Landfill
City, State: Elizabeth, NJ		Disposal Date: TBD	City, State: Penn Argyl, PA

Completed by: Vanco Petkov	Title: Project Manager	Signature	Date: 9/22/26

ASB-41 (R-06-08)

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 09/23/2026	Name of Building Owner/Operator (2): Newark Board of Education
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation
	Street Address: 190 Muhammad Ali Avenue
	City, State, Zip Code: Newark, NJ 07108
	Name of Contact: Benjamin Olagadeyo — Telephone Number: 973-733-7220 x 8149

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Hawthorne Avenue School	Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 428 Hawthorne Avenue	
City (5): Newark	Square Feet: 100,000 — # of Floors: 4 — Bldg. Age: 100
County (6): Essex — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): School

Name of Monitoring Firm Hired by Building Owner (8): TTI Environmental, Inc. — ASCM No.		Name of Abatement Contractor (9): Shade Environmental, LLC
Street Address: 1253 N. Church Street		Street Address: 623 Cutler Avenue
City, State, Zip Code: Moorestown, NJ 08057		City, State, Zip Code: Maple Shade, NJ 08052
Project Manager for Monitoring Firm: Jim Guilardi — Telephone No.: 856-840-8800		Telephone No.: 856-755-0099 — License No.: 00842
Start Date (10): 09/25/2026 — Scheduled Completion Date (11): 09/29/2026		Name of OSHA Monitor: EMSL Analytical, Inc.
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: 200 Route 130 North — City, State, Zip Code: Cinnaminson, NJ 08077

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Room 305		X		Ceiling Plaster	1 SF	X			
Room 205		X		Ceiling Plaster	1 SF	X			
Main Office Bathroom		X		Ceiling Plaster	1 SF	X			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 1	Name of Registered Landfill: Conestoga Landfill
City, State: Freehold, NJ		Disposal Date: 09/29/2026	City, State: Morgantown, PA

Completed by: Samantha Brown	Title: Operations Manager	Signature: Samantha Brown	Date: 09/23/2026

ASB-41 (R-06-08)

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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): 09/23/2026	Name of Building Owner/Operator (2): Union County Board of Commissioners
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: Administration Building, 6th Floor, 10 Elizabethtown Plaza
	City, State, Zip Code: Elizabeth, NJ 07207
	Name of Contact: Ronald Zuber — Telephone Number: 908-596-1707

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Union County Courthouse	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 2 Broad Street	
City (5): Elizabeth	Square Feet: 50,000 — # of Floors: 15 — Bldg. Age: 118
County (6): Union — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Courthouse
Name of Monitoring Firm Hired by Building Owner (8): RJB Environmental, Inc. — ASCM No.	Name of Abatement Contractor (9): Shade Environmental, LLC
Street Address: PO Box 869	Street Address: 623 Cutler Avenue
City, State, Zip Code: Levittown, PA 19058	City, State, Zip Code: Maple Shade, NJ 08052
Project Manager for Monitoring Firm: Richard Beach — Telephone No.: 267-991-9212	Telephone No.: 856-755-0099 — License No.: 00842
Start Date (10): 10/05/2026 — Scheduled Completion Date (11): 10/12/2026	Name of OSHA Monitor: EMSL Analytical, Inc.
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____	Street Address: 200 Route 130 North — City, State, Zip Code: Cinnaminson, NJ 08077

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
13th-14th Floors		X		Pipe Insulation	8 LF	X			
4th Floor Mechanical Room	X			Plaster Debris Cleanup (O&M)	125 SF				

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 1	Name of Registered Landfill: Conestoga Landfill
City, State: Freehold, NJ		Disposal Date: 10/12/2026	City, State: Morgantown, PA

Completed by: Samantha Brown	Title: Operations Manager	Signature	Date: 09/23/2026

ASB-41 (R-06-08)

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SEP 28 2026
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 09/24/2026	Name of Building Owner/Operator (2):	
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 442 Tavistock Boulevard
		City, State, Zip Code: Haddonfield, NJ 08033
		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: 139 Fern Avenue			
City (5): Collingswood	Square Feet: 2,266	# of Floors: 2	Bldg. Age: 118
County (6): Camden	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished): Residence

Name of Monitoring Firm Hired by Building Owner (8): Management & Environmental Consulting Serv	ASCM No.:	Name of Abatement Contractor (9): Shade Environmental, LLC	
Street Address: PO Box 341		Street Address: 623 Cutler Avenue	
City, State, Zip Code: Chesterfield, NJ 08515		City, State, Zip Code: Maple Shade, NJ 08052	
Project Manager for Monitoring Firm: Nora Pearse	Telephone No.: 609-298-4070	Telephone No.: 856-755-0099	License No.: 00842
Start Date (10): 10/08/2026	Scheduled Completion Date (11): 10/12/2026	Name of OSHA Monitor: EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: 200 Route 130 North	
		City, State, Zip Code: Cinnaminson, NJ 08077	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	27 LF	X			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 1	Name of Registered Landfill: Conestoga Landfill
City, State: Freehold, NJ		Disposal Date: 10/12/2026	City, State: Morgantown, PA

Completed by: Samantha Brown	Title: Operations Manager	Signature: Samantha Brown	Date: 09/24/2026

ASB-41 (R-06-08)

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

10792 * Emergency *

Print Form

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

RECEIVED 10792
SEP 28 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9/24/26	Name of Building Owner/Operator (2): Atlantic County Civil Courts
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation
	Street Address: 1201 Bacharach Blvd.
	City, State, Zip Code: Atlantic City NJ 08401
	Name of Contact: Chris Palermo — Telephone Number: 609-402-1741

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Atlantic County Civil Courts Room 226 E	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1201 Bacharach Blvd.	
City (5): Atlantic City NJ 08401	Square Feet: 1000 + — # of Floors: 2 + — Bldg. Age: 50+
County (6): Atlantic — County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8): Coastal Environmental Comp LLC — ASCM No.	Name of Abatement Contractor (9): Pernaco Inc.
Street Address: PO Box 167	Street Address: PO Box 329
City, State, Zip Code: Hammonton NJ 08037	City, State, Zip Code: West Berlin NJ 08091
Project Manager for Monitoring Firm: Cathy Ledden — Telephone No.: 609-820-9312	Telephone No.: 856-753-9800 — License No.: 00727
Start Date (10): 9/25/26 — Scheduled Completion Date (11): 9/28/26	Name of OSHA Monitor: Same
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: Night Shift and weekend After 3:30 on Friday	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
2nd Fl Rm 226E			X	Floor Tile & Mastic	300 SF	x			

Name of Registered Waste Hauler: Pernaco Inc	NJDEP Waste Hauler ID No.: 21787	Cubic Yards of Waste: 2	Name of Registered Landfill: Atlantic County Landfill
City, State: Berlin NJ		Disposal Date: 9/28/26	City, State: Egg Harbor City NJ
Completed by: Anthony T Perna	Title: President	Signature	Date: 9/24/26

ASB-41 (R-06-08)

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

5179

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

RECEIVED Check # 5179
SEP 28 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9 / 21 / 26	Name of Building Owner/Operator (2): Howmet	
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 9 Roy Street City, State, Zip Code: Dover, NJ 07801 Name of Contact: Ruchinkumar Khant Telephone Number: 973-300-4000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Howmet		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 9 Roy Street			
City (5): Dover		Square Feet: 10,000	# of Floors: 2 / Bldg. Age: 50
County (6): Morris	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): industrial	

Name of Monitoring Firm Hired by Building Owner (8): EA Consutling	ASCM No.	Name of Abatement Contractor (9): Plymouth Environmental Co., Inc.	
Street Address: 1720 Glasboro Road		Street Address: 923 Haws Ave.	
City, State, Zip Code: Williamstown, NJ 08094		City, State, Zip Code: Norristown, PA 19401	
Project Manager for Monitoring Firm: Dave Costa	Telephone No.: 856-803-0839	Telephone No.: 610-239-9920	License No.: 00398
Start Date (10): 10 / 6 / 26	Scheduled Completion Date (11): 10 / 12 / 26	Name of OSHA Monitor: Plymouth Environmental Co., Inc.	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/_____PM-_____AM		Street Address: 923 Haws Ave City, State, Zip Code: Norristown, PA 19401	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
1st Floor	☐	☒	☐	labtop	20SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 1CY	Name of Registered Landfill: G.R.O.W.S North Landfill/Fairless Landfill
City, State: Freehold, NJ		Disposal Date: 10/12/2026	City, State: Morrisville, PA

Completed By (Print or Type): James M. Kelly	Title: Vice President	Signature:	Date: 9/21/2026

ASB-41
JAN 13

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

1775

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

RECEIVED
SEP 28 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 9/14/2026		Name of Building Owner/Operator (2)
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 312 Van Buren Ave, City, State, Zip Code , Teaneck, NJ 07666, USA Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private Residential			Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address 312 Van Buren Ave			Square Feet / # of Floors / Bldg. Age
City (5) Teaneck			Current Use (Prior if being demolished)
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) MKD Property Maintenance LLC	
Street Address		Street Address 105 Van Riper Avenue	
City, State, Zip Code		City, State, Zip Code Clifton NJ 07011	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201/899/9008	License No. 01336
Start Date (10) 9/28/2026	Scheduled Completion Date (11) 10/28/2026	Name of OSHA Monitor Empire Environmental LLC	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address 150 River Rd, F4 City, State, Zip Code Montville NJ	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement		x		Vinyl asbestos tile	280 SF	x			
1st Floor		X		Plaster ACM	24 SF	x			
.		.		.	.	.			

Name of Registered Waste Hauler MKD Property Maintenance LLC	NJDEP Waste Hauler ID No. 003791	Cubic Yards of Waste N/A	Name of Registered Landfill Fairless Landfill
City, State Clifton NJ 07011		Disposal Date N/A	City, State Morrisvilee PA 19067
Completed by Darko Raloski	Title Owner	Signature	Date 9/14/2026

ASB-41 (R-06-08)

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

446639

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

RECEIVED
SEP 28 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1)
9 / 25 /2026

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

Street Address
30 PROSPECT AVENUE

City, State, Zip Code
HACKENSACK, NEW JERSEY 07601

Name of Contact
BRIAN O'NEIL

Telephone Number
848-275-1901

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

Type Notification
- [ ] Initial Notification
- [X] **Amended Notificatic #8**
- [ ] Cancellation
- [ ] On Hold
- [ ] EMERGENCY NOTIFICATION

FACILITY INFORMATION

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

Type of Facility (4)
- [ ] School (K-12)
- [ ] Subchapter 8 (Other than K-12)
- [X] Other (ie. private & commcl. bldgs., homes, etc.)

Street Address
1945 STATE HWY. 33

Square Feet	# of Floors	Bldg. Age
1,000,000	6	89

City (5)	**County (6)**	**County Code (7) (STATE USE ONLY)**
NEPTUNE	MONMOUTH	

Current Use (Prior if being demolished)
COMMERCIAL

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

ASCM No.
64

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
64 BROAD STREET

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
MATAWAN, NJ

City, State, Zip Code
SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm
THOMAS GEIGER

Telephone Number
732-290-2217

Telephone Number
845-369-7500

License Number
1101

Expected State Date (10)
5 / 1 /2026
Month Day Year

Sched. Completion Date (11)
12 / 30 /2026
Month Day Year

Name of OSHA Monitor
QUALITY ENVIRONMENTAL

Occupancy Status During Abatement (Check only one)
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe:
- [X] Other - Describe: THURSDAY, FRIDAY, SATURDAY 7AM-3:30 PM

Street Address
1376 ROUTE 9

City, State, Zip Code
WAPPINGER FALLS, NY 12590

Scope of Work (Check all that apply)
- [ ] Demolition
- [ ] >3SF OR LF
- [X] >160 SF OR 260 LF
- [X] Renovation

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

Location of Asbestos-containing Material (ACM) **TO BE ABATED** in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12) Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
2ND FLOOR MEHANDRU WING			X	FLOOR TILE MASTIC	5,785 SF	X			
1ST FLOOR PATIENT EXPERIENCE AREA			X	VAT & MASTIC COMPLETE	1,500 SF	X			
ADDITION TO SCOPE:									
1ST FLOOR MEN'S AND WOMENS									
BATHROOM			X	FLOOR MASTIC **COMPLETE**	205 SF	X			
2ND FLOOR IR AREA			**X**	**WATERPROOFING TAR**	**50 SF**	X			

Name of Registered Waste Hauler
NEWARK CARTING
369 RAYMOND BLVD.

NJDEP Waste Hauler ID No.
913

Cubic Yards of Waste
30

Name of Registered Landfill
GRAND CENTRAL SANITARY LANDFILL

City, State
NEWARK, NEW JERSEY 07105

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

City, State
PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type) | Title | Signature | Date 9-25-26