

2012

Page 3

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

Date of Notification (1) 02/03/2026		Name of Building Owner/Operator (2) Transcontinental Gas Pipe Line Co., LLC.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 623 Case Road	
		City, State, Zip Code Neshanic Sta, NJ 08853	
		Name of Contact Kevin Cook	Telephone Number 908-563-1515

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ASBESTOS LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Transcontinental Gas Pipe Line Co., LLC		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 623 Case Road		Square Feet 12,000	# of Floors 2
City (5) Neshanic Sta		Bldg. Age 73	
County (6) Somerset	County Code (7) <i>(STATE USE ONLY)</i>	Current Use (Prior if being demolished) Compressor Station	
Name of Monitoring Firm Hired by Building Owner (8) IRIS Environmental Services		ASCM No.	Name of Abatement Contractor (9) Acme Professional Services Corp
Street Address 2333 U.S. 22 West		Street Address 170 Kinnelon Rd, Suite 32	
City, State, Zip Code Union NJ 07083		City, State, Zip Code Kinnelon, NJ 07405	
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	Telephone No. 973-938-5266
		License No. 02003	
Start Date (10) 02-16-2026	Scheduled Completion Date (11) 02-16-2027	Name of OSHA Monitor Arsenije Adamov	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 170 Kinnelon Rd, Suite 32	
		City, State, Zip Code Kinnelon, NJ 07405	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
COMPRESSOR BUILDING		✓		Gray Firestop Material - Basement Pipes Penetrating through Walls by Units 7&8	20 SF	✓			
COMPRESSOR BUILDING		✓		Exterior White Caulk around Vents and Door Frame (1962 Side)	225 LF	✓			
COMPRESSOR BUILDING		✓		Gray Caulk around vents and windows (1968 side)	150 LF	✓			

Name of Registered Waste Hauler Acme Professional Services Corp		NJDEP Waste Hauler ID No. 0038176	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill	
City, State Kinnelon, NJ		Disposal Date		City, State Morrisville, PA	
Completed by Samantha Zamora		Title Project Coordinator	Signature <i>Samantha Zamora</i>		Date 02/03/2026

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

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Date of Notification (1) 2/5/2026		Name of Building Owner/Operator (2) SEPF NJ Cranbury 19 LLC								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1099 18th Street, Suite 2900								
		City, State, Zip Code Denver, CO 80202								
		Name of Contact Davis Meyer	Telephone Number 720-795-7381							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 19 Commerce Court		Square Feet	# of Floors							
City (5) Cranbury		Bldg. Age								
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.	Name of Abatement Contractor (9) All Pro Management, LLC							
Street Address PO Box 354		Street Address 27 Outwater Lane								
City, State, Zip Code South Orange, NJ 07079		City, State, Zip Code Garfield, NJ 07026								
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-394-2666	Telephone No. 973-928-4888							
		License No. 1188								
Start Date (10) 2/16/2026	Scheduled Completion Date (11) 3/31/2026	Name of OSHA Monitor A. Seine Lighthouse Solutions								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO Box 354								
		City, State, Zip Code South Orange, NJ 07079								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 If <input checked="" type="checkbox"/> ≥160 sf or ≥260 If		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Interior			X	Mastic	30,588 SF	X				
Name of Registered Waste Hauler Century Waste, LLC		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill						
City, State Elizabeth, NJ		Disposal Date		City, State Morrisville, PA						
Completed by Jacqueline Anello		Title Office Administrator	Signature <i>Jacqueline Anello</i>				Date 2/5/2026			

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

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ASBESTOS CONTROL & ABATEMENT

Date of Notification (1) 02/05/2026		Name of Building Owner/Operator (2) Legow Management	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 160 S Livingston Ave	
		City, State, Zip Code Livingston NJ 07039	
		Name of Contact John Boehn	Telephone Number 973-992-8200

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) commercial		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 220 W Jersey St,		Square Feet N/A	# of Floors N/A
City (5) Elizabeth NJ 07208		Bldg. Age N/A	
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) retail	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement Company LLC
Street Address		Street Address 329 Parish Dr	
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. 02097
Start Date (10) 02/16/2026	Scheduled Completion Date (11) 02/23/2026	Name of OSHA Monitor D&S Abatement Company LLC	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: occupied		Street Address 329 Parish Dr	
		City, State, Zip Code Wayne, NJ 07470	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
15th floor		X		VAT	1600 SF	X			
first floor						X			

Name of Registered Waste Hauler D&S Abatement Company LLC		NJDEP Waste Hauler ID No. 0036309	Cubic Yards of Waste TBD	Name of Registered Landfill TRRF	
City, State Wayne NJ		Disposal Date TBD	City, State Tullytown, PA		
Completed by Dejan Antic Dopsaj		Title President	Signature <i>Dejan Antic Dopsaj</i>		Date 02/05/2026

17768

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

Date of Notification (1) <u>2</u> / <u>4</u> / <u>26</u>		Name of Building Owner/Operator (2) Transcontinental Gas Pipe Line		Job # 2602-6538 Check# 17768	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 315 Cold Soil Rd.	
		City, State, Zip Code Princeton, NJ 08540		Telephone Number 724-998-5125	
		Name of Contact Pete Walker		ASBESTOS CONTROL & LICENSING	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Williams/Transco Dig #3537			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
Street Address 471 Deroousse Avenue			Square Feet		
City (5) Pennsauken			# of Floors		Bldg. Age
County (6) Camden		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Gas Pipe Line	
Name of Monitoring Firm Hired by Building Owner (8) NA		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address		Street Address 30 Maple Ave. PO Box 25			
City, State, Zip Code		City, State, Zip Code Lumberton, NJ 08048			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 609-265-2107		License No. 00529
Start Date (10) <u>2</u> / <u>18</u> / <u>26</u>		Scheduled Completion Date (11) <u>2</u> / <u>18</u> / <u>26</u>		Name of OSHA Monitor IATL Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM			Street Address 9000 Commerce Parkway Suite B		
			City, State, Zip Code Mt Laurel, NJ 08054		
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
		Yes No N/A		Amount (Specify SF or LF)	
Exterior #3537 Dig		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Coal Tar Wrap- 16" Line	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		10 SF	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
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 2-18-26	City, State Morrisville, PA 19067		
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 	Date 2-4-26

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

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Date of Notification (1) 2 / 4 26		Name of Building Owner/Operator (2) Verizon Communications / Job #2602-6536 - Check #17765	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 100 Greenwood Avenue	
		City, State, Zip Code Jenkintown, PA 19046	
		Name of Contact Peter Lesniak	Telephone Number 267-634-1010

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Verizon- Burlington		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 446 High Street		Square Feet	# of Floors
City (5) Burlington		Bldg. Age	
County (6) Burlington	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Offices	

Name of Monitoring Firm Hired by Building Owner (8) RBS Environmental Solution	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address 24 Veterans Square		Street Address 30 Maple Ave. PO Box 25	
City, State, Zip Code Media, PA 19063		City, State, Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm Mike Stocku	Telephone No. 610-639-4294	Telephone No. 609-265-2107	License No. 00529

Start Date (10) 2 / 17 / 26	Scheduled Completion Date (11) 2 / 18 / 26	Name of OSHA Monitor IATL	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/3PM-12AM		Street Address 9000 Commerce Parkway Suite B	
		City, State, Zip Code Mount Laurel, NJ 08054	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Water Main Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	40 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Water Main Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Water Main Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Elbows	8	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill
City, State Lumberton, NJ		Disposal Date 2/18/26	City, State Morrisville, PA
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 	Date 2-4-26

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

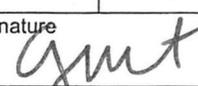
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NJ DEPARTMENT OF TREASURY & LICENSING

Date of Notification (1) <u>1</u> / <u>30</u> / <u>26</u>		Name of Building Owner/Operator (2) NJ DOT / Job #2402-6221 Check #17709								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address PO Box 600							
			City, State, Zip Code Trenton, NJ 08625							
			Name of Contact James Aumack	Telephone Number 973-418-0643						
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) NJ DOT Portway		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)								
Street Address Central Ave / Pennsylvania Ave		Square Feet	# of Floors							
City (5) Kearny		Bldg. Age								
County (6) Hudson	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Bridge								
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address PO Box 365		Street Address 30 Maple Ave. PO Box 25								
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Lumberton, NJ 08048								
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 6098392432	License No. 00529							
Start Date (10) <u>2</u> / <u>3</u> / <u>26</u>	Scheduled Completion Date (11) <u>2</u> / <u>6</u> / <u>26</u>	Name of OSHA Monitor IATL								
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 9000 Commerce Parkway Suite B								
		City, State, Zip Code Mount Laurel, NJ 08054								
Scope of Work (Check all that apply)										
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Pipe	160 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 30	Name of Registered Landfill Fairless Landfill						
City, State Lumberton, NJ		Disposal Date 2/6/25		City, State Tullytown, PA						
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator	Signature 				Date 1-30-26			

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

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FEB 12 2026

ASBESTOS CONTROL & ABATEMENT

Date of Notification (1) <u>2</u> / <u>6</u> / <u>26</u>		Name of Building Owner/Operator (2) PSEG / Job #2507-6468		Check #17767					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>6</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 284 North Park Street City, State, Zip Code East Orange, NJ J Name of Contact Mike Bastidas Telephone Number 908-206-6947					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSEG Orange Gas HQ Main Building			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 284 North Park Street			Square Feet		Bldg. Age				
City (5) East Orange		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Headquarters Building					
County (6) Essex		Name of Monitoring Firm Hired by Building Owner (8) Matrix New World		ASCM No. 00121					
Name of Monitoring Firm Hired by Building Owner (8) Matrix New World		ASCM No. 00121		Name of Abatement Contractor (9) AbateTech, Inc.					
Street Address 26 Columbia Turnpike			Street Address 30 Maple Ave. PO Box 25						
City, State, Zip Code Florham Park, NJ 07932			City, State, Zip Code Lumberton, NJ 08048						
Project Manager for Monitoring Firm Matt Sheldon		Telephone No. 973-240-1800		License No. 00529					
Start Date (10) <u>2</u> / <u>7</u> / <u>26</u>		Scheduled Completion Date (11) <u>2</u> / <u>9</u> / <u>26</u>		Name of OSHA Monitor IATL					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___AM-___PM/ <u>3:30PM-12AM</u>			Street Address 9000 Commerce Pkwy. Suite B City, State, Zip Code Mount Laurel, NJ 08054						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Yard	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Pipe	5 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Floor Work Station	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	750 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multipurpose Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Womens Restroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Covering	6 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Veolia ES		NJDEP Waste Hauler ID No. 000151		Cubic Yards of Waste 20		Name of Registered Landfill Fairless Landfill			
City, State Flanders, NJ		Disposal Date 2/9/26		City, State Morrisville, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 2/6/26			

Scope of Work Cont.

<u>Location of ACM</u>	<u>Used for Maint.</u>	<u>Description of ACM</u>	<u>Amount</u>	<u>Abatement Type</u>
2 nd Floor Hallway	NO	Floor tile & Mastic	150 LF	Removal

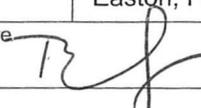
0072 PK# 6072

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

4346687
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FEB 12 2026

Date of Notification (1) 2/2/26		Name of Building Owner/Operator (2) Islamic Center of Central Jersey							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address PO Box 628 City, State, Zip Code Monmouth Junction, New Jersey 08852						
	Name of Contact Billy		Telephone Number 908-879-0233						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Islamic Center of Central Jersey Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 35 Richard Road		Square Feet 1600	# of Floors 2						
City (5) Monmouth Junction		Bldg. Age 65+							
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) residence						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ace Insulation Co., Inc						
Street Address		Street Address 95 Montrose Road							
City, State, Zip Code		City, State, Zip Code Colts Neck, New Jersey 07722							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 2/11/26		Scheduled Completion Date (11) 2/13/26	Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-7pm		Street Address City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior			x	siding	1600 sf	x			
Name of Registered Waste Hauler Ace Insulation Co., Inc		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 3	Name of Registered Landfill Chrins					
City, State Colts Neck, New Jersey		Disposal Date 2/13/25		City, State Easton, PA					
Completed by Bree McGuire		Title Secretary Treasurer		Signature 		Date 2/2/26			

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 2/2/26		Name of Building Owner/Operator (2) Islamic Center of Central Jersey								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 628								
		City, State, Zip Code Monmouth Junction, New Jersey 08852								
		Name of Contact Billy	Telephone Number 908-879-0233							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Islamic Center of Central Jersey Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 31 Richard Road		Square Feet 1200	# of Floors 1							
City (5) Monmouth Junction		Bldg. Age 65+								
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) residence								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ace Insulation Co., Inc							
Street Address		Street Address 95 Montrose Road								
City, State, Zip Code		City, State, Zip Code Colts Neck, New Jersey 07722								
Project Manager for Monitoring Firm		Telephone No. 7322941757	License No. 00029							
Start Date (10) 2/13/26	Scheduled Completion Date (11) 2/19/26	Name of OSHA Monitor								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-7pm		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
kitchen			x	linolium	140 sf	x				
2nd floor			x	joint compound	950 sf	x				
basement			x	transite ceiling	120 sf	x				
rear exterior			x	siding	300 sf	x				
Name of Registered Waste Hauler Ace Insulation Co., Inc		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 5	Name of Registered Landfill Chrins / Fairless						
City, State Colts Neck, New Jersey		Disposal Date 2/19/25		City, State Easton, PA						
Completed by Bree McGuire		Title Secretary Treasurer		Signature 			Date 2/2/26			

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Chick # 52664

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

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Date of Notification (1) <u>2</u> / <u>6</u> / <u>26</u>		Name of Building Owner/Operator (2) Our Lady of Lourdes	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1600 Haddon Avenue	
		City, State, Zip Code Camden NJ 08103	
		Name of Contact Tim Tate	Telephone Number 856-757-3500

FEB 12 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Our Lady of Lourdes Hospital		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 1600 Haddon Avenue			
City (5) Camden NJ 08103	Square Feet 20000	# of Floors 11	Bldg. Age
County (6) Camden	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Health Facility	

Name of Monitoring Firm Hired by Building Owner (8) Vertex	ASCM No.	Name of Abatement Contractor (9) Associated Specialty Contractors	
Street Address 2501 Seaport Drive Suite BH 110		Street Address 98 Lacrue Avenue	
City, State, Zip Code Chester PA 19013		City, State, Zip Code Glen Mills, PA 19342	
Project Manager for Monitoring Firm Done Heim	Telephone No. 610-558-8902	Telephone No. 610-364-9622	License No.

Start Date (10) <u>2</u> / <u>20</u> / <u>26</u>	Scheduled Completion Date (11) <u>4</u> / <u>30</u> / <u>26</u>	Name of OSHA Monitor Vertex	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7</u> AM- <u> </u> PM/ <u>5</u> PM- <u> </u> AM		Street Address 2501 Seaport Drive	
		City, State, Zip Code Chester PA 19013	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Storage Room 15 Basement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage Room 15 Basement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Duct Insulation	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rooms 274-276	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile / Mastic	1350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rooms 261-263	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile / Mastic	1350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler TriState Recycling	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Republic Conestoga
City, State 8950 State Road Philadelphia, PA 19136		Disposal Date 4/10/26	City, State Morgantown, PA 19543
Completed By (Print or Type) Vincent Primavera	Title Project Manager	Signature 	Date 2/4/26

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

4346686

1025

Date of Notification (1) January 28, 2026		Name of Building Owner/Operator (2) RESURGENT BUILDERS LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 24 ADELPHI STREET							
		City, State, Zip Code BROOKLYN NY 11205							
Name of Contact VETTA RIDGEWAY			Telephone Number 301-213-3995						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) FORMER FIRE HOUSE			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 219 IRVINE TURNER BLVD.			Square Feet 10,000						
City (5) NEWARK			# of Floors 2		Bldg. Age 1950				
County (6) ESSEX		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) COMMERCIAL					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Checkmark Industrial					
Street Address			Street Address 54 Morgan Dr						
City, State, Zip Code			City, State, Zip Code Sparta NJ 07871						
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-570-2645					
Start Date (10) 2/10/2026		Scheduled Completion Date (11) 02/17/2026		Name of OSHA Monitor Checkmark Industrial					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 54 Morgan Dr						
			City, State, Zip Code Sparta NJ 07871						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ROOF AND GROUND		X		ROOF SHINGLES	2,000 SF	X			
Name of Registered Waste Hauler WESTPHAL WASTE SERVICES		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 40		Name of Registered Landfill FAIRLESS			
City, State RIDGEWOOD PARK NJ				Disposal Date		City, State MORRISVILLE PA			
Completed by Corey Stankovic		Title CEO		Signature <i>Corey Stankovic</i>			Date 1/28/2026		

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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)

4346000

Date of Notification (1) 01/15/2026		Name of Building Owner/Operator (2) RECEIVED								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation								
Street Address 257 Summerhill Rd		City, State, Zip Code Spotswood, New Jersey, 08884								
Name of Contact		Telephone Number								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 257 Summerhill Rd		Square Feet 5000	# of Floors 2							
City (5) Spotswood		Bldg. Age 50+								
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) ILV Contracting LLC							
Street Address		Street Address 16 Hillcrest Ave								
City, State, Zip Code		City, State, Zip Code Clifton new Jersey 07013								
Project Manager for Monitoring Firm		Telephone No. 917-403-3160	License No. 02132							
Start Date (10) 01/24/2026	Scheduled Completion Date (11) 01/30/2026	Name of OSHA Monitor ILV Contracting LLC								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 16 Hillcrest Ave								
		City, State, Zip Code Clifton New Jersey 07013								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Basement			NA	Tiles and mastic	570	x		x		
Name of Registered Waste Hauler ILV Contracting LLC		NJDEP Waste Hauler ID No. 113851	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Landfill						
City, State Clifton, New Jersey			Disposal Date	City, State Pen Argyl, Pennsylvania						
Completed by Ivana Velkov		Title President	Signature <i>I Velkov</i>		Date 01/15/2026					

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 02/09/2026		Name of Building Owner/Operator (2)							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 43 E Ruby Ave,		City, State, Zip Code Palisades Park, NJ 07650							
Name of Contact		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 43 E Ruby Ave		Square Feet N/A	# of Floors N/A						
City (5) Palisades Park, NJ 07650		Bldg. Age N/A							
County (6) Bergen	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.							
Street Address		Name of Abatement Contractor (9) D&S Abatement Company LLC							
City, State, Zip Code		Street Address 329 Parish Dr							
Project Manager for Monitoring Firm		City, State, Zip Code Wayne, NJ 07470							
Telephone No.		Telephone No. 973-345-8685	License No. 02097						
Start Date (10) 02/19/2026	Scheduled Completion Date (11) 02/12/2026	Name of OSHA Monitor D&S Abatement Company LLC							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: non-occupied		Street Address 329 Parish Dr							
		City, State, Zip Code Wayne, NJ 07470							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st and 2nd floor hallway		x		Plaster	500	x			
Name of Registered Waste Hauler D&S Abatement Company LLC		NJDEP Waste Hauler ID No. 0036309		Cubic Yards of Waste TBD	Name of Registered Landfill TRRF				
City, State Wayne NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Dejan Antic Dopsaj		Title President		Signature 		Date 02/11/2026			

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

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Date of Notification (1) <u>02</u> / <u>09</u> / <u>26</u>		Name of Building Owner/Operator (2) CHECK#4794	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2041 Lentz Avenue	
	City, State, Zip Code Union, NJ 07083		Telephone Number
	Name of Contact		

FEB 12 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 2041 Lentz Avenue			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
City (5) Union			Square Feet 2,500	# of Floors 2	Bldg. Age 50+
County (6) UNION		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) EA Services Corporation		
Street Address		Street Address 530 Church Street- Suite 6			
City, State, Zip Code		City, State, Zip Code Ridgefield, NJ 07657			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-295-1700	License No. 01074	
Start Date (10) <u>02</u> / <u>19</u> / <u>26</u>	Scheduled Completion Date (11) <u>02</u> / <u>22</u> / <u>25</u>		Name of OSHA Monitor Same as above		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 9:00AM -____PM/____PM-____AM			Street Address		
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf			City, State, Zip Code		
			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Loose Floor Tile (no mastic)	700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler EA Services Corporation		NJDEP Waste Hauler ID No. 107086	Cubic Yards of Waste tbd	Name of Registered Landfill Minerva Enterprises	
City, State Ridgefield, NJ		Disposal Date tbd		City, State Waynesburg, OH	
Completed By (Print or Type) Marisabel Toribio	Title Clerical	Signature <i>Marisabel Toribio</i>		Date 2/9/26	

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

1194062

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Date of Notification (1) 02/02/2026		Name of Building Owner/Operator (2) The Okonite Company	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 959 Market Street	
		City, State, Zip Code Paterson NJ 07513	
		Name of Contact Eric Mundy	Telephone Number 201-697-7170

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FEB 12 2025

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) The Okonite Company		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 959 Market Street		Square Feet	# of Floors 1
City (5) Paterson NJ 07513		Bldg. Age	
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) office	
Name of Monitoring Firm Hired by Building Owner (8) Sky Environmental LLC		ASCM No.	Name of Abatement Contractor (9) DYV Enterprises LLC
Street Address 140 Boulevard Ave		Street Address 28 Lisa lane	
City, State, Zip Code Mountain lakes NJ		City, State, Zip Code Lincoln Park NJ 07035	
Project Manager for Monitoring Firm Leonid Shreshvsky		Telephone No. 973-825-0300	Telephone No. 973-942-6924
License No. 01129			
Start Date (10) 02-18-26	Scheduled Completion Date (11) 03-05-26	Name of OSHA Monitor Dorian Carpio	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 254 Cumberland Ave	
		City, State, Zip Code Paterson NJ 07502	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st floor lab room			x	floor tile VAT	375 SF	x			
1st floor lab closet			x	floor tile VAT	158 SF	x			
1st floor storage room			x	floor tile VAT	140 Sf	x			

Name of Registered Waste Hauler DYV Enterprises llc		NJDEP Waste Hauler ID No. 0034140	Cubic Yards of Waste 30cy	Name of Registered Landfill Newark Carting	
City, State Lincoln Park, NJ		Disposal Date 03-06-26	City, State Newark, NJ		
Completed by Dorian Carpio	Title Manager	Signature 		Date 02-02-26	

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

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Date of Notification (1) 02 / 05 / 26		Name of Building Owner/Operator (2) Cherry Hill Public Schools	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 45 Ranoldo Terrace	
		City, State, Zip Code Cherry Hill, NJ 08002	
		Name of Contact Steve Nicolella	Telephone Number 856-616-0275

FEB 12 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Henry Beck Middle School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 950 Cropwell Road		Square Feet # of Floors Bldg. Age ~180,000 1 54	
City (5) Cherry Hill	County (6) Camden	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Middle School
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc		ASCM No. 00003	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.
Street Address 1253 North Church Street		Street Address 494 East 41st Street	
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Paterson, NJ 07504	
Project Manager for Monitoring Firm Eric Cole	Telephone No. 856-840-8800	Telephone No. 973-345-0022	License No. 02117
Start Date (10) 03 / 28 / 26	Scheduled Completion Date (11) 04 / 04 / 26	Name of OSHA Monitor Same as above	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/ PM-____AM		Street Address City, State, Zip Code	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bathroom B174/B176	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Joints/Fittings (Wrap & Cut)	50 Each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Century Waste Services, LLC.	NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 10	Name of Registered Landfill Waste Mgmt. - Fairless Hills
City, State Elizabeth, NJ 07201		Disposal Date 04-04-2026	City, State Morrisville, PA
Completed By (Print or Type) Leslie Olszewski	Title Project Manager	Signature <i>Leslie Olszewski</i>	Date 02-05-26

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

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Date of Notification (1) 02/06/2026		Name of Building Owner/Operator Fidelity Management LLC		
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended #1 <input type="checkbox"/> Emergency notification (including justification) <input type="checkbox"/> Cancelled		Street Address 300 South Avenue City, State, Zip Code Garwood NJ 07027
		Name of Contact David Voight	Telephone Number (908) 542 - 3999	
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) Garwood Mall			Type of Facility (4) <input type="checkbox"/> School (K-12) Subchapter 8 <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings., homes, etc.)	
Street Address 300 South Avenue			Sq. Feet: 79,800 # of Floors: 1 Bldg. Age: 54 years old Current Use (prior if being demolished):	
City (5) Garwood NJ 07027	County (6) Union	County Code (7) (State Use Only)		
Name of Monitoring Firm Hired by Bldg. Owner IAQ Guru Inc		ASCM No.	Name of Contractor (9) BL Contracting Inc.	
49 Frances Street		Street Address 5 Marguerite Lane		
Totowa, Nj 07512		City State, Zip Code Towaco NJ 07082		
Project Manager for Monitoring Firm Mark Jovic		(973) 659-0392	Telephone Number 973-901-0153	License Number 01265
Scheduled Start Date (10) 02/16/2026		Scheduled Completion Date (11) 02/18/2026		Name of OSHA Monitoring BL Contracting Inc
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Monday - Saturday 7 am - 4pm			Street Address 5 Marguerite Lane	
			City, State, Zip Code Towaco NJ 07082	
Source of Work (Check all that apply)				
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Wrap & Cut Procedure <input type="checkbox"/> Full Containment <input type="checkbox"/> Tent Glove-bag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Main/Custodial Staff (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclos
Vacant Space next to dry cleaners-First Floor	<input checked="" type="checkbox"/>	ACM Floor Tiles & Mastic Glue	1000 SF	<input checked="" type="checkbox"/>
Name of Reg. Waste Hauler BL Contracting Inc		NJDEP Waste Hauler ID # 0036784	Cubic Yards of Waste 6	Name of Registered Landfill T.R.R.F
			Disposal Date 02/25/2026	City, State Tully town, PA
Completed by (Print or Type) Nedo Vasilic	Title Project Manager	Signature Nedo Vasilic	Date 02/06/2026	

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

B & G Project # 2026-17

Check # 13566

Date of Notification (1) 02/06/2026		Name of Building Owner/Operator (2) Borough of Netcong								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 23 Maple Avenue								
		City, State, Zip Code Netcong, NJ 07857								
		Name of Contact Ralph Blakeslee	Telephone Number 973-347-0252							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Netcong Firehouse NO. 1 (NON Sub 8)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 40 Maple Avenue		Square Feet	# of Floors							
City (5) Netcong, NJ 07857		Bldg. Age								
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Fire Department								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.							
Street Address		Street Address 1234 Route 23								
City, State, Zip Code		City, State, Zip Code Butler, NJ 07405								
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-696-6869							
		License No. 00378								
Start Date (10) 02/17/2026	Scheduled Completion Date (11) 02/20/2026	Name of OSHA Monitor B & G Restoration, Inc.								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1234 Route 23								
		City, State, Zip Code Butler, NJ 07405								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input type="checkbox"/> Wrap and Cut <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
1st floor restroom			X	VAT & mastic	300 SF	X				
2nd floor restroom			X	VAT & mastic	200 SF	X				
Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 6	Name of Registered Landfill Grand Central Landfill						
City, State Butler, NJ		Disposal Date 02/20/2026		City, State Pen Argyl, PA						
Completed by Gordana Luna		Title Secretary / Treasurer		Signature <i>Gordana Luna</i>			Date 02/06/2026			

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 1-31-2026		Name of Building Owner/Operator (2) Fifty- Nine Dodd llc								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 105 Main Street 1B								
		City, State, Zip Code West Orange, NJ 07052								
		Name of Contact Maurice Cox	Telephone Number 973-518-0109							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 59 Dodd Street		Square Feet 10000	# of Floors 2							
City (5) Bloomfield, NJ07003		Bldg. Age 65+								
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) Green Environmental Services LLC							
Street Address		Street Address 235 Virginia Avenue								
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304								
Project Manager for Monitoring Firm		Telephone No. 201-333-8855	License No. 01174							
Start Date (10) 2-10-2026	Scheduled Completion Date (11) 2-11-2026	Name of OSHA Monitor Green Environmental Services LLC								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Un-occupied property</u>		Street Address 235 Virginia Avenue								
		City, State, Zip Code Jersey City, NJ 07304								
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Basement		x		Wrap & Cut	420 LF	x				
Name of Registered Waste Hauler Green Environmental Services		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill						
City, State Jersey City, NJ			Disposal Date 2-11-2026	City, State Morrisville PA						
Completed by Liliana Serrano		Title Office Assistant	Signature <i>Liliana Serrano</i>				Date 1-31-2026			

4611
 Approved by Tom Vorhees 2/2/26

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

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 Check # 4611
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Date of Notification (1) 2/2/26		Name of Building Owner / Operator (2) Trenton Board of Education	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 1490 Prospect Street	
		City, State & Zip Code Trenton, NJ 08638	
		Name of Contact Dwayne Mosley	Telephone Number 609-656-4857

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Munoz Rivera Middle School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) NON SUBCHAPTER 8 <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 400 North Montgomery Street		Square Feet	# of Floors
City (5) Trenton	County (6) Mercer	Bldg. Age	
County Code (7)		Current Use (Prior if being demolished) School	

Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, Inc.	
Street Address 120 North Warren Street		Street Address 1123 Beaver Street		
City, State & Zip Code Trenton, NJ 08608		City, State & Zip Code Bristol, PA 19007		
Project Manager for Monitoring Firm Jordan Reed	Telephone Number 609-392-4200	Telephone Number (215)788-6040	License Number 02121	

Scheduled Start Date (10) 2/2/26	Scheduled Completion Date (11) 2/3/26	Name of OSHA Monitor Bristol Environmental LLC		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 4PM*12:30AM Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 Beaver Street		
		City, State & Zip Code Bristol, PA 19007		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Mechanical Space/Crawlspace	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	40 LF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Space/Crawlspace	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	9 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawlspace	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Debris	130 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Bristol Environmental LLC		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 1 Cu Yd	Name of Registered Landfill Fairless Landfill	
City, State Bristol, PA		Disposal Date 2/3/26	City, State Morrisville, PA		
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>		Date 2/2/26

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

Check # 3701
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GAC Project # 060-26

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Date of Notification (1) February 10, 2026		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS
			City, State, Zip Code PISCATAWAY, NJ 08854
		Name of Contact MICHAEL F. SMITH, ENV. HEALTH & SAFETY	Telephone Number 848-445-2550
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) GEOLOGY HALL, BLDG# 3002		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address COLLEGE AVENUE CAMPUS		Sq. Feet: N/A # of Floors: 3 Bldg. Age: 100+ years	
City (5) NEW BRUNSWICK	County (6) MIDDLESEX	County Code (7) (State Use Only)	Current Use (prior if being demolished): ACADEMIC
Name of Monitoring Firm Hired by Bldg. Owner (8) ATLAS		ASCM No. 00098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 TERRI LANE		Street Address 511 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm JOHN LUTZ	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 2/20/2026	Scheduled Completion Date (11) 02/23/2026	Name of OSHA Monitor ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Facility Occupied During Abatement <input checked="" type="checkbox"/> Other- Describe: Shift Schedule: 4PM FRI- 5AM DAILY (24 HRS. & WEEKENDS AS NEEDED)		Street Address 20-21 WARGARAW ROAD, BLDG# 35E	
		City, State, Zip Code FAIRLAWN, NJ 07410	
Scope of Work (Check all that apply)			
<input type="checkbox"/> > 3 sf or >3 lf <input checked="" type="checkbox"/> > 160 sf or > 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) 017 Corridor	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT	Amount (Specify SF or LF) 270 SF
		Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler See Hauler Below #1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 5 CY	Name of Registered Landfill Fairless Landfill / Grand Central Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Disposal Date 02/23/2026	City, State FL - 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700 GCL- 1963 Pen Argyl Rd. Pan Argyl, Pa 18072
Hauler #2) Century Waste Services LLC, Elizabeth, NJ 07201 NJ DEP # NJ-860			
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date February 10, 2026

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

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Print Form

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

RECEIVED
 HMD 25-207

Date of Notification (1) 2/10/2026		Name of Building Owner/Operator (2) Mediterranean Towers West Ck#4953 FEB 12 2026							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> 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. 5K		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 555 North Avenue		Square Feet 120,000SF+	# of Floors 26						
City (5) Fort Lee, NJ		Bldg. Age 42							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Apartment Complex							
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services, LLC		ASCM No. _____	Name of Abatement Contractor (9) Hazmat Diagnostic, LLC						
Street Address 464 Valley Brook Ave.		Street Address 16 Glenwild Ave							
City, State, Zip Code Lyndhurst, NJ 07071		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm John H. Chiaviello		Telephone No. (800) 423-0766	License No. 01181						
Start Date (10) 02/20/2026	Scheduled Completion Date (11) 02/21/2026	Name of OSHA Monitor Hazmat Diagnostic, LLC							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Apartment will be un-occupied during entire period of abatement</u>		Street Address 16 Glenwild Ave							
		City, State, Zip Code Bloomingdale, NJ 07403							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Apt. 5K -Bathroom			X	Popcorn Ceiling	35 SF	X			
Name of Registered Waste Hauler Hazmat Diagnostic, LLC/ Century Waste		NJDEP Waste Hauler ID No. 0035440/32797	Cubic Yards of Waste TBD	Name of Registered Landfill WM Grand Central Landfill					
City, State Bloomingdale, NJ/ Elizabeth, NJ			Disposal Date TBD	City, State Pen Argyl, PA					
Completed by Deni Naumovski		Title President	Signature <i>Deni Naumovski</i>			Date 2/10/2026			

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

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Date of Notification (1) <u>02</u> / <u>09</u> / <u>26</u>		Name of Building Owner/Operator (2) Centra State Health Care System		CHECK#4795					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 901 W. Main Street		FEB 12 2006 RECEIVED ASBESTOS CONTROL &...				
			City, State, Zip Code Freehold, NJ 07728						
			Name of Contact Robert Johnson	Telephone Number 908.216.9172					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Centra State health Care System			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 901 W. Main Street									
City (5) Freehold		Square Feet 50,000	# of Floors 4	Bldg. Age 50+					
County (6) MONMOUTH		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Hospital						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) 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) <u>02</u> / <u>18</u> / <u>26</u>		Scheduled Completion Date (11) <u>02</u> / <u>25</u> / <u>26</u>		Name of OSHA Monitor Same as above					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 9:00AM -____PM/____PM-____AM			Street Address						
			City, State, Zip Code						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
West Mechanical/Stretcher Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ACM Fittings	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler EA Services Corporation		NJDEP Waste Hauler ID No. 107086	Cubic Yards of Waste tbd	Name of Registered Landfill Minerva Enterprises					
City, State Ridgefield, NJ		Disposal Date tbd		City, State Waynesburg, OH					
Completed By (Print or Type) Marisabel Toribio		Title Clerical	Signature <i>Marisabel Toribio</i>		Date 2-9-2026				

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

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 Check #17764

FEB 12 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>2</u> / <u>2</u> / <u>26</u>		Name of Building Owner/Operator (2) PSE&G Lawrenceville HQ / Job #2509-6487	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>9</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4140 Quakerbridge Rd.	
		City, State, Zip Code Lawrence Township, NJ 08648	
		Name of Contact Scott Mayes	Telephone Number 609-923-2075

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PSEG Lawrenceville HQ ROC Project		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 4140 Quakerbridge Rd.		Square Feet	# of Floors
City (5) Lawrenceville		Bldg. Age	
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Facility Headquarters	

Name of Monitoring Firm Hired by Building Owner (8) Matrix New World	ASCM No. 00121	Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address 26 Columbia Turnpike		Street Address 30 Maple Ave. PO Box 25	
City, State, Zip Code Florham Park, NJ 07932		City, State, Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm Matt Sheldon	Telephone No. 973-240-1800	Telephone No. 609-265-2107	License No. 00529

Start Date (10) <u>10</u> / <u>13</u> / <u>25</u>	Scheduled Completion Date (11) <u>2</u> / <u>27</u> / <u>26</u>	Name of OSHA Monitor IATL	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7AM-3:30PM/4PM-12AM</u>		Street Address 9000 Commerce Pkwy. Suite B	
		City, State, Zip Code Mount Laurel, NJ 08054	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SEE ATTACHED	SEE ATTACHED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Fl. Over head locker room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fittings	52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Fl. Under ground locker room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fittings	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Fl. Ladies locker room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fitting	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Veolia ES	NJDEP Waste Hauler ID No. 000151	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill
City, State Flanders, NJ		Disposal Date 2/27/26	City, State Morrisville, PA

Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature <i>Gwendolyn Trumbetti</i>	Date 2-2-26
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* Do not use this form for asbestos licensure exempted activities.

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Print Form

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

CHK# 1878
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Date of Notification (1) 1/28/2026		Name of Building Owner/Operator (2) Wendy Restaino	
Agencies Notified	Type Notification	Street Address 444 Bloomfield Avenue	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Montclair, NJ 07042	
		Name of Contact Wendy Restaino	Telephone Number (973) 570-9750

FEB 12 2026

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Multipurpose Building		Type of Facility (4)	
Street Address 444 Bloomfield Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Montclair, NJ 07042		Square Feet 7,200	# of Floors 3
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) DANVIC CONTRACTING LLC	
Street Address		Street Address 240 South 5th St.		
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07206		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 908-906-4123	License No. 01355

Start Date (10) 2/8/2026	Scheduled Completion Date (11) 2/11/2026	Name of OSHA Monitor Iris Environmental Laboratories, Inc.	
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIED		City, State, Zip Code Union, NJ 07083	

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure	<input checked="" type="checkbox"/> Mini-Enclosure	<input checked="" type="checkbox"/> Glovebag Procedure	<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
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Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	60 LF	X			

Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill	
City, State Elizabeth, NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed by Jeymy Donneys		Title Owner	Signature <i>Jeymy Donneys</i>		Date 1/28/2026

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 2/3/2026		Name of Building Owner/Operator (2) Paulsboro Refining Company								
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 800 Billingsport Rd.								
		City, State, Zip Code Paulsboro NJ 8066								
		Name of Contact Ravi Jarecha	Telephone Number 732-567-8659							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Paulsboro Refining Company		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 800 Billingsport Rd.		Square Feet	# of Floors							
City (5) Paulsboro NJ 08066		Bldg. Age								
County (6) Gloucester	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Petrochemical								
Name of Monitoring Firm Hired by Building Owner (8) Total Environmental Solutions		ASCM No. N/A	Name of Abatement Contractor (9) BrandSafway Industries LLC							
Street Address 1005 Saint Georges Lane.		Street Address 10 Industrial Hwy								
City, State, Zip Code Landenberg PA		City, State, Zip Code Lester Pa 19029								
Project Manager for Monitoring Firm Ryan Stahl		Telephone No. 1-267-374-0504	Telephone No. 856-693-3752							
License No. 01009										
Start Date (10) 2/4/2026	Scheduled Completion Date (11) 2/6/2026	Name of OSHA Monitor Total Environmental Solutions								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>Restricted Area Around Containment</u>		Street Address 1005 Saint Georges Lane.								
		City, State, Zip Code Landenberg PA								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Condensate piping at PDA		x		Thermal Pipe Insulation	8 LF	x				
Name of Registered Waste Hauler Waste Master		NJDEP Waste Hauler ID No. 002342426	Cubic Yards of Waste <10	Name of Registered Landfill Gloucester County Solid Waste						
City, State New Castle DE			Disposal Date	City, State Swedesboro NJ						
Completed by Michael Lucidi		Title Site Lead	Signature 			Date 2/3/2026				

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

HMD 25-205 2025

Date of Notification (1) 2/5/2026		Name of Building Owner/Operator (2) Mediterranean Towers West Ck#4951							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 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. 10C			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 555 North Avenue			Square Feet 120,000SF+	# of Floors 26	Bldg. Age 43				
City (5) Fort Lee, NJ			Current Use (Prior if being demolished) Apartment Complex						
County (6) Bergen		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services, LLC		ASCN 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) 2/17/2026		Scheduled Completion Date (11) 2/18/2026		Name of OSHA Monitor Hazmat Diagnostic, LLC					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Apartment will be un-occupied during entire period of abatement			Street Address 16 Glenwild Ave						
			City, State, Zip Code Bloomingdale, NJ 07403						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Apt. 10 C-Bathrooms			X	Popcorn Ceiling	70 SF	X			
Name of Registered Waste Hauler Hazmat Diagnostic, LLC/ Century Waste		NJDEP Waste Hauler ID No. 0035440/32797	Cubic Yards of Waste TBD	Name of Registered Landfill WM Grand Central Landfill					
City, State Bloomingdale, NJ/ Elizabeth, NJ			Disposal Date TBD	City, State Pen Argyl, PA					
Completed by Deni Naumovski		Title President	Signature <i>Deni Naumovski</i>		Date 2/5/2026				

FEB 12 2026

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STATE OF NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION & LICENSING

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

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FEB 17 2020

ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>2</u> / <u>9</u> / <u>26</u>		Name of Building Owner/Operator (2) Verizon Communications	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 East Montgomery Streety	
		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 Point Pleasant Central Office		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 1032 Ocean Road			
City (5) Point Pleasant	Square Feet +50000	# of Floors 3	Bldg. Age +60
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Verizon Building	

Name of Monitoring Firm Hired by Building Owner (8) USA EMI	ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC	
Street Address 344 West State Street		Street Address 1123 BEAVER STREET	
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Richard Reynolds	Telephone No. 267-261-2837	Telephone No. 215-788-6040	License No. 02121

Start Date (10) <u>1</u> / <u>27</u> / <u>26</u>	Scheduled Completion Date (11) <u>2</u> / <u>7</u> / <u>26</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC
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Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM - <u> </u> PM / <u>5</u> PM - <u>1</u> AM	Street Address 1123 BEAVER STREET
	City, State, Zip Code BRISTOL, PA 19007

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
AC Room 22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct Insulation	850 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AC Room 22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tile & Mastic	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AC Room 20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tile & Mastic	600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AC Room 20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Completed By (Print or Type) Dillan DeCaro	Title Estimator	Signature <i>Dillan DeCaro</i>	Date 2/9/20
--	---------------------------	-----------------------------------	-----------------------

ASB-41
JAN 13 DDA 5157

* 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)**

Pg. 2

Date of Notification (1) 2 / 9 / 26		Name of Building Owner/Operator (2) Verizon Communications							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 East Montgomery Streety							
		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 Point Pleasant Central Office			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 1032 Ocean Road			Square Feet +50000	# of Floors 3	Bldg. Age +60				
City (5) Point Pleasant		County (6) Ocean		County Code (7)(STATE USE ONLY) Verizon Building					
Name of Monitoring Firm Hired by Building Owner (8) USA EMI		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC						
Street Address 344 West State Street		Street Address 1123 BEAVER STREET							
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Richard Reynolds		Telephone No. 267-261-2837	Telephone No. 215-788-6040	License No. 02121					
Start Date (10) 1 / 27 / 26	Scheduled Completion Date (11) 2 / 7 / 26	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 5PM-1AM			Street Address 1123 BEAVER STREET						
			City, State, Zip Code BRISTOL, PA 19007						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement South West Corner	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tile & Mastic	40 SFS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rooftop	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Equipment Curb Flashing	12 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Conestoga Landfill					
City, State Freehold NJ		Disposal Date TBD	City, State Morgantown, PA						
Completed By (Print or Type) Dillan DeCaro	Title Estimator	Signature <i>Dillan DeCaro</i>		Date 2/9/26					

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

Date of Notification (1) 2/3/26		Name of Building Owner / Operator (2) Trenton Board of Education	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #1 <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 1490 Prospect Street	
		City, State & Zip Code Trenton, NJ 08638	
		Name of Contact Dwayne Mosley	Telephone Number 609-656-4857

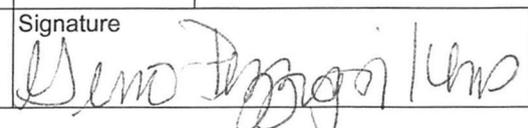
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Munoz Rivera Middle School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) NON SUBCHAPTER 8 <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 400 North Montgomery Street			Square Feet	# of Floors	Bldg. Age
City (5) Trenton	County (6) Mercer	County Code (7)	Current Use (Prior if being demolished) School		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, Inc.		
Street Address 120 North Warren Street			Street Address 1123 Beaver Street		
City, State & Zip Code Trenton, NJ 08608			City, State & Zip Code Bristol, PA 19007		
Project Manager for Monitoring Firm Jordan Reed		Telephone Number 609-392-4200	Telephone Number (215)788-6040	License Number 02121	
Scheduled Start Date (10) 2/2/26	Scheduled Completion Date (11) ON HOLD		Name of OSHA Monitor Bristol Environmental LLC		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 4PM*12:30AM Describe: <input type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 Beaver Street		
			City, State & Zip Code Bristol, PA 19007		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Mechanical Space/Crawlspace	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	40 LF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Space/Crawlspace	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	9 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawlspace	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Debris	130 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Bristol Environmental LLC	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 1 Cu Yd	Name of Registered Landfill Fairless Landfill
City, State Bristol, PA	Disposal Date 2/3/26	City, State Morrisville, PA	
Completed By (Print or Type) Gino Pizzigoni	Title Project Manager	Signature 	Date 2/3/26

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

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CHECK # 4612

Date of Notification (1) <u>2</u> / <u>3</u> / <u>26</u>		Name of Building Owner/Operator (2) VERIZON COMMUNICATIONS	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 420 PARK AVENUE	
		City, State, Zip Code PLAINFIELD NEW JERSEY 07060	
		Name of Contact BRIAN KINGSBURY	Telephone Number

FEB 12 2026

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) VERIZON		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 420 PARK AVENUE			
City (5) PLAINFIELD	Square Feet 63000	# of Floors 5	Bldg. Age 90
County (6) UNION	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) VERIZON COMMUNICATIONS	

Name of Monitoring Firm Hired by Building Owner (8) RBS ENVIRONMENTAL		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC	
Street Address 24 VETERANS SQUARE		Street Address 1123 BEAVER STREET		
City, State, Zip Code MEDIA PA 19063		City, State, Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm MIKE STOKU	Telephone No. (267)261-2837	Telephone No. 215-788-6040	License No. 02121	

Start Date (10) <u>2</u> / <u>9</u> / <u>26</u>	Scheduled Completion Date (11) <u>2</u> / <u>13</u> / <u>26</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM - <u> </u> PM / <u>5</u> PM - <u>2</u> AM		Street Address 1123 BEAVER STREET		
		City, State, Zip Code BRISTOL, PA 19007		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
3RD FLOOR MECHANICAL ROOM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DUCT SECTIONS SL SEALANT	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3RD FLOOR MECHANICAL ROOM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COVE BASE MASTIC	25 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Conestoga Landfill	
City, State Freehold, NJ		Disposal Date tbd	City, State Morgantown, PA		
Completed By (Print or Type) Patrick T DeCaro	Title Estimator	Signature <i>Patrick T DeCaro</i>		Date 2/3/26	

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Page 1 of 3
4346345

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

Date of Notification (1) 02/03/2026		Name of Building Owner/Operator (2) Transcontinental Gas Pipe Line Co., LLC	
Agencies Notified	Type Notification	Street Address 623 Case Road	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Neshanic Sta, NJ 08853	
		Name of Contact Kevin Cook	Telephone Number 908-563-1515

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Transcontinental Gas Pipe Line Co., LLC		Type of Facility (4)	
Street Address 623 Case Road		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Neshanic Sta		Square Feet 12,000	# of Floors 2
County (6) Somerset		Bldg. Age 73	Current Use (Prior if being demolished)
County Code (7) (STATE USE ONLY) _____			

Name of Monitoring Firm Hired by Building Owner (8) IRIS Environmental Services		ASCM No.	Name of Abatement Contractor (9) Acme Professional Services Corp	
Street Address U.S-22 West		Street Address 170 Kinnelon Rd, Suite 32		
City, State, Zip Code Union NJ 07083		City, State, Zip Code Kinnelon, NJ 07405		
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	Telephone No. 973-938-5266	License No. 02003
Start Date (10) 02-16-2026	Scheduled Completion Date (11) 02-16-2027		Name of OSHA Monitor Arsenije Adamov	

Occupancy Status During Abatement (Check Only One)		Street Address 170 Kinnelon Rd, Suite 32	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code Kinnelon, NJ 07405	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			
<input type="checkbox"/> Other - Describe: _____			

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
AUXILIARY BUILDING		✓		Boiler door gasket insulation	24 LF	✓			
SILENCER AREA		✓		Cloth/Tar Wrap on pipes/glycol lines from ground to Fin Fans (Units 4-5)	20 LF	✓			
SILENCER AREA		✓		Coal Tar Canvas Wrap on pipes/glycol lines from ground to Fin Fans (Units 6-8)	20 LF	✓			

Name of Registered Waste Hauler Acme Professional Services Corp		NJDEP Waste Hauler ID No. 0038176	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill	
City, State Kinnelon, NJ		Disposal Date		City, State Morrisville, PA	
Completed by Samantha Zamora	Title Project Coordinator	Signature <i>Samantha Zamora</i>		Date 02/03/2026	

2012



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

page 2
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Date of Notification (1) 02/03/2026		Name of Building Owner/Operator (2) Transcontinental Gas Pipe Line Co., LLC	
Agencies Notified	Type Notification	Street Address 623 Case Road	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Neshanic Sta, NJ 08853	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Kevin Cook	Telephone Number 908-563-1515

FEB 12 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Transcontinental Gas Pipe Line Co., LLC		Type of Facility (4)	
Street Address 623 Case Road		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Neshanic Sta		Square Feet 12,000	# of Floors 2
County (6) Somerset		Bldg. Age 73	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) IRIS Environmental Services		ASCM No.	Name of Abatement Contractor (9) Acme Professional Services Corp	
Street Address 2233 U.S-22 West		Street Address 170 Kinnelon Rd, Suite 32		
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Kinnelon, NJ 07405		
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	Telephone No. 973-938-5266	License No. 02003

Start Date (10) 02-16-2026	Scheduled Completion Date (11) 02-16-2027	Name of OSHA Monitor Arsenije Adamov	
Occupancy Status During Abatement (Check Only One)		Street Address 170 Kinnelon Rd, Suite 32	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Kinnelon, NJ 07405	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
GAS HEADER AREA		✓		Tar/Cloth Pipe Wrap Small Dia. Pipe at base near/within soil (1968)	10 LF	✓			
GAS COOLING FINS AREA		✓		Coal Tar Ground Debris	500 SF	✓			

Name of Registered Waste Hauler Acme Professional Services Corp		NJDEP Waste Hauler ID No. 0038176	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill	
City, State Kinnelon, NJ		Disposal Date		City, State Morrisville, PA	
Completed by Samantha Zamora		Title Project Coordinator	Signature <i>Samantha Zamora</i>		Date 02/03/2026

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

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FEB 12 2026

Date of Notification (1) 2/10/2026		Name of Building Owner/Operator (2)	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 37 Ivy Lane	
		City, State, Zip Code Cherry Hill NJ 08002	
		Name of Contact	ASBESTOS TELEPHONE LICENSURE

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Single Family Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 37 Ivy Lane		Square Feet unknown	# of Floors 2
City (5) Cherry Hill		Bldg. Age unknown	
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

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

Start Date (10) 2/20/2026	Scheduled Completion Date (11) 2/21/2026	Name of OSHA Monitor John Kim	
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Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____	Street Address 254 Ridgewood Ave
	City, State, Zip Code Glen Ridge NJ 07028

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler Century Waste	NJDEP Waste Hauler ID No. NJ860	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central
City, State Elizabeth, NJ	Disposal Date	City, State Pen Argyl	
Completed by John Kim	Title President	Signature 	Date 2/10/2026

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

Check# 1237

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Date of Notification (1) 02/11/2026		Name of Building Owner/Operator (2) 126 Church Street City, State, Zip Code Boonton, NJ 07005	
Agencies Notified	Type Notification	Street Address	Telephone Number
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	126 Church Street Boonton, NJ 07005 Name of Contact	FEB 17 2026 CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house	Type of Facility (4)
Street Address 126 Church Street	<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)
City (5) Boonton, NJ 07005	Square Feet
County (6) Morris	# of Floors
County Code (7) (STATE USE ONLY)	Bldg. Age
Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
Street Address		Gr Tech LLC
City, State, Zip Code		Street Address 576 Valley Road#283
Project Manager for Monitoring Firm	Telephone No.	City, State, Zip Code Wayne, NJ 07470
		Telephone No. 973-356-3511
		License No. 01127

Start Date (10) 02/20/2026	Scheduled Completion Date (11) 02/26/2026	Name of OSHA Monitor Envirovision Consultants, Inc
Occupancy Status During Abatement (Check Only One)		Street Address 20-21 Wagaraw Road, Bldg.# 35 E
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code Fair Lawn, NJ 07410

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Living room			X	Clean up under negative pressure&critical barriers	100 SF	X			
Basement			X	Clean up under negative pressure&critical barriers	300 SF	X			
Basement-electrical panel room			X	Soil clean up under negative pressure&critical barriers	100 SF	X			

Name of Registered Waste Hauler Gr Tech LLC	NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc
City, State Wayne, NJ 07470	Disposal Date TBD	City, State Tullytown, PA	
Completed by G.Ristanovic	Title Owner	Signature Gradimir Ristanovic	Date 02/11/2026

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PAID

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Print Form

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

FEB 17 2026

Date of Notification (1) 02/10/2026		Name of Building Owner/Operator (2)	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 242 HIGHLAND AVE	
		City, State, Zip Code TRENTON NJ 08618	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)	
Street Address 242 HIGHLAND AVE		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) TRENTON	Square Feet	# of Floors	Bldg. Age
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

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

Start Date (10) 02/11/2026	Scheduled Completion Date (11) 02/11/2026	Name of OSHA Monitor AAA Lead Professionals
-------------------------------	--	--

Occupancy Status During Abatement (Check Only One)	Street Address 6 White Dove Court
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____	City, State, Zip Code Lakewood, NJ, 08701

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Interior				Pipe insulation	80 LF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Lead Professionals Inc	NJDEP Waste Hauler ID No. 35103	Cubic Yards of Waste 3	Name of Registered Landfill IESI
City, State Lakewood, NJ	Disposal Date 02/11/2026	City, State BETHLEHEM, PA	
Completed by JOSEPH PERLSTEIN	Title OWNER	Signature 	Date 02/10/2026

1989

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Print Form

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

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FEB 12 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 02/09/2026		Name of Building Owner/Operator (2) TFE Properties								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 399 Monmouth St 08520								
		City, State, Zip Code East Windsor NJ								
		Name of Contact _____ Telephone Number _____								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 309 Oakley Ave		Square Feet	# of Floors							
City (5) Long Branch		Bldg. Age								
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA Lead Professionals							
Street Address		Street Address 6 White Dove Court								
City, State, Zip Code		City, State, Zip Code Lakewood, NJ, 08701								
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-719-5649							
			License No. 1200							
Start Date (10) 02/18/2026	Scheduled Completion Date (11) 02/18/2026	Name of OSHA Monitor AAA Lead Professionals								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: _____		Street Address 6 White Dove Court								
		City, State, Zip Code Lakewood, NJ, 08701								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Exterior				Siding	1500 SF	<input checked="" type="checkbox"/>				
Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No 35103	Cubic Yards of Waste 5	Name of Registered Landfill IESI						
City, State Lakewood, NJ		Disposal Date 02/18/2026		City, State BETHLEHEM, PA						
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature 			Date 02/09/2026				

Rock

4342119

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

Date of Notification (1) <u>02</u> / <u>10</u> / <u>26</u>		Name of Building Owner/Operator (2) Collinson Home Improvement	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 479 Euclid Avenue	
		City, State, Zip Code Manasquan, NJ 08736	
		Name of Contact	Telephone Number

RECYCLED PAPER

FEB 17 2026

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 70 Pearce Avenue		Square Feet 1100	# of Floors 1
City (5) Manasquan		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) <u>02</u> / <u>16</u> / <u>26</u>	Scheduled Completion Date (11) <u>02</u> / <u>26</u> / <u>26</u>	Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton	
		City, State, Zip Code Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

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

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

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill
City, State Toms River, New Jersey		Disposal Date 02/26/26	City, State Morrisville, Pennsylvania
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 2/10/26

Rock

4342644

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

Date of Notification (1) <u>02</u> / <u>10</u> / <u>26</u>		Name of Building Owner/Operator (2) <i>Ductalvador</i>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1565 Route 9	
		City, State, Zip Code Toms River, NJ 08755	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
Street Address 1393 Whitesville Road		Square Feet 1350	# of Floors 1	Bldg. Age 75
City (5) Toms River	County (6) Ocean	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence	

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

Start Date (10) <u>02</u> / <u>16</u> / <u>26</u>	Scheduled Completion Date (11) <u>02</u> / <u>25</u> / <u>26</u>	Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___AM-___PM/___PM-___AM		Street Address 1056 Stelton		
		City, State, Zip Code Piscataway, New Jersey 08854		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1350 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

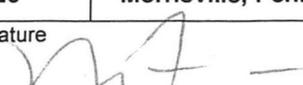
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill	
City, State Toms River, New Jersey		Disposal Date 02/25/26	City, State Morrisville, Pennsylvania	
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>[Signature]</i>	Date 2/10/26	

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

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

4342627

Note

Date of Notification (1) 02 / 10 / 26		Name of Building Owner/Operator (2) <i>Doc to Snow</i> RECEIVED							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 102 1st Avenue		FEB 17 2026 <small>ASBESTOS CONTROL & LICENSING</small>				
			City, State, Zip Code Manasquan, NJ 08736						
			Name of Contact		Telephone Number				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 511 Summit Drive									
City (5) Point Pleasant			Square Feet 1200	# of Floors 1	Bldg. Age 70				
County (6) Ocean		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.						
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-349-9932	License No. 00624					
Start Date (10) 02 / 16 / 26		Scheduled Completion Date (11) 02 / 23 / 26		Name of OSHA Monitor E.M.S.L. Analytical					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___AM-___PM/___PM-___AM			Street Address 1056 Stelton						
			City, State, Zip Code Piscataway, New Jersey 08854						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1200 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill					
City, State Toms River, New Jersey		Disposal Date 02/23/26	City, State Morrisville, Pennsylvania						
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager	Signature 		Date 2/10/26				

note

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

4343080

RECEIVED
due to snow

FEB 17 2026

ASBESTOS LICENSING
Telephone Number

Date of Notification (1) <u>02</u> / <u>10</u> / <u>26</u>		Name of Building Owner/Operator (2) Potts Excavating, Inc.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 316 Main Street	
		City, State, Zip Code West Creek, NJ 08092	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 4002 Ocean Blvd.		Square Feet 1400	# of Floors 1
City (5) Long Beach Twp.		Bldg. Age 80	
County (6) Ocean	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence	

Name of Monitoring Firm Hired by Building Owner (8) 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) <u>02</u> / <u>10</u> / <u>26</u>	Scheduled Completion Date (11) <u>02</u> / <u>26</u> / <u>26</u>	Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___AM-___PM/___PM-___AM		Street Address 1056 Stelton	
		City, State, Zip Code Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1400 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill
City, State Toms River, New Jersey		Disposal Date 02/26/26	City, State Morrisville, Pennsylvania
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 2/10/26

no ck

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

4342629

RECEIVED

due to snow
FEB 17 2025

ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>02</u> / <u>10</u> / <u>26</u>		Name of Building Owner/Operator (2)	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 898 Bellwood Drive	
		City, State, Zip Code Toms River, NJ 08753	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 20 Madison Avenue		Square Feet 2200	# of Floors 2
City (5) Toms River		Bldg. Age 75	
County (6) Ocean	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence	

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

Start Date (10) <u>02</u> / <u>12</u> / <u>26</u>	Scheduled Completion Date (11) <u>02</u> / <u>20</u> / <u>26</u>	Name of OSHA Monitor E.M.S.L. Analytical	
--	---	--	--

Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	Street Address 1056 Stelton
	City, State, Zip Code Piscataway, New Jersey 08854

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	2400 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler 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 02/20/26	City, State Morrisville, Pennsylvania
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 2/10/26

50091

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

4346695

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Date of Notification (1) <u>02</u> / <u>05</u> / <u>26</u>		Name of Building Owner/Operator (2) Tradewinds Builders, LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2908 Baltic Avenue	
		City, State, Zip Code Beach Haven Gardens, NJ 08008-2646	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 16 East Goldsborough Avenue		Square Feet 1500	# of Floors 1
City (5) LB Twp		Bldg. Age 80	
County (6) Ocean	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence	

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

Start Date (10) <u>02</u> / <u>18</u> / <u>26</u>	Scheduled Completion Date (11) <u>02</u> / <u>23</u> / <u>26</u>	Name of OSHA Monitor E.M.S.L. Analytical
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Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	Street Address 1056 Stelton
	City, State, Zip Code Piscataway, New Jersey 08854

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos ROOFING	1500 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill
City, State Toms River, New Jersey		Disposal Date 02/23/26	City, State Morrisville, Pennsylvania
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 2/5/26

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

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Date of Notification (1) 02 / 05 / 26		Name of Building Owner/Operator (2) FEB 1 2009 50092	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 352 Edison Avenue	
		City, State, Zip Code Jackson, NJ 08527	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 2225 6th Avenue		Square Feet 1000	# of Floors 1
City (5) Toms River		Bldg. Age 55	
County (6) Ocean	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.
Street Address		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm		Telephone No. 732-349-9932	License No. 00624
Start Date (10) 02 / 16 / 26	Scheduled Completion Date (11) 02 / 20 / 26	Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton	
		City, State, Zip Code Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

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

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

Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill	
City, State Toms River, New Jersey		Disposal Date 02/20/26	City, State Morrisville, Pennsylvania		
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 		Date 2/5/26	

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

4345894
 CK# 1572
 RECEIVED

1572

Date of Notification (1) 1/27/2026		Name of Building Owner/Operator (2) Private Property	
Agencies Notified	Type Notification	Street Address 30 Mount Vernon Street	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment #	City, State, Zip Code Ridgefield Park NJ	
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact	Telephone Number

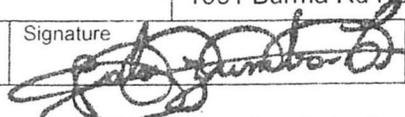
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4)		
Street Address 30 Mount Vernon Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Ridgefield Park NJ		Square Feet 1200SF	# of Floors 1 floors	Bldg. Age +50
County (6) Bergen County		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) ACM Solutions Services LLC	
Street Address N/A		Street Address 1435 51st Street		
City, State, Zip Code N/A		City, State, Zip Code North Bergen NJ 07047		
Project Manager for Monitoring Firm N/A		Telephone No. N/A	Telephone No. 201-552-9685	License No. 01384
Start Date (10) 2/6/2026	Scheduled Completion Date (11) 2/10/2026		Name of OSHA Monitor Hillman Consulting	
Occupancy Status During Abatement (Check Only One)		Street Address 1620 Route 22 East		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 AM to 4:00 PM		City, State, Zip Code Union NJ 07803		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st floor Storage area			x	floor tile	220 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 07457			Disposal Date	City, State 1061 Burma Rd New Philadelphia	
Completed by Galo Zumba		Title Principal	Signature 	Date 1/27/2026	

1574

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ck# 1574

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



PAID

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ASBESTOS CONTROL & LICENSING

FEB 12 2026

Date of Notification (1) 1/27/2026		Name of Building Owner/Operator (2) Private Property							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 490 Wilson Ave		City, State, Zip Code Paramus NJ							
Name of Contact		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 490 Wilson Ave		Square Feet 1500SF	# of Floors 2 floors						
City (5) Paramus NJ		Bldg. Age +50							
County (6) Bergen County		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) ACM Solutions Services LLC						
Street Address N/A		Street Address 1435 51st Street							
City, State, Zip Code N/A		City, State, Zip Code North Bergen NJ 07047							
Project Manager for Monitoring Firm N/A		Telephone No. 201-552-9685	License No. 01384						
Start Date (10) 2/9/2026	Scheduled Completion Date (11) 2/13/2026	Name of OSHA Monitor Hillman Consulting							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 AM to 4:00 PM		Street Address 1620 Route 22 East							
		City, State, Zip Code Union NJ 07803							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd floor bedroom			x	floor tile/mastic	250 SF	x			
boiler room			x	transite panels	120 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 landfield				
City, State 60 Riverdale Rd Riverdale NJ 07457				Disposal Date	City, State 1061 Burma Rd New Philadelphia				
Completed by Galo Zumba			Title Principal	Signature 		Date 1/27/2026			

1561

4345029
ck 1561

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

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FEB 12 2026

ASBESTOS ABATEMENT

Date of Notification (1) 1/16/2026		Name of Building Owner/Operator (2) Private property	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 5 Ser Del Dr	
		City, State, Zip Code Parsippany NJ	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 5 Ser Del Dr		Square Feet 2400 SF	# of Floors 2 floors
City (5) Parsippany NJ		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 Solutions Services LLC	
Street Address N/A		Street Address 1435 51st Street		
City, State, Zip Code N/A		City, State, Zip Code North Bergen NJ 07047		
Project Manager for Monitoring Firm N/A		Telephone No. N/A	Telephone No. 201-552-9685	License No. 01384

Start Date (10) 1/27/2026	Scheduled Completion Date (11) 2/7/2026	Name of OSHA Monitor Hillman Consulting	
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Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 AM to 4:00 PM		Street Address 1620 Route 22 East	
		City, State, Zip Code Union NJ 07803	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st floor room 1			x	floor tile and mastic	165 SF SF	x			
2nd floor closet massage room			x	floor tile	120 SF	x			
Office area			x	floor tile	22 SF	x			
Entrance closet /bedroom3 closet2			x	Floor tile	17 SF	x			

Name of Registered Waste Hauler Freehold Carting		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste	Name of Registered Landfill Grand Central Landfill Fairless	
City, State 825 Hwy 33 West		Disposal Date		City, State 1000 New Ford fill Rd Morrisville PA	
Completed by Galo Zumba		Title Principal	Signature 	Date 1/16/2026	

1575

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Amended #2 Chg 1575

Print Form

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

CK 1561
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Date of Notification (1) 1/16/2026		Name of Building Owner/Operator (2) Private property	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 5 Ser Del Dr	
		City, State, Zip Code Parsippany NJ	
		Name of Contact	Telephone Number

FEB 12 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 5 Ser Del Dr		Square Feet 2400 SF	# of Floors 2 floors	Bldg. Age +50
City (5) Parsippany NJ		Current Use (Prior if being demolished)		
County (6) Morris County	County Code (7) (STATE USE ONLY)			
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) ACM Solutions Services LLC	
Street Address N/A		Street Address 1435 51st Street		
City, State, Zip Code N/A		City, State, Zip Code North Bergen NJ 07047		
Project Manager for Monitoring Firm N/A		Telephone No. N/A	Telephone No. 201-552-9685	License No. 01384
Start Date (10) 1/21/2026	Scheduled Completion Date (11) 2/15/2026	Name of OSHA Monitor Hillman Consulting		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: 7:00 AM to 4:00 PM		Street Address 1620 Route 22 East		
		City, State, Zip Code Union NJ 07803		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st floor room 1			x	floor tile and mastic	165 SF SF	x			
2nd floor closet massage room			x	floor tile	120 SF	x			
Office area			x	floor tile	22 SF	x			
Entrance closet /bedroom3 closet2			x	Floor tile	17 SF	x			

Name of Registered Waste Hauler Freehold Carting		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste	Name of Registered Landfill Grand Central Landfill Fairless	
City, State 825 Hwy 33 West		Disposal Date		City, State 1000 New Ford fill Rd Morrisville PA	
Completed by Galo Zumba	Title Principal	Signature 		Date 1/16/2026	

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

2664

4329195

Print Form

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

RECEIVED

FEB 12 2026

Date of Notification (1) 10/01/25		Name of Building Owner/Operator (2)								
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 79 Lafayette rd								
		City, State, Zip Code Princeton, NJ 08544								
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Sng Family		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 79 Lafayette rd		Square Feet 3506	# of Floors 2							
City (5) Princeton		Bldg. Age 75								
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) n/a								
Name of Monitoring Firm Hired by Building Owner (8) Iris Laboratories		ASCM No.	Name of Abatement Contractor (9) JCR Management Specialist LLC							
Street Address 2333 US 22 west		Street Address 306 Victor PI								
City, State, Zip Code Union NJ 07083		City, State, Zip Code Neptune NJ 07753								
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 9734943762	Telephone No. 7327591871							
		License No. 02087								
Start Date (10) 10/15/25 10/16	Scheduled Completion Date (11) 10/15/25 10/19/25	Name of OSHA Monitor JCR Management Specialist LLC								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>unoccupied during abatement</u>		Street Address 306 Victor PI								
		City, State, Zip Code Neptune NJ 07753								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Basement area			xx	VAT	150sf	xx				
Basement area carpeted				VAT	300sf	xx				
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. 482653	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill						
City, State Elizabeth, NJ			Disposal Date 10/15/25	City, State Morrisville, Pa						
Completed by John Riley		Title President	Signature <i>John Riley</i>				Date 10/01/25			

13568

4345 792

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

B & G Project # 2026-20

Check # **13568** **RESERVED**

Date of Notification (1) 02/09/2026		Name of Building Owner/Operator (2) FEB 12 2026	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	11 Indian Rock Road	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # _____	Warren, NJ 07059	ASBESTOS CONTROL & LICENSING
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 11 Indian Rock Road		Type of Facility (4)	
Street Address		<input type="checkbox"/> School (K-12)	
11 Indian Rock Road		<input type="checkbox"/> Subchapter 8 (Other than K-12)	
City (5) Warren, NJ 07059		<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
County (6) Warren	County Code (7) (STATE USE ONLY) _____	Square Feet	# of Floors
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) residential	
ASCM No.		Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address		Street Address 1234 Route 23	
City, State, Zip Code		City, State, Zip Code Butler, NJ 07405	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-696-6869	License No. 00378
Start Date (10) 02/19/2026	Scheduled Completion Date (11) 02/20/2026	Name of OSHA Monitor B & G Restoration, Inc.	

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

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

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

Name of Registered Waste Hauler B & G Restoration Inc.	NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Landfill
City, State Butler, NJ	Disposal Date 02/20/2026	City, State Pen Argyl, PA	
Completed by Gordana Luna	Title Secretary / Treasurer	Signature <i>Gordana Luna</i>	Date 02/09/2026

13569

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

B & G Project # 2026-16

RECEIVED
Check # 13569
FEB 12 2026

Date of Notification (1) 02/09/2026		Name of Building Owner/Operator (2) PAID	
Agencies Notified	Type Notification	Street Address 58 Maolis Avenue	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bloomfield, NJ 07003	
		Name of Contact	Telephone Number

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 58 Maolis Avenue		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Bloomfield, NJ 07003		Square Feet	# of Floors
County (6) Essex		Current Use (Prior if being demolished) residential	

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

Start Date (10) 02/20/2026	Scheduled Completion Date (11) 02/21/2026	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1234 Route 23		
		City, State, Zip Code Butler, NJ 07405		

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

Location of Asbestos-Containing Material (ACM) In Facility (13) <u>TO BE ABATED</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		pipe insulation	75 LF	X			

Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Landfill	
City, State Butler, NJ		Disposal Date 02/21/2026		City, State Pen Argyl, PA	
Completed by Gordana Luna		Title Secretary / Treasurer	Signature Gordana Luna		Date 02/09/2026

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

PAID

RECEIVED

Date of Notification (1) 01/16/2026		Name of Building Owner/Operator (2) 331 Ellen PI		FEB 12 2026					
Agencies Notified	Type Notification	Street Address		City, State, Zip Code					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	331 Ellen PI		Paramus New Jersey 07652					
		Name of Contact		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4)						
Street Address 331 Ellen PI			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Paramus			Square Feet	# of Floors	Bldg. Age				
County (6) Bergen			County Code (7) (STATE USE ONLY)		2 50+				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ILV Contracting LLC						
Street Address		Street Address 16 Hillcrest Ave							
City, State, Zip Code		City, State, Zip Code Clifton, New Jersey , 07013							
Project Manager for Monitoring Firm		Telephone No.	Telephone No.	License No.					
Start Date (10) 01/27/2026		Scheduled Completion Date (11) 01/31/2026	Name of OSHA Monitor ILV Contracting LLC						
Occupancy Status During Abatement (Check Only One)			Street Address						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			16 Hillcrest Ave						
			City, State, Zip Code Clifton New Jersey, 07013						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			NA	Tiles and Mastic	190	X		X	
Name of Registered Waste Hauler ILV Contracting LLC		NJDEP Waste Hauler ID No. 113851	Cubic Yards of Waste 0.5	Name of Registered Landfill Grand Central Landfill					
City, State Clifton, New Jersey		Disposal Date		City, State Pen Argyl, Pennsylvania					
Completed by Ivana Velkov		Title President	Signature <i>I Velkov</i>		Date 01/16/2026				

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Print Form

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

FEB 12 2026

Date of Notification (1) 01/06/2025		Name of Building Owner/Operator (2) ASBESTOS CONTROL & LICENSING							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 25 Dodd Road		City, State, Zip Code West Caldwell New Jersey 07006					
		Name of Contact		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 25 Dodd Road			Square Fct	# of Floors 2	Bldg. Age 50+				
City (5) West Caldwell New Jersey 07006			Current Use (Prior if being demolished)						
County (6) Essex		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ILV Contracting						
Street Address		Street Address 16 Hillcrest Ave							
City, State, Zip Code		City, State, Zip Code Clifton New jersey 07013							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 917-403-3160	License No. 02132					
Start Date (10) 01/15/2026		Scheduled Completion Date (11) 01/18/2026		Name of OSHA Monitor ILV Contracting LLC					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 16 Hillcrest ave						
			City, State, Zip Code Clifton New jersey 07013						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			X	pipes clenout	3	X		X	
Name of Registered Waste Hauler ILV Contracting LLC		NJDEP Waste Hauler ID No. 113851	Cubic Yards of Waste 1 bag	Name of Registered Landfill Grand central Landfiell					
City, State Clifton New Jersey		Disposal Date 01/20/2026		City, State Pen Argyl pennsylvania					
Completed by Ivana Velkov		Title President	Signature <i>I Velkov</i>		Date 01/06/2026				

1231

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

4346689.
RECEIVED

Check# 1231

Date of Notification (1) 02/05/2026		Name of Building Owner/Operator (2)	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 573 Varsity Road		City, State, Zip Code South Orange, NJ 07079	
Name of Contact		Telephone Number	

FEB 12 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 573 Varsity Road		Square Feet	# of Floors
City (5) South Orange, NJ 07079		Bldg. Age	
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC
Street Address		Street Address 576 Valley Road#283	
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm		Telephone No. 973-356-3511	License No. 01127
Start Date (10) 02/14/2026	Scheduled Completion Date (11) 02/16/2026	Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 20-21 Wagaraw Road, Bldg.# 35 E	
		City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe insulation	235 LF	x			

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA	
Completed by G.Ristanovic		Title Owner	Signature <i>Gradimir Ristanovic</i>		Date 02/05/2026

2013

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

4346685

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Date of Notification (1) 02/05/2026		Name of Building Owner/Operator (2)								
Agencies Notified		Street Address								
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		435 N 2nd Street City, State, Zip Code East Newark, NJ 07029								
Type Notification		Name of Contact								
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Telephone Number								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) residential		Type of Facility (4)								
Street Address 435 N 2nd Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
City (5) East Newark		Square Feet 3,500	# of Floors 4							
County (6) Hudson		Bldg. Age 96	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)							
Street Address		Acme Professional Services Corp								
City, State, Zip Code		170 Kinnelon Rd, Suite 32								
Project Manager for Monitoring Firm		Telephone No.	License No.							
		973-938-5266	02003							
Start Date (10) 02/23/2026	Scheduled Completion Date (11) 02/24/2026	Name of OSHA Monitor Arsenije Adamov								
Occupancy Status During Abatement (Check Only One)		Street Address								
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		170 Kinnelon Rd, Suite 32								
Scope of Work (Check All That Apply)		City, State, Zip Code								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		Kinnelon, NJ 07405								
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Basement Furnace room		✓		Pipe and Fitting Insulation	95 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 02/24/2026	City, State Morrisville, PA							
Completed by Samantha Zamora		Title Project Coordinator	Signature <i>Samantha Zamora</i>				Date 02/05/2026			

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

4346698

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FEB 12 2026

Telephone Number: 201-261-1000

Date of Notification (1) 02/02/2026		Name of Building Owner/Operator (2) 2027 Bergenline LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2027 Bergenline venue	
		City, State, Zip Code Union City, NJ 07087	
		Name of Contact _____ Telephone Number _____	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 2027 Bergenline Avenue		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Union City		Square Feet 2,500	# of Floors 2	Bldg. Age 76
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Electrical Store		
Name of Monitoring Firm Hired by Building Owner (8) Sol Terra Environmental		ASCM No. 424196	Name of Abatement Contractor (9) Incinia Contracting, Inc.	
Street Address 6604 Grand Avenue, Apt. 1		Street Address 1360 Clifton Avenue, Unit 365		
City, State, Zip Code North Bergen, NJ 07047		City, State, Zip Code Clifton, NJ 07012		
Project Manager for Monitoring Firm Nathan Reyes		Telephone No. (201) 496-3552	Telephone No. 973-450-9500	License No. 01036
Start Date (10) 02/23/2026	Scheduled Completion Date (11) 03/09/2026	Name of OSHA Monitor Incinia Contracting, Inc.		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1360 Clifton Avenue, Unit 365		
		City, State, Zip Code Clifton, NJ 07012		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) In Facility (13) <u>TO BE ABATED</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof		X		Flashing	350 SF	X			
Roof		X		Tar	20 SF	X			
1st Floor		X		VCT Tile & Mastic	40 SF	X			

Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. NJ-860	Cubic Yards of Waste 10	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State 163 Pen Argyl Road		Disposal Date TBD	City, State Pen Argyl, PA		
Completed by Milena Zoric	Title Vice President	Signature 	Date 02/05/2026		

415

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

4346681

RECEIVED

Date of Notification (1) <u>2/02/2026</u>		Name of Building Owner/Operator (2)							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address <u>100 Spring Garden</u>		City, State, Zip Code <u>Phila, PA 19123</u>							
Name of Contact		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Residence</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private 8 commercial buildings, homes, etc.)							
Street Address <u>412 Mulberry Rd</u>		Square Feet <u>1800 SF</u>	# of Floors <u>2</u>						
City (s) <u>Villas, NJ 08251</u>		Bldg. Age <u>65</u>							
County (6) <u>Cape May</u>	County Code(7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Residence</u>							
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) <u>AEi2, LLC</u>							
Street Address	Street Address <u>PO Box 499</u>	City, State, Zip Code <u>Hammonton, NJ 08037</u>							
City, State, Zip Code	Telephone No. <u>609-481-2122</u>	License No. <u>00689</u>							
Project Manager for Monitoring Firm	Telephone No.	Name of OSHA Monitor <u>AEi2, LLC</u>							
Start Date (10) <u>2/14/26</u>	Scheduled Completion Date (11) <u>02/23/26</u>	Street Address <u>PO Box 499</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code <u>Hammonton, NJ 08037</u>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R	e	p	a
Siding			X	Transite Siding	2300 sf	X			
Name of Registered Waste Hauler <u>TBD</u>	NJDEP Waste Hauler ID No. <u>21376</u>	Cubic Yards of Waste <u>20</u>	Name of Registered Landfill <u>TBD</u>						
City, State <u>TBD</u>	Disposal Date <u>TBD</u>	City, State <u>TBD</u>							
Completed By <u>Wm. Minnick</u>	Title <u>Program Mgr.</u>	Signature 	Date <u>2/2/26</u>						

ASB-41

Do not use this form for asbestos licensure exempted activities.

4581

4346676 RECEIVED

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

FEB 12 2026

Date of Notification (1) 2-2-2026		Name of Building Owner/Operator (2)							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 20 Hillman Street City, State, Zip Code Clifton, NJ 07011 Name of Contact _____ Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential				Type of Facility (4)					
Street Address 20 Hillman Street				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Clifton NJ 07011				Square Feet 2432	# of Floors 2	Bldg. Age 111+			
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) Green Environmental Services					
Street Address				Street Address 235 Virginia Avenue					
City, State, Zip Code				City, State, Zip Code Jersey City, NJ 07304					
Project Manager for Monitoring Firm		Telephone No. _____		Telephone No. 201-333-8855		License No. 01174			
Start Date (10) 2-12-2026		Scheduled Completion Date (11) 2-12-2026		Name of OSHA Monitor Green Environmental Services					
Occupancy Status During Abatement (Check Only One)				Street Address 235 Virginia Avenue					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code Jersey City, NJ 07304					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Wrap & Cut	40 LF	X			
Name of Registered Waste Hauler Green Environmental Services		NJDEP Waste Hauler ID No. 0088839		Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill				
City, State Jersey City, NJ				Disposal Date 2-12-2026	City, State Morrisville, PA				
Completed by Liliana Serrano		Title Office Assistant		Signature <i>Liliana Serrano</i>			Date 2-2-2026		

7940



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

4346666
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Date of Notification (1) 02/03/2026		Name of Building Owner/Operator (2) MV Management	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 17 Majestic Way	
		City, State, Zip Code Lakewood, NJ 08701	
		Name of Contact _____ Telephone Number _____	

FEB 12 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)		
Street Address 17 Cedar Ct		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Lakewood		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) 02/12/2026	Scheduled Completion Date (11) 02/12/2026	Name of OSHA Monitor AAA Lead Professionals
-------------------------------	--	--

Occupancy Status During Abatement (Check Only One)	Street Address 6 White Dove Court
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____	City, State, Zip Code Lakewood, NJ, 08701

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No. 35103	Cubic Yards of Waste 5	Name of Registered Landfill IESI	
City, State Lakewood, NJ			Disposal Date 02/12/2026	City, State BETHLEHEM, PA	
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature 		Date 02/03/2026

1235

4346074

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

Check# 1235

Date of Notification (1) 02/10/2026		Name of Building Owner/Operator (2) RECEIVED	
Agencies Notified	Type Notification	Street Address 65 Springfield Avenue FEB 12 2026	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Summit, NJ 07901	
		Name of Contact ASBESTOS Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 65 Springfield Avenue		Square Feet	# of Floors
City (5) Summit, NJ 07901		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) 02/21/2026	Scheduled Completion Date (11) 02/22/2026	Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 20-21 Wagaraw Road, Bldg.# 35 E	
		City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe insulation	55 LF	x			

Name of Registered Waste Hauler Gr Tech LLC	NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc
City, State Wayne, NJ 07470		Disposal Date TBD	City, State Tullytown, PA
Completed by G.Ristanovic	Title Owner	Signature Gradimir Ristanovic	Date 02/10/2026

4820

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

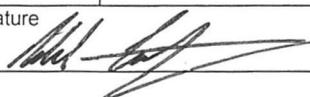
ER 4345354

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FEB 12 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 2/9/26		Name of Building Owner/Operator (2)							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 267 Hoover Ave.						
			City, State, Zip Code Bloomfield, NJ 07003						
			Name of Contact		Telephone Number				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 267 Hoover Ave.				Square Feet 3000		# of Floors 2	Bldg. Age 60 +/-		
City (5) Bloomfield		County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residential Home			
Name of Monitoring Firm Hired by Building Owner (8) Project Manager			ASCM No.	Name of Abatement Contractor (9) All Stages Abatement					
Street Address			Street Address 55 Cannonball Rd.	Street Address 55 Cannonball Rd.					
City, State, Zip Code			City, State, Zip Code Pompton Lakes, NJ 07442	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) 2/10/26		Scheduled Completion Date (11) 2/16/26		Name of OSHA Monitor Same As Above					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address					
				City, State, Zip Code					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Fl		x		Plaster	1,913 SF	x			
2nd Fl		x		Plaster	1,212 SF				
Name of Registered Waste Hauler All Stages Abatement			NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 20 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 2/9/26			

1881

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4344526

Chk # EIV 881

Print Form

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

Date of Notification (1) 1/30/2026		Name of Building Owner/Operator (2) FEB 12 2026	
Agencies Notified	Type Notification	Street Address 385 Chestnut St.	ASBESTOS CONTROL & LICENSING
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Nutley, NJ 07110	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4)	
Street Address 385 Chestnut St.		<input type="checkbox"/> School (K-12)	<input type="checkbox"/> Subchapter 8 (Other than K-12)
City (5) Nutley, NJ 07110		<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Square Feet 2,082	# of Floors 2
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) DANVIC CONTRACTING LLC
Street Address		Street Address 240 South 5th St.	
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07206	
Project Manager for Monitoring Firm		Telephone No. 908-906-4123	License No. 01355
Start Date (10) 2/1/2026	Scheduled Completion Date (11) 2/4/2026	Name of OSHA Monitor Iris Environmental Laboratories, Inc.	
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code Union, NJ 07083	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			
<input checked="" type="checkbox"/> Other - Describe: OCCUPIED			

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler Danvic Contracting LLC	NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill
City, State Elizabeth, NJ	Disposal Date TBD	City, State Morrisville, PA	
Completed by Jeymy Donneys	Title Owner	Signature <i>Jeymy Donneys</i>	Date 1/30/2026

1883

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

4344572
Chk # 1883
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Date of Notification (1) 2/4/2026		Name of Building Owner/Operator (2)								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation								
Street Address 1017 Kingstone Dr.		City, State, Zip Code Cherry Hill, NJ 07034								
Name of Contact		Telephone Number								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 1017 Kingstone Dr.		Square Feet 1,670	# of Floors 2							
City (5) Cherry Hill, NJ 07034		Bldg. Age 1958								
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) DANVIC CONTRACTING LLC							
Street Address		Street Address 240 South 5th St.								
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07206								
Project Manager for Monitoring Firm		Telephone No. 908-906-4123	License No. 01355							
Start Date (10) 2/5/2026	Scheduled Completion Date (11) 2/9/2026	Name of OSHA Monitor Iris Environmental Laboratories, Inc.								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIED		Street Address 2333 Route 22 West								
		City, State, Zip Code Union, NJ 07083								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Kitchen			X	VAT	140 SF	X				
Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill						
City, State Elizabeth, NJ		Disposal Date TBD		City, State Morrisville, PA						
Completed by Jeymy Donneys		Title Owner		Signature Jeymy Donneys			Date 2/4/2026			

1880

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 9:27 and 12:120)

4344525
Chk# 1880
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Date of Notification (1) 1/30/2026		Name of Building Owner/Operator (2)	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 271 Ogden Way		City, State, Zip Code Hillside NJ 07205	
Name of Contact		Telephone Number	

FEB 12 2026

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 271 Ogden Way		Square Feet 2,147	# of Floors 2	Bldg. Age 1943
City (5) Hillside NJ 07205	County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) DANVIC CONTRACTING LLC	
Street Address		Street Address 240 South 5th St.		
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07206		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 908-906-4123	License No. 01355

Start Date (10) 2/1/2026	Scheduled Completion Date (11) 2/4/2026	Name of OSHA Monitor Iris Environmental Laboratories, Inc.		
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIED		Street Address 2333 Route 22 West		
		City, State, Zip Code Union, NJ 07083		

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill	
City, State Elizabeth, NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed by Jeymy Donneys		Title Owner	Signature <i>Jeymy Donneys</i>		Date 1/30/2026

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

4344517

2009

Date of Notification (1) 01/29/2026		Name of Building Owner/Operator (2) RECEIVED	
Agencies Notified	Type Notification	Street Address 45 Brandon Ave	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Livingston, NJ 07039	
		Name of Contact ASBESTOS	Telephone Number ENG

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 45 Brandon Ave		Square Feet 2,470	# of Floors 2
City (5) Livingston		Bldg. Age 67	
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Acme Professional Services Corp
Street Address		Street Address 170 Kinnelon Rd, Suite 32	
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-938-5266	License No. 02003
Start Date (10) 01/30/2026	Scheduled Completion Date (11) 02/02/2026	Name of OSHA Monitor Arsenije Adamov	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 170 Kinnelon Rd, Suite 32	
		City, State, Zip Code Kinnelon, NJ 07405	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Lower Level		✓		Tile and Mastic	450 SF	✓			

Name of Registered Waste Hauler Acme Professional Services Corp		NJDEP Waste Hauler ID No. 0038176	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill	
City, State Kinnelon, NJ		Disposal Date 02/02/2026	City, State Morrisville, PA		
Completed by Samantha Zamora	Title Project Coordinator	Signature <i>Samantha Zamora</i>	Date 01/29/2026		

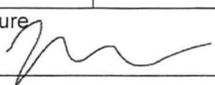
2074

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

4344717

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Date of Notification (1) 2/6/2026		Name of Building Owner/Operator (2)							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 331 Ege Ave City, State, Zip Code Jersey City NJ 07304 Name of Contact _____ Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Single Family Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 331 Ege Ave			Square Feet unknown	# of Floors 1	Bldg. Age unknown				
City (5) Jersey City		County (6) Hudson		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No. _____		Name of Abatement Contractor (9) Asbestos Abatement 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) 2/7/2026		Scheduled Completion Date (11) 2/8/2026		Name of OSHA Monitor John Kim					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 254 Ridgewood Ave City, State, Zip Code Glen Ridge NJ 07028						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Drywall	80 SF	X			
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. NJ860		Cubic Yards of Waste 3		Name of Registered Landfill Grand Central			
City, State Elizabeth, NJ		Disposal Date		City, State Pen Argyl					
Completed by John Kim		Title President		Signature 		Date 2/6/2026			

281

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

4344559

FORM 1000

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FEB 12 2006

ASBESTOS LICENSING

Date of Notification (1) 2/4/26		Name of Building Owner/Operator (2)										
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 30 Vine St		City, State, Zip Code Nutley, NJ 07110						
				Name of Contact		Telephone Number						
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) Residential				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 30 Vine St				Square Feet		# of Floors	Bldg. Age					
City (5) Nutley		County (6) Essex County		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.		Name of Abatement Contractor (9) AAA Asbestos							
Street Address				Street Address 2208B Hamilton Blvd								
City, State, Zip Code				City, State, Zip Code South Plainfield, NJ 07080								
Project Manager for Monitoring Firm			Telephone No.		Telephone No. 732-289-7360		License No. 02010					
Start Date (10) 2/4/26		Scheduled Completion Date (11) 2/10/26		Name of OSHA Monitor Chris Weber								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 2208B Hamilton Blvd								
				City, State, Zip Code South Plainfield, NJ 07080								
Scope of Work (Check All That Apply)												
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf		<input type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Full Containment with Negative Pressure								
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure								
				<input type="checkbox"/> Glovebag Procedure								
				<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
		Yes	No	N/A					Removal	Repair	Encapsulate	Enclosure
1st Floor			x		Plaster Removal		1,945SF		x			
			x									
			x									
			x									
Name of Registered Waste Hauler AAA Asbestos			NJDEP Waste Hauler ID No. 113709		Cubic Yards of Waste TBD		Name of Registered Landfill Grand Central Landfill					
City, State Newark, NJ					Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Frank Formisano			Title Owner		Signature			Date 2/4/26				

4158

4346385
RECEIVED

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

Date of Notification (1) <u>01</u> / <u>30</u> / <u>26</u>		Name of Building Owner/Operator (2) FEB 12 2026	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 80 Washington Place	
		City, State, Zip Code Ridgewood, NJ 07450	
		Name of Contact	Telephone Number

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 80 Washington Place			
City (5) Ridgewood		Square Feet 3000	# of Floors 3
		Bldg. Age 141	
County (6) Bergen	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	
Street Address 617 Stokes Road #4-318		Street Address 70 Stacy Haines Road Suite 4	
City, State, Zip Code Medford NJ 08055		City, State, Zip Code Lumberton NJ 08048	
Project Manager for Monitoring Firm Rebecca Rubnitz		Telephone No. 856-596-9994	License No. 00862
Start Date (10) <u>02</u> / <u>09</u> / <u>26</u>	Scheduled Completion Date (11) <u>02</u> / <u>12</u> / <u>26</u>	Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - 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)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Office/fireplace room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Suspended ceiling system	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HVAC area of basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	78 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Asbestos and Mold Services Corp		NJDEP Waste Hauler ID No. 0035680	Cubic Yards of Waste 80	Name of Registered Landfill Fairless Hills	
City, State Lumberton, NJ		Disposal Date 10/10/25	City, State Morrisville, PA		
Completed By (Print or Type) Jennifer Burns	Title Office Assistant	Signature <i>J. Burns</i>		Date 11/30/26	

7939

4346398

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) 02/02/2026		Name of Building Owner/Operator (2) Baron Builders	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 104 Leonard St	
		City, State, Zip Code Lakewood, NJ 08701	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 704 E County Line Rd		Square Feet	# of Floors
City (5) Lakewood		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) 02/11/2026	Scheduled Completion Date (11) 02/11/2026	Name of OSHA Monitor AAA Lead Professionals	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 White Dove Court	
		City, State, Zip Code Lakewood, NJ, 08701	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior				Siding	1500SF	<input checked="" type="checkbox"/>			
Interior				Floor Tile	100SF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No 35103	Cubic Yards of Waste 6	Name of Registered Landfill IESI	
City, State Lakewood, NJ		Disposal Date 02/11/2026	City, State BETHLEHEM, PA		
Completed by JOSEPH PERLSTEIN	Title OWNER	Signature 	Date 02/02/2026		

1230

4346400

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

Check# 1230

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Date of Notification (1) 02/04/2026		Name of Building Owner/Operator (2)	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	141 Emerson Street City, State, Zip Code Carteret, NJ 07008	
		Name of Contact	Telephone Number

FEB 12 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4)	
Street Address 141 Emerson Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Carteret, NJ 07008	Square Feet	# of Floors	Bldg. Age
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC	
Street Address		Street Address 576 Valley Road#283	
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-356-3511	License No. 01127

Start Date (10) 02/13/2026	Scheduled Completion Date (11) 02/14/2026	Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check Only One)		Street Address 20-21 Wagaraw Road, Bldg.# 35 E	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler Gr Tech LLC	NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc
City, State Wayne, NJ 07470	Disposal Date TBD	City, State Tullytown, PA	
Completed by G.Ristanovic	Title Owner	Signature Gradimir Ristanovic	Date 02/04/2026

2051

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

4346356
CHECK # 2051
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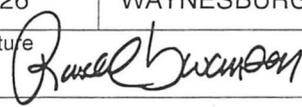
Date of Notification (1) 02/06/2026		Name of Building Owner/Operator (2)	
Agencies Notified	Type Notification	Street Address 210 FORREST DR	FEB 12 2026
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code BLACKWOOD NJ 08012	ASBESTOS CONTROL & LICENSING
		Name of Contact	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL		Type of Facility (4)	
Street Address 210 FORREST DR		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) BLACKWOOD	Square Feet 2018	# of Floors 2	Bldg. Age 58
County (6) GLOUCESTER	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RESIDENTIAL	
Name of Monitoring Firm Hired by Building Owner (8) SEM INC.		ASCM No.	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.
Street Address 1634 S DELAWARE STREET		Street Address 570 CLEMS RUN	
City, State, Zip Code PAULSBORO NJ 08066		City, State, Zip Code MULLICA HILL NJ 08062	
Project Manager for Monitoring Firm ED KEEGAN	Telephone No. 856-423-5711	Telephone No. 610-304-4676	License No. 01145
Start Date (10) 02/16/2026	Scheduled Completion Date (11) 02/17/2026	Name of OSHA Monitor EMSL	
Occupancy Status During Abatement (Check Only One)		Street Address 200 RT. 130 NORTH	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code CINNAMINSON NJ 08077	

Scope of Work (Check All That Apply)

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

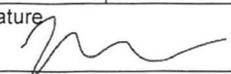
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
FAMILY ROOM			X	MASTIC	148 SF	X			

Name of Registered Waste Hauler ASSURED ENVIRONMENTAL	NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 03	Name of Registered Landfill MINERVA LANDFILL
City, State MULLICA HILL NJ	Disposal Date 02/18/2026	City, State WAYNESBURG OHIO	
Completed by RON SWANSON	Title GENERAL MANAGER	Signature 	Date 02/06/2026

207

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

4346328

Date of Notification (1) 2/8/2026		Name of Building Owner/Operator (2) RECEIVED								
Agencies Notified	Type Notification	Street Address								
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	20B Celtis Plaza FEB 12 2026								
		City, State, Zip Code Monroe township NJ 08831								
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Single Family Residence		Type of Facility (4)								
Street Address 20B Celtis Plaza		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
City (5) Monroe Township		Square Feet unknown	# of Floors 2							
		Bldg. Age unknown								
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor (9) Asbestos Abatement LLC							
Street Address		Street Address 30 Sherman Ave								
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07307								
Project Manager for Monitoring Firm TBD		Telephone No. 908-270-8556	License No. 02109							
Start Date (10) 2/18/2026	Scheduled Completion Date (11) 2/19/2026	Name of OSHA Monitor John Kim								
Occupancy Status During Abatement (Check Only One)		Street Address								
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		254 Ridgewood Ave								
		City, State, Zip Code Glen Ridge NJ 07028								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Bedroom			X	VAT	150 SF	X				
Bathroom			X	Drywall	16 SF	X				
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. NJ860	Cubic Yards of Waste 3	Name of Registered Landfill Grand Central						
City, State Elizabeth, NJ			Disposal Date	City, State Pen Argyl						
Completed by John Kim		Title President	Signature 				Date 2/8/2026			

1879

4346331

Print Form

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

RECEIVED #1879

Date of Notification (1) 1/28/2026		Name of Building Owner/Operator (2)	
Agencies Notified	Type Notification	Street Address 14 Bertram Ave.	FEB 12 2026
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code South Amboy, NJ 08879	ASBESTOS CONTROL & LICENSING
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4)		
Street Address 14 Bertram Ave.		<input type="checkbox"/> School (K-12)	<input type="checkbox"/> Subchapter 8 (Other than K-12)	
City (5) South Amboy, NJ 08879		<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	Square Feet 1,296	# of Floors 2
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____	Bldg. Age 1944	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) DANVIC CONTRACTING LLC	
Street Address		Street Address 240 South 5th St.		
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07206		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 908-906-4123	License No. 01355
Start Date (10) 2/7/2026	Scheduled Completion Date (11) 2/10/2026	Name of OSHA Monitor Iris Environmental Laboratories, Inc.		
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code Union, NJ 07083		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours				
<input checked="" type="checkbox"/> Other - Describe: OCCUPIED				

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill	
City, State Elizabeth, NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed by Jeymy Donneys		Title Owner	Signature <i>Jeymy Donneys</i>		Date 1/28/2026